

Licensed Practical Nursing Program Admissions Application

1. First Name: _____
2. Middle Name: _____
3. Last Name: _____
4. Address: _____
5. Phone Number: _____
6. Email Address: _____
7. DOB: _____
8. Social Security Number/ Taxpayer ID Number: _____
9. Gender: Male Female
10. Race: _____



11. Which of the following best described you?

- a. I have a high school: diploma. certificate of completion
 - i. Month/ Date of Graduation: _____
 - ii. Name of High School Attended: _____
 - iii. City/ State of High School Attended: _____
- b. I have a: General Equivalency Diploma (GED) Indiana High School Equivalency
 - i. Date Obtained: _____
- c. I am currently in high school/ home school.
 - i. Anticipated Date of Graduation: _____

12. Have you previously attended a college or university? Yes No

- a. If yes...
 - i. Name(s) of College/ University: _____
 - ii. Dates Attended: _____
 - iii. Degree(s) Earned:

Less than Associate's

Bachelor's

Associate's

Masters Doctorate

13. Are you currently employed? Yes No

- a. If yes...
 - i. Employer Name: _____
 - ii. Employer Address: _____
 - iii. Position: _____

14. Do you currently or have you previously held any type of healthcare license? Yes No
- a. If yes...
- i. Type of Licensure: _____
- ii. Total Number of Years License Held: _____
15. Do you currently or have you previously held any type of healthcare certification? Yes No
- a. If yes...
- i. Type of Certification: _____
- ii. Total Number of Years Certification Held: _____
16. Do you currently or have you previously had any other type of experience in healthcare? Yes No
- a. If yes...
- i. Type of Experience: _____
- ii. Total Number of Years of Experience: _____

Terms and Conditions

Keystone Nursing Academy does not discriminate program admission or employment based on sex, sexual orientation, gender identity or expression, religion, race, national origin, ethnicity, disability, physical attributes, or age. Keystone Nursing Academy asks that individuals in need of reasonable accommodations identify such requests.

To the best of my knowledge, the information provided in this application is accurate and complete.

I understand that the licensed practical nursing program offered by Keystone Nursing Academy is available only on a full-time enrollment basis.

I understand that federal financial aid and transfer of credits are not accepted by Keystone Nursing Academy at this time. I have read and agree to the tuition payment schedule as provided.

I agree to provide Keystone Nursing Academy with all documents required for admission to the nursing program prior to the application due date in order to be considered for admission. These documents may be submitted by:

E-mail: studentservices@keystonenursingacademy.com

Postal Mail: Keystone Nursing Academy, ATTN: Student Services Coordinator, 8455 Keystone Crossing, Indianapolis, IN 46240

I agree to the terms and conditions as stated above.