REGISTERED NURSE APPLICATION



Name:				Date of Birth:	/ /
Last		First	MI		Month Day Year
RTC Student ID:	Email Address:				
Address:					
	Number & S	treet	City	State	Zip
Phone:					
		Alternate			
	•	, •	ng Program is conditionally credited. Our program pre		•
nurses in a variety	of health care	e environments in	the surrounding commun	ity. Students who succ	essfully complete the
program will receive	an Associate	in Applied Science	es-Transfer (AAS-T) degree	and be eligible to take	the National Council

Licensure Examination for Registered Nurse (NCLEX-RN). The program also prepares students to transfer to an RN to BSN program after obtaining the RN license. Submitted in the packet: ☐ Copy of application to Nursing Program. Copy of credit evaluation letter from RTC if you transferred in credits from another college; and/or RTC unofficial transcripts. To Do Summary List printed from CastleBranch.com website showing submission and completion of required documentation and immunizations. Full report of criminal background check from CastleBranch.com website. Nursing Assistant Certificate of Completion or license approved by Washington State Board of Nursing (WABON) Application packet MUST be complete (incomplete packets will not be considered) RTC is an equal opportunity institution. For details, visit rtc.edu/Equal-Opportunity

Please note: Renton Technical College does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability, or age in its programs and activities.