



Application for admission to:
Department of Nursing
RNFA PROGRAM VERIFICATION OF ELIGIBILITY

Name in Full: _____
Last Name
First Name
MI
Maiden

Please have 2 Letters of Recommendation from current or former supervisors regarding clinical competency sent to the Department of Nursing at Angelo State University: ASU Station #10902 – San Angelo, TX 76909.

Applicant must submit proof of eligibility be either of the following ways:

1. CNOR Eligibility: Document that you have been employed as a registered nurse with scrub and circulating experience with a minimum of 2 years of experience. See website http://www.cc-institute.org/cert_cnor.aspx for eligibility requirements.

Experience Dates and Position	Facility and Unit Assigned	Phone Number and Supervisor's Name/Title	Signature of Supervisor	Validation by College Personnel

2. CNOR: Attach copy of form.

Certification Date	Expires:	Certification Number	Validation by College Personnel

3. APN: Attach copy of certification.

Certification Date	Expires:	Certification Number	Validation by College Personnel

I verify that I meet the requirements for the course as evidence by meeting one of the criteria. I verify that the information provided on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Nursing Department [Privacy Policy](#)

PLEASE MAIL COMPLETED FORM TO:
ASU DEPARTMENT OF NURSING
 ASU STATION #10902
 SAN ANGELO, TX 76909