Florida Keys Community College
Department of Allied Health and Nursing

Nursing Application

Associate of Science
Registered Nurse

Application Deadline for spring 2015 semester is September 19, 2014.

Please send applications to:

Florida Keys Community College
Attn: Nursing Program
5901 College Road
Key West, Fl 33040

LATE APPLICATIONS WILL NOT BE ACCEPTED.
## Application Checklist

<table>
<thead>
<tr>
<th>Completed</th>
<th>Check each box as completed</th>
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<tbody>
<tr>
<td>1</td>
<td>Complete form A with a signature and the date</td>
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</table>
| 2         | Remit $30.00 Nursing Application fee  
By phone: 305-809-3186  
By Mail:  
FKCC Department of Allied Health and Nursing  
5901 College Road  
Key West, FL 33040 |
| 3         | Complete form B and attach copy of TEAS test score (*70% or higher*) |
| 4         | Complete forms C and D; attach a copy of your FKCC Unofficial transcripts. (*Overall GPA of a 2.9 or higher*) |
| 5         | Complete form E and attach all course substitution forms with course description and syllabus. |
| 6         | Complete form F and attach a typed written essay: “What trait do you think is most important for a nurse to possess, and why?” |

Sign________________________ Date________________

I acknowledge that this application is complete in its entirety and I’ve checked each box appropriately as indicated above.

## DIRECTIONS

Complete each part of the nursing program application in its entirety. All application information must be complete, including copies of all documents that are requested.

Incomplete applications will be rejected and will not be processed.
STUDENT INFORMATION

1. Name: ____________________________
   Last             Middle             First             Former

2. Social Security Number: ____________________________

3. Mailing Address: ____________________________
   Street
   Apt.
   City                   State                   Country                   Zip Code

4. Email Address: ____________________________

5. Home Phone Number (___) ____________________________

6. Work Phone Number (___) ____________________________

7. Cell Phone Number (___) ____________________________

8. Emergency Contact (___) ____________________________

9. Emergency Contact Person ____________________________

10. Preferred Campus
    (THIS DOES NOT INFER THE CAMPUS WHERE YOU WILL BE ATTENDING)

11. TEAS Test Score ____________ (Your score must be a 70% or above)

YOUR TEAS TEST SCORE MUST BE ATTACHED TO THIS APPLICATION
1. Name: __________________________ __________________________ 
   Last            First            Middle            Former

2. Social Security Number: ____________________________________________

3. By what name(s) are you identified on your previous college transcript(s)? 
   ____________________________________________
   Last             First             Middle

4. Are you planning to use CLEP credit or use AP Credit to fulfill any of the required nursing 
   general education courses?  
   ______ Yes      ______ No

   If yes, list the course(s) here: 
   CLEP: ____________________________
   AP: ____________________________

5. Will you be providing official evaluations of any transcripts from foreign (out of country) 
   institutions?  
   ______ Yes      ______ No

   If yes, name of institutions: ____________________________________________

   ✴ You must send official copies of your transcripts to the office of Enrollment 
   Services at FKCC prior to applying to the Nursing Program. Please attach a copy 
   of your FKCC unofficial transcript. You must have an overall GPA of a 2.9 or 
   higher for acceptance into the FKCC nursing program.
FLORIDA KEYS COMMUNITY COLLEGE NURSING PROGRAM

PREVIOUS EDUCATION

Indicate each college, university or educational institution you have previously attended, are currently attending, or which you will attend prior to your projected term of admission into the Nursing Program at FKCC. Do not list institutions attended for continuing education credits.

<table>
<thead>
<tr>
<th>NAME OF COLLEGE</th>
<th>LOCATION</th>
<th>DATES</th>
<th>DEGREE EARNED</th>
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Do you have coursework from another institution whose course number(s) do not *exactly* match the requisite courses below?

Please submit Course Substitutions for PRE-REQUISITE classes only. Once you are accepted into the program, a Nursing Advisor will help you complete Course Substitutions for CO-REQUISITE classes.

### PRE-REQUISITES

<table>
<thead>
<tr>
<th>ORIGINAL COURSE TITLE</th>
<th>ORIGINAL COURSE NUMBER</th>
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<tbody>
<tr>
<td>GENERAL PSYCHOLOGY</td>
<td>PSY 2012</td>
</tr>
<tr>
<td>ENGLISH COMPOSITION I</td>
<td>ENC 1101</td>
</tr>
<tr>
<td>COLLEGE ALGEBRA</td>
<td>MAC 1105</td>
</tr>
</tbody>
</table>

### CO-REQUISITES

<table>
<thead>
<tr>
<th>ORIGINAL COURSE TITLE</th>
<th>ORIGINAL COURSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMAN GROWTH AND DEVELOPMENT</td>
<td>DEP 2004</td>
</tr>
<tr>
<td>MICROBIOLOGY</td>
<td>MCB 1010C</td>
</tr>
<tr>
<td>INTRODUCTION TO ETHICS</td>
<td>PHI 2600</td>
</tr>
<tr>
<td>CHEMISTRY FOR HEALTH SCIENCES</td>
<td>CHM 1033</td>
</tr>
<tr>
<td>ANATOMY AND PHYSIOLOGY I WITH LAB</td>
<td>BSC1085C</td>
</tr>
<tr>
<td>ANATOMY AND PHYSIOLOGY II WITH LAB</td>
<td>BSC1086C</td>
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</tbody>
</table>
Written Essay

Instructions: Attach a typed written essay in an easy to read font and doubled –spaced. Hand-written profiles will not be accepted.