

Medical/Legal Information:

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___

If yes, Date: _____ Describe _____

Have you previously been accepted into a Nursing/Allied Health program at Chattanooga State? Yes ___ No ___

If yes, When: _____ Which program _____

Have you previously been enrolled in an RN program? Yes ___ No ___ If yes, you must attach a copy of your college transcript.

If you have previously failed nursing courses, you may not be eligible for admission into the ChSCC nursing program.

Are you now or have you ever been licensed/credentialed in a health care career? Yes ___ No ___

If yes, provide the following license/certification information: Health Career _____

License/Cert.Number _____ Expiration date _____ State _____

Has your license/credential ever been suspended, revoked, or put on probation? Yes ___ No ___ If you are **not** currently licensed but have *previously* been licensed/credentialed in a health care career, indicate the status and reason for the status of licensure/credentialed:

Suspension _____ Probation _____ Inactive _____

Have you ever applied for a license/credential in a health care career and been denied? Yes ___ No ___

If yes, please explain _____

Please attach copies of all valid state/national licenses/certificates.

Chemistry:

Did you have chemistry in high school with a "B" or better? Yes ___ No ___

If yes, you MUST attach a copy of your high school transcript to this application.

Testing Information: Turn in this application to the Applications Coordinator prior to taking the TEAS Test

Have you taken the TEAS test? Yes ___ No ___

If yes, when and where _____ If no, when and where are you scheduled to take it? _____

NOTE: The test must be within 2 years of application deadline and cannot be retaken within 6 months. If you retake the test in 6 months, it is your responsibility to inform the application coordinator to replace the current score.

****IMPORTANT NOTE: TEAS Test must be scheduled prior to March 1st to guarantee test availability. No new test dates will be added after March 1st.**

Certificate of Application: I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in my expulsion from any Allied Health program. I hereby authorize Chattanooga State or other appropriate State investigative agencies to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I further authorize and request each former employer, person given as a reference, educational institution, or organization to provide all information that may be sought in connection with this application.

I also understand it is my responsibility to read the program information booklet and follow the admission checklist in order to successfully complete the program admissions process. I should submit all application forms and transcripts together and follow-up to make sure my file is complete with all program forms, transcripts, etc. before the program deadline date. Additionally, I also understand it is my responsibility to notify the application coordinator of any changes (address, name change, etc) so the program file will remain up-to-date.

Print Name _____ **Signature** _____ **Date** _____

Complete and return the Allied Health Admission Application to:

Chattanooga State Community College
Marcia Sivley, Application Coordinator for Allied Health
4501 Amnicola Highway
Chattanooga, TN 37406-1097
Telephone: (423) 697-2504 Fax: (423) 697-2628
E-mail: marcia.sivley@chattanoogastate.edu

Important Nursing Program Information:

*Refer to the admission checklist in the program information booklet to successfully complete the application process.
*All forms are available on our website
*To check to see if your program file is complete call Marcia Sivley at (423) 697-2504.
Telephone: 423-493-8740
Fax: 423-493-8750
RN Website: <http://www.chattanoogastate.edu/nursing/>
e-mail: Rninfo@chattanoogastate.edu