

**SUPPLEMENTAL APPLICATION FOR ADMISSION TO
ON SITE ON LINE (OSOL) NURSING PROGRAM**

Ocean County College
Admissions and Records Office
PO Box 2001 ▪ College Drive
Toms River, New Jersey 08754-2001
(732) 255-0304



Please check which semester you are applying for admission:

_____ **Fall** (deadline for application and transcript submission is March 31st)

_____ **Spring** (deadline for application and transcript submission is July 31st)

Name: _____

SS # or Student ID # _____

Address: _____

Home Phone # _____ **Cell Phone #** _____

Health Care Experience:

___ No, I do not have any professional health care experience.

___ * Yes, I have professional health care experience. If yes, my experience consists of:

___ Nursing Assistant ___ LPN ___ EMT ___ Paramedic ___ Respiratory Therapist

___ Other (explain) _____

Number of years _____ Are you presently in this role? _____ Yes _____ No

Provide copy of License and/or Certification # _____

*If you checked yes to professional health care experience, then you must provide a letter of current or previous employment reference along with this application.

Applicants must meet all of the nursing criteria in order to be eligible for admission to the Nursing Program. Please refer to www.ocean.edu for the current Nursing Program admissions criteria.

Applicants must submit all *official* transcripts, including high school, and each college attended *prior* to the application deadline date.

Applicants who have met all requirements will be notified to schedule the ATI TEAS test. The applicant's TEAS composite score must be in the 40th individual program percentile rank or higher to be considered for admission.

Students accepted into the program must submit health requirements and a criminal background check before registering for courses.

Signature _____ Date _____