



# CAAN Academy of Nursing

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

## LPN-RN, ADN Program - Application Form

Website: [www.CAANAcademy.org](http://www.CAANAcademy.org) Email: [info@CAANAcademy.org](mailto:info@CAANAcademy.org)

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 and answer all questions. Incomplete Applications Will Not Be Accepted**

### 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

*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

Relationship: \_\_\_\_\_

\_\_\_\_\_  
First Name

Phone: \_\_\_\_\_

\_\_\_\_\_  
Last Name

Relationship: \_\_\_\_\_

\_\_\_\_\_  
First Name

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 & ADMISSIONS INFORMATION**

Highest Grade Level Completed: \_\_\_\_\_

Do you have a High School Diploma or GED certificate? Yes  No

Have you completed an LPN program? Yes  No

Do you have an unencumbered LPN License? Yes  No

Are you currently enrolled in School? Yes  No

If yes, School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Medical Terminology Course Yes  No

Basic Computer Literacy Course Yes  No

Psychology 101 Yes  No

English 101 Yes  No

College Math (100 level or higher) Yes  No

Anatomy & Physiology I Yes  No

Career Goals: \_\_\_\_\_

**Completion of the Academic Plan for Success (APS) form must be submitted with this application.**

Current or previous cumulative GPA: \_\_\_\_\_

Have you ever been convicted of a felony Yes  No  If yes, please explain \_\_\_\_\_

**\*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 Advance your Nursing Career as a Registered Nurse”. Response should be double spaced in 12-point font, Times New Roman.
2. Copy of an Official Transcript.
3. Copy of active LPN License
4. Academic Plan for Success form
5. Two letters of recommendation, one personal, and one professional. (both must be signed)
6. Application Fee: \$150.00 (non-refundable)

***\*All attachments are required for the completion of this application. An admission exam will be scheduled upon receipt of completed admission 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: \_\_\_\_\_