



Male Female ADN TPN PNE RNE New Readmit Transfer

Last Name First Name Student ID# Today's Date

Street Address Phone Number Birth Date

City State County Zip Code

COLLEGE EDUCATION (other than present OCC Nursing Program):

Institution	Course of Study	Did You Earn A Degree?	Degree
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

PREVIOUS HEALTH CAREER

- LPN Nurse Assistant/PCA EMT Medical Assistant Unit Clerk In Home Caregiver
- PT MHA MLT OT Pharmacy Technician Medical Office Worker
- Other (specify) _____

MARITAL STATUS Single Married Divorced Separated Number of children _____

ETHNIC IDENTIFICATION (We are required by the Michigan Board of Nursing to ask)

- African-American Asian-American Native American or Alaskan Native
- Caucasian Hispanic Other (specify) _____

If you are employed while attending OCC, state the type of work and hours:

Type of Work: _____ How many hours per week? _____

LIST WORK EXPERIENCE IN CHRONOLOGICAL ORDER:

<u>Dates</u>	<u>Institution</u>	<u>Type of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why did you select this program in Nursing? _____
