



Copper Mountain College

REGISTERED NURSING PROGRAM

APPLICATION FOR ADMISSION
TRAINED MILITARY HEALTHCARE PERSONNEL
CHALLENGE/ADVANCED PLACEMENT (Senate Bill 466)

Application Period: October 1st through October 31st

Last Name: _____ First Name: _____ SSN _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____ City _____ State _____ Zip _____

Other names used (including maiden): _____

Home Phone # _____ E-mail: _____

Cell Phone # _____ Birthdate: ____/____/____

Birthplace: _____
City State Country

Are you disabled? Yes No Are you a Wounded Warrior? Yes No

Do you require accommodation? Yes No If yes, explain: _____

Are you a US Citizen? Yes No If no, indicate Alien Status: _____

Have you ever been enrolled in an RN Program? Yes No If yes, attach **official** transcripts and complete the following:

College: _____ Program Director: _____

Mailing Address: _____
Street Address City State ZIP

Course(s)/Program completed: _____

Are you a Copper Mountain College student? Yes No

Have you previously applied to the Registered Nursing Program at Copper Mountain College? Yes No

Military Health Care Occupation Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP)
 Army Health Care Specialist (68W Army Medic)
 Air Force Independent Duty Medical Technician (IMDT 4N0X1C)

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

1. Official transcripts for ALL college coursework (including CMC) and post secondary (after high school at a technical school, ROP program etc.).
2. Official high school transcript or official GED transcript.
3. Official Joint Services (SMART) Transcript from appropriate military education program(s) demonstrating satisfactory completion of coursework and clinical experience within the last two (2) years.
4. Documentation of military work experience in the Military Health Care Occupation.
5. Certificate of Release or Discharge from Active Duty (DD Form 214) documenting Honorable Discharge.

I wish to be considered for admission to the Registered Nursing Program.

- I have read the admission policy at <https://www.cmccd.edu/prospective-students/health-sciences/> and understand the requirements for admission to the Copper Mountain College Registered Nursing Program.
- I understand that failure to submit a complete application and/or comply with the application deadline automatically disqualifies me.

Signature of Applicant: _____ Date: _____