

VERITAS NURSING ACADEMY

TAMPA, FL

APPLICATION FOR PROFESSIONAL NURSE RN/LPN REMEDIAL PROGRAM

Summer _____ Fall _____ Winter _____ Spring _____

Instructions: A separate enrollment agreement is required by the Veritas Nursing Academy Business Office. All documents must be printed, filled, signed and delivered to Veritas Nursing Academy Office of Admissions in a sealed envelope **prior to orientation**. Goods or services not included in the tuition are: drug screens, background check, physical exam and TB testing, CPR, IV Therapy. Each of these items will cost anywhere from \$25-300 each. It is the student's responsibility to bear these costs associated with the remedial course.

Please check one:

I have attended and graduated a nursing program []

I have failed Nclex exam 3 times []

I am a nursing student who just wants a review []

I am a nurse whose license has lapsed []

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Social Security Number

Biographical Information: (please print)

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Last Name

First Name

Middle or Maiden Name

Sex: () Male () Female

Date of Birth: ____/____/____

Mo Day Year

Nation of Citizenship: () U.S. () Other (Specify) _____

Resident Information: (please print)

Current Address: _____
Street Apt # City State Zip Code

Home phone: () _____ - _____

Mobile phone: () _____ - _____

Email: _____

All sections must be completed or the application will not be reviewed.

Please return completed application including all required documents and signatures to Veritas Nursing Academy, 9250 Bay Plaza Blvd #315 Tampa, FL 33619.

