



Central Maine Medical Center

# College of Nursing & Health Professions

70 Middle Street - Lewiston, Maine 04240 –Telephone: (207) 795-2840 · Fax: (207) 795-2849

## APPLICATION FOR ADMISSION

Each section of this form must be completed to facilitate processing of your application. Please print or type clearly!

Program of Interest:

Application due January 15 Nursing

Date of Application: \_\_\_\_\_

Application due January 15 Radiologic Technology

Last Name		First Name		Middle		Maiden (if applicable)	
Address							
City				State		ZIP	
County (i.e. Androscoggin)			Telephone (home)			Telephone (work) – optional	
E-mail address							
Social Security Number				Date of Birth (Month/Day/Year)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Female	Male
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

US Citizen

Gender

Have you ever been convicted of a felony?

Person to be notified in case of emergency:

Last Name		First Name		Relationship	
Address			City		State + ZIP
Phone (daytime)			Phone (evening)		

If you are under 18 years of age, please list legal guardian:

Last Name		First Name		Phone (daytime)	
Address			City		State + ZIP

How did you hear about our school: _____	When do you plan to enter this School? _____
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**Secondary Education**

List all high schools attended. Have **official copy** of transcripts mailed directly to CMMC School of Nursing

Dates Attended		Name of School	City/State	Diploma Received
From (Date)	To (Date)			

**Post-Secondary Education**

List formal education beyond high school. Course descriptions and **official copy** of transcript are necessary if requesting transfer credit.

Dates Attended		Name of Institution/City/State	Major	Credentials Earned/Credits
From (Date)	To (Date)			

**Employment (list most recent employer first) Optional....**

Employer and Address	Dates Employed	Position Held	Reason for Leaving

List interests, activities, and special hobbies:

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**Nursing Essay Questions: (Choose one)**

1. Evaluate an achievement, a significant experience, a risk you have taken, or ethical dilemma you have faced and its impact on you.
2. Describe a character in fiction, an historical figure, or a creative work (as in art, music, science) that influenced your life and explain why it influenced you.
3. Indicate a person who has had a significant influence on you, and describe that influence.

**Radiologic Technology Essay Question:**

1. Explain why you have chosen this program. Include any experience (jobs, volunteer work, or observation) that has influenced your choice. Please mention any special skills, talents or special recognition you may have received in or out of school. If you have been out of school for some time, please indicate how you have been occupied.

**Be sure to include your essay (250 - 500 words) with this application.**

**A non-refundable fee of \$40.00 is due with this application. Make check or money order payable to:**

**CMMC College of Nursing and Health Professions**

*An applicant must be able to perform the roles and tasks required by a student of this educational program.*

I certify that the attached essay is my own work and that all information in my application is factually true and honestly presented.

Applicant's Signature: \_\_\_\_\_