



CAAN Academy of Nursing

"Educating Nurses Woven the Moral Fiber of Care and Compassion"

Adult PN Program - Application Form

Please submit completed application packet to: CAAN Academy of Nursing
ATTENTION: Evaluation Committee
4747 Lincoln Mall Drive, #420
Matteson, IL 60443

Please type or print in black ink only.

SECTION I: GENERAL INFORMATION

Name:

(Last)

(First)

(Middle)

Any Other Names Used:

(Last)

(First)

(Middle)

Street Address:

City:

State:

Zip code:

Home Telephone:

Email:

Cell Phone:

Social Security Number:

Gender (check one):

Male ☐

Female ☐

Date of Birth:

Ethnicity (check one):

African American ☐

Asian/Pacific Islander ☐

Caucasian ☐

Hispanic ☐

Native American ☐

Other ☐

Referral Source:

Alumni

Flyer

Radio

Internet

Personal Reference

Other:

CAAN Academy of Nursing is strongly committed to Equal Opportunity and does not discriminate on the basis on race, color, religion, sex, national origin, age, veteran status, disability, marital status, or sexual orientation.

SECTION II: PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Last Name

First Name

Relationship:

Phone:

Last Name

First Name

Relationship:

Phone:

SECTION III: TRANSPORTATION INFORMATION

Do you have reliable personal transportation to and from classroom and clinical sites?

Yes ☐

No ☐

SECTION IV: CLASS TIME PREFERENCE:DAYTIME ☐EVENING ☐EITHER ☐**SECTION V: ACADEMIC INFORMATION**

Highest Grade Level Completed: _____

Do you have a High School Diploma or GED certificate?

Yes ☐No ☐

Have you completed the Nursing Assistant training course?

Yes ☐No ☐

Have you obtained a CNA certification?

Yes ☐No ☐

Are you currently enrolled in School?

Yes ☐No ☐

If yes, School Name: _____

Address: _____

City_____
State_____
Zip Code

Have you completed and passed the following classes with a C or better?*

Medical Terminology (if applicable)

Yes ☐No ☐

Basic Computer Training (if applicable)

Yes ☐No ☐

Psychology

Yes ☐No ☐

English

Yes ☐No ☐

Math

Yes ☐No ☐

Anatomy & Physiology I

Yes ☐No ☐

Career Goals: _____

Current or previous cumulative GPA: _____

Please provide a copy of an Official Transcript; Applicants must be free of disqualifying convictions**SECTION VI: FINANCING**

What form of payment will you be using?

Financial Aid ☐ Cash ☐ Grant ☐ Scholarship ☐ Other: _____Have you applied for Private Funding? Yes ☐ No ☐ (If Yes, What Type _____)**SECTION VII: ATTACHMENTS*:**

1. One page (500 words) typed essay detailing why you want to become a nurse. Response should be double spaced in 12pt Times New Roman Font.
2. Copy of an Official Transcript.
3. Two letters of recommendation, one personal, and one professional.
4. Application Fee (\$35.00)

****All attachments are a vital part in the completion of this application. Completion of Comprehensive Exam; upon submission of admissions packet. ****

I do certify that the information in this application is complete and accurate. Failure to be truthful will invalidate this application.

Applicant Signature: _____

Date: _____