

**LPN-RN ONLINE APPLICATION FORM TO THE NURSING PROGRAM**

This form is only to be completed by applicants who are CURRENT Licensed Practical Nurses or Licensed Vocational Nurses applying for the LPN-RN Online Nursing Program

\_\_\_\_\_  
Last Name                      First Name                      Maiden Name                      Middle Initial

\_\_\_\_\_  
ACM ID #                      DOB                      Telephone Number

\_\_\_\_\_  
E-mail address                      Daytime Telephone

\_\_\_\_\_  
Mailing Address  
   Street                      City                      State                      Zip Code

\_\_\_\_\_  
LPN, Nursing School Attended

\_\_\_\_\_  
LPN License Number                      State of License                      Number of Years in Practice  
\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Years with current employer:                      Employer Phone#

(Note: copy of your license must be sent per the 5 Step Admission Process)

**Have you ever failed a nursing course or failed nursing at another college or nursing school?**

Yes \_\_\_\_\_ No \_\_\_\_\_ **If "YES" name of school:** \_\_\_\_\_

When do you expect to complete general education prerequisites to enter the clinical phase of the program? Semester \_\_\_\_\_ Year \_\_\_\_\_

**Class Applying for: Semester \_\_\_\_\_ Year \_\_\_\_\_**

Have you completed all of the Allegany College of Maryland Admissions requirements **including** college application for admission, placement test (if needed) and sent official copies of **all** college transcripts? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have attended another college or previously attended Allegany College of Maryland, please complete:

\_\_\_\_\_  
Name of Institution(s)                      Address                      Dates of Attendance                      Degree or Credit Hours Completed

- 1.
- 2.
- 3.

Are you currently enrolled in classes at Allegany College of Maryland? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that all statements given on this application are true and accurate to the best of my knowledge. My signature on this form indicates that I am aware of the competitiveness of the Nursing Program and understand the admission process.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**If unable to send via email through the website send completed form to:**

ONLINE NURSING PROGRAM  
ALLEGANY COLLEGE OF MARYLAND  
12401 WILLOWBROOK ROAD  
CUMBERLAND, MD 21502

**Application Deadline:**  
**July 1 for Spring semester**  
**January 15 for Summer semester**