Practical Nursing
CAP - (Conditional Application Process) Program Application for Admission

PimaCommunityCollege

NOTICE TO APPLICANTS:
This application meets the requirements of application of entry to the Practical Nurse program ONLY.

Student Number:

Last Name:

First Name:

Phone Number:

PCC E-mail Address:

Application Date:

INITIAL ADMISSION APPLICATION INSTRUCTIONS:

Complete the application and submit packet in **one fluid PDF via your PCC student email** to: **pcc-pnadmissions@pima.edu.** No personal or work email submissions will be accepted.

- Deadline for the Spring semester is August 1 annually. Submit applications for the Spring semester between July 1 and August 1 annually. Applications received outside of these dates will not be reviewed.
- Deadline for the Fall semester is April 1 annually. Submit applications for the Fall semester between March 1 and April 1 annually. Applications received outside of these dates will not be reviewed.

To complete your application packet, ensure that all documents are included prior to submission and that your name and PCC student A # appear on the first page of all PCC documents. It is the responsibility of the student to ensure all documents have been submitted. Packet will not be reviewed until after the deadline date.

Documents to attach to this application (check boxes to confirm submitted):

Attach Accuplacer NextGen Examinations or course completion posted on ONE unofficial PCC transcript detailing the following courses, if taken:

WRT 090 or 096 with a grade of C or higher or placement into WRT 101.

MAT 092 or MAT 097 with a grade of C or higher, or placement into MAT 142 or MAT 151

REA 091 with a C or higher or placement into REA 112

Attach document below if seeking Advance Placement (check box to confirm submitted):

Attach verification of CNA certification from AZBN.gov website

Do NOT attach any documentation not listed above.

DISCLAIMER AND SIGNATURE:

I give permission for representatives of Pima Community College (PCC) to review my application to the nursing program (FERPA waiver). I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or relevant documents will result in my denial of consideration for admission and may be subject to Student Code of Conduct review. I understand that if I am not accepted into this program for this semester it will be necessary to reapply for future semesters using a new application packet. It is my responsibility to ensure all required documentation is included in the packet submitted for application review.

Student Name (typed name accepted for signature:

Date of Application:

Effective 03/01/2026