

PN



**Practical Nursing Program
Online Advising Conference
Certificate of Completion**

Full Name: _____

Date of Viewing: _____

Email Address: _____

I have read and listened to the online Preadmission Advising Conference and understand the requirements for the selective admissions process to the Practical Nursing program at Ashland Community & Technical College. I have been given the contact information for persons who are able to answer any questions I may have concerning admission requirements and the selective admissions process.

(Signature)

(Date)