

Practical Nursing Program Application

The application for the Practical Nursing program must be hand-delivered to the Nursing office (W131), emailed to nursing@wdt.edu, or mailed to:

WDT Nursing Department
ATTN: Nursing Administrative Assistant
800 Mickelson Drive
Rapid City, SD 57703

| | | Rapid Oity, OD 01100 | | | | | |
|-----------------------|--|--|-----------------------|--------------------------|--|--|--|
| Applicant Information | | | | | | | |
| Full Name: | | | Student ID: | | | | |
| | Last | First | M.I. | | | | |
| Address: | Street Address | | | Apartment/Unit # | | | |
| | City | Email: | State | ZIP Code | | | |
| Phone: | | Email: | | | | | |
| I am applyin | | lursing program: □Spring 2024 Loca /2024 Application Deadline to qualify for | | | | | |
| | | Practical Nursing Program Ch | ecklist | | | | |
| ☐ CUI a 'C | MATH101 Intermediate A PSYC101 General Psych RRENT CNA CERTIFICA or better. | ogy I siology for the Health Professions lgebra or higher | | to Patient Care/Lab with | | | |
| | IUNIZATION REQUIREM ual Flu Shot. <u>https://portal.c</u> | ENTS: Hepatitis B Series, Annual TB Test, astlebranch.com/WF75 | Tdap, Varicella (Chic | ken Pox), COVID-19 and | | | |
| | | de a copy of current American Heart Associ tps://www.wdt.edu/corporate-education-cent | | rider BLS CPR | | | |
| ☐ DRI | VER'S LICENSE: Provid | e a copy of current driver's license. | | | | | |
| | | Disclaimer and Signature | Δ | | | | |
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If you are or have been convicted, pleaded guilty or no contest to, or received a suspended imposition of sentence for a felony or certain misdemeanors, you are advised that you may not be able to complete all course requirements for your chosen program, you may be prevented from taking required certification/licensure examinations in your chosen program field, and you may be prevented from gaining employment in your program field.

| Clinicals, practicums | s, and internships may i | nclude, but are no | t limited to, di | ifferential shifts (| evenings, night | s, weekends, | and holidays) to |
|-----------------------|--------------------------|----------------------|------------------|----------------------|-----------------|--------------|------------------|
| meet industry expect | tations. This may requir | re travel outside th | ne Rapid City | Area. | | | |

| Signature: | Date: |
|------------|---------------------------------------|
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