Associate Degree Nursing Program Application

All applicants must also complete the New River CTC application for admission.

I am applying for the: ____ LPN-ADN option ____ Paramedic-ADN option

I am applying for the: ____ Spring Semester ____ Fall Semester

Personal Information

New River CTC Student ID Number 0 0 0 ___ ___ ___ ___ ___ ___

_____

Last Name First Name M.I.

_____

Former name(s) used for school or employment

_____

Mailing Address (street or P.O. Box)

_____

City State Zip Code

_____ _____

Email Address Phone

Method of Contact: ____ Email ____ Phone ____ No Preference

Background (*Providing false information or failure to disclose background information will result in immediate dismissal and permanent suspension from the program.)*

Have you ever had a complaint filed with a Board of Nursing or an Office of Emergency Medical Services? _____ Yes _____ No

Have you ever been disciplined by a Board of Nursing or an Office of Emergency Medical Services? _____ Yes _____ No

Have you ever been convicted of a felony or do you have any felony charge(s) pending against you at this time? _____ Yes _____ No

Have you ever been convicted of a misdemeanor? _____ Yes _____ No

New River CTC

Mission Statement

New River Community and Technical College provides accessible, quality education and workforce programs to meet the needs of the region it serves.

Associate Degree Nursing Program Mission Statement

The mission of the Associate Degree Nursing Program is to prepare students for professional nursing practice while providing a knowledge base for career mobility and further academic study. The program is committed to providing accessible, high-quality nursing education to meet the community's divers and changing healthcare needs and beyond.

Submit the completed application to:

ADN-Program@newriver.edu

NEW RIVER
Community and Technical College

2024-2025 Notice of Nondiscrimination and Affirmative Action

New River Community and Technical College is an Equal Opportunity Institution and does not discriminate based on race, sex, pregnancy, sexual orientation, age, disability, veteran status, religion, color, or age in admission, employment, or educational programs and activities; nor does it discriminate based on genetic information in employment or employee health benefits. Faculty, staff, students, and applicants are protected from retaliation for making complaints or assisting in investigations of discrimination. Inquiries regarding New River's nondiscrimination policies may be directed to the following the Director of Student Services, Wennetta Marie Rhodes, via email wrhodes@newriver.edu or phone 304-929-5027 or visit website New River Nondiscrimination

Submit the completed application to:

ADN-Program@newriver.edu

Revised April 2025

Educational Background

_____ _____
LPN License Number or Paramedic Certification Number Licensing State

_____ _____
Name of LPN or Paramedic School Graduation Date

_____
School Address

_____
City State Zip Code

Have you attended another ADN Program? _____ Yes _____ No
If yes, please list school attended and reason for leaving.

_____
School

_____
Reason for Leaving

Most Recent Work Experience

_____
Employer

_____
Address

_____
Dates of Employment

_____
Reason for Leaving

Demographic Information *(Optional, but strongly encouraged for NCLEX data.)*

What is your first language? _____

Do you have children under 18-years old living at home? _____ Yes _____ No

If you intend to work while in the ADN Program, do you plan to work full-time or part-time? _____ Full-time _____ Part-time

What is your annual income? _____ (*for need-based scholarships)*