



# APPLICATION TO THE LPN TO RN, AAS PROGRAM

Type or Print  
Full Name:

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

Male                       Female                      \_\_\_\_\_                      \_\_\_\_\_  
Birth Date                      Social Security Number

Permanent  
Address

\_\_\_\_\_  
Street                      City                      County                      State                      Zip Code

\_\_\_\_\_  
Cell Phone Number                      Cell Phone Provider                      Phone Number

\_\_\_\_\_  
Email Address                      Alternate Email Address (If Applicable)

Have you ever been convicted of a felony or class A misdemeanor or pled no contest to any felony or class A misdemeanor?

CHECK ONE:  Yes  No      If you answered **YES**, you must attach a brief narrative explaining the circumstances.

## EDUCATION

<b>ATTESTATION</b>			
By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.		Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Date: _____	
		Do you have a GED Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Earned: _____	
High School Name	City, State	Dates Attended	Diploma

College(s) Attended or Currently Attending	Dates Enrolled	Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EMPLOYMENT

Employer (list most recent first)	City/State	Title	Inclusive Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*St. Louis College of Health Careers • 1297 N. Highway Dr. Fenton, MO 63026*



### Notice of Nondiscrimination

St. Louis College of Health Careers is an Equal Opportunity/Affirmative Action institution and is nondiscriminatory relative to race, religion, color, national origin, sex, sexual orientation, age, disability or status as a Vietnam-era veteran. Any person having inquiries concerning St. Louis College of Health Careers compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, or other civil rights laws should contact the Dean of Education, Cynthia Marten 636-529-0000, or the Assistant Secretary for Civil Rights, U.S. Department of Education.

### Americans with Disabilities Act

If you have special needs addressed by the Americans with Disabilities Act, notify us at St. Louis College of Health Careers 1297 N. Highway Dr. Fenton, MO 63026 or phone (636) 529-0000 at least two weeks before you plan to attend. Reasonable efforts will be made to accommodate your special needs.

### Please Read and Sign

The information provided on this application is true and complete at the date of writing to the best of my knowledge. If required, I agree to obtain and/or show documentation of any vaccinations, immunizations, and tests required by the LPN to RN, AAS Program prior to engaging in fieldwork or clinical activities. This may also include criminal history and background check if required by participating educational affiliates.

**Signature**

**Date**

If you have any questions regarding the LPN to RN, AAS Program, the application, or admission procedures, you may contact the Office of Admissions at [admissions@slchc.edu](mailto:admissions@slchc.edu).