



AS DEGREE IN NURSING (RN), ADN TRANSITION FOR PARAMEDIC APPLICATION
 LIMITED ACCESS HEALTH PROGRAMS: AS-NPT
 FALL TERM ADMISSION for the Porter Campus at Wiregrass Ranch: January 15 – May 21

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office at any PHSC campus no later than 4:00 p.m. on the deadline date. All documents for the application must be submitted at one time. Prior to submitting this limited access application to the Admissions and Student Records Office, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

Reminder: Please provide a clear, enlarged copy of your driver’s license (must be active and valid), a clear copy of your current valid Florida Paramedic license, and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist. All materials should be submitted together either by emailing admissions@phsc.edu or via USPS mail to:

PHSC Admissions
 10230 Ridge Road
 New Port Richey, FL 34654

PLEASE COMPLETE

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT ID	PHSC STUDENT EMAIL ADDRESS	PREVIOUS NAMES
ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE

APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Nursing (RN), ADN Transition program for Paramedic at PHSC. I understand that OFFICIAL correspondence will be sent only to my PHSC student email address listed above.

SIGNATURE	DATE
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FOR OFFICE USE

FOR COLLEGE STORE USE

DATE STAMP:

DATE: _____ CASHIER: _____

RECEIPT NO: _____

AMOUNT: _____