

CSC Nursing Program Application  
Traditional Program

- Spring Entry (Submit April 15 – October 1)  
 Fall Entry (Submit November 15 – February 15)



2501 N. 41<sup>st</sup> Street East • Muskogee, OK 74403  
(918) 684-5436

**(Please Print)**

Name <i>Last</i> <i>First</i> <i>MI</i> <i>Maiden</i>					Date of Application / /	
CSC ID Number			Email Address			Birthdate:
Mailing Address						Home & Cell Phone Number(s) ( ) -
City		State	Zip Code	County		( ) -
In case of Emergency Notify:		Relation:		Emergency Phone Number ( ) -		Emergency Phone Number ( ) -

To be granted a license, an applicant must have a legal right to be in the United States. In addition, Oklahoma law only allows a license to be issued to U.S. citizens, U.S. nationals, and legal permanent resident aliens. If you do not meet the above criteria, please make an appointment with the Director of Nursing.

Individuals who are guilty of a felony; judicially determined to be incompetent; or who have had disciplinary action taken against any health-related license in this or any state, territory or country may not be permitted to write the state board examination for licensure as a registered nurse. Each case will be reviewed by the Oklahoma State Board of Nursing. If you have been convicted of a felony, please make an appointment with the Director of Nursing to receive further instructions.

Do you consider yourself in satisfactory health to perform classroom/clinical duties? <i>(See Physical and Mental Qualifications in Advisement Material)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, describe the problem(s)/defect(s) and explain the work limitations:  _____			
_____			

**Educational Background**

Colleges Attended <i>(Attach Transcripts)</i>	Degree Earned	Date Of Graduation
		/ /
		/ /
		/ /

