



# PRACTICAL NURSING PROGRAM APPLICATION

One Stop Student Services - onestop@cwi.edu - 208.562.3000  
 P.O. Box 3010 - Nampa, ID 83653 - cwi.edu/PN

This application is used to apply for admission into College of Western Idaho’s (CWI) [Practical Nursing](#) program.

- **Spring 2025 Application Period: Sept. 27 – Nov. 1, 2024**
- Review the [Practical Nursing Application Steps](#) prior to completing this application.

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	PREVIOUS NAME(S)	
ADDRESS	CITY		STATE	ZIP
STUDENT ID	STUDENT EMAIL		PHONE	

In the following tables, enter information for each prerequisite and additional class according to following categories: 1) **completed**, 2) **in-progress**, and 3) **planned**.

- 1) **Completed Classes:** Indicate the school, term/year, credits, and grade earned for each completed class. If accepted into the program, prerequisite classes must be completed prior to enrolling in classes. For classes taken at another institution, complete a [Bachelor’s Degree Transfer Credit Request Form](#).
- 2) **In-Progress Classes:** Indicate the school, term/year, and credits for each in-progress class, and complete a [Course Credit Verification Form](#).
- 3) **Planned Classes:** For any classes not yet completed, indicate the school and term/year in which you plan to complete each class.

PREREQUISITE CLASSES					
COURSE #	COURSE NAME	SCHOOL	TERM / YEAR	CREDITS	GRADE
HLTH 101	Medical Terminology				
GEM 3: MATH					
<b>OPTION 1</b>					
BIOL 127	Human Structure & Function				
BIOL 127L	Human Structure & Function Lab				
<b>OPTION 2</b>					
BIOL 226	Human Anatomy & Physiology I Plus				
BIOL 227P	Human Anatomy & Physiology I				
BIOL 227L	Human Anatomy & Physiology I Lab				
BIOL 228	Human Anatomy & Physiology II				
BIOL 228L	Human Anatomy & Physiology II Lab				



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PREREQUISITE CLASSES <i>(continued)</i>					
COURSE #					GRADE
OPTION 3					
MMBS 111	Introductory Microbiology				
MMBS 111L	Introductory Microbiology Lab				
BIOL 227P	Human Anatomy & Physiology I				
BIOL 227L	Human Anatomy & Physiology I Lab				
BIOL 228	Human Anatomy & Physiology II				
BIOL 228L	Human Anatomy & Physiology II Lab				

ADDITIONAL CLASSES <i>(optional)</i>					
COURSE #	COURSE NAME	SCHOOL	TERM / YEAR	CREDITS	GRADE
ENGL 101	English Composition I				
PSYC 101	General Psychology				
BIOL 280	Pathophysiology				
MMBS 250	General Microbiology				

**Comments:**

KAPLAN NURSING ADMISSIONS EXAM	
DATE OF EXAM	SCORE



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### CERTIFICATIONS

In the following tables, [enter information for each certification](#) you hold listing the date issued and expiration.

- Expired or lapsed certifications will not be accepted.
- While not required to apply, certifications will increase your ranking points.

NAME	DATE ISSUED	EXPIRATION
Certified Medical Assistant (CMA)		
Certified Nursing Assistant (CNA)		
Emergency Medical Technician (EMT)		
Paramedic		
Registered Medical Assistant (RMA)		
Respiratory Therapist		
Surgical Technologist		

### MANDATORY INFORMATION SESSION

I understand by submitting this application, I am required to participate in a [mandatory information session](#) in November.

### REQUIRED SUBMISSION MATERIALS

Please submit the following items with this application in a sealed envelope to [One Stop Student Services](#) by the deadline:

- [Course Credit Verification Form](#) (if applicable)
- [Bachelor's Degree Transfer Credit Request Form](#) (if applicable)
- [copy of Kaplan Nursing Admissions Exam results](#)
- [copy of current certifications](#)

See [Step 6: Apply to the Practical Nursing Program](#) for detailed submission instructions.



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### APPLICANT ACKNOWLEDGEMENT

- I certify the information provided in this application is true and correct to the best of my knowledge. I understand falsification of information is cause for denial of admission and expulsion.
- I understand illegal use, possession, and/or misuse of drugs and/or a felony conviction may prevent me from obtaining an Intermediate Certificate in Practical Nursing.
- I am requesting provisional acceptance into the Practical Nursing program. I understand acceptance is granted upon the condition I fulfill all program requirements according to the timeline established with the acceptance committee and program leadership.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE