



LPN to Associate Degree Nursing Online Advising Session Certificate of Completion

APPLICANT NAME (Please Print): _____

DATE OF VIEWING: _____

EMAIL ADDRESS: _____

By signing this form, I have read and listened to the online Advising Session and understand the requirements for the selective admission process to the Associate Degree Nursing program here at Ashland Community & Technical College.

I am aware of the following topics pertaining to the Associate Degree Nursing program:

- Accreditation Commission for Education in Nursing (ACEN)
- Kentucky Board of Nursing
- Application
- Selective Admission Process
- Pre-requisites
- Criminal Background Check & Drug Screening
- Health Screenings and Immunizations
- Approximate Program Costs

Applicant Signature

Today's Date