

RN License Requirement for School Nurse Institute Applicants

Student

Last name _____ First name _____ Middle name _____

Phone (_____) _____ Email _____

- I am applying to the School Nurse Education program at Cambridge College Desired entry date (MM/YY) _____
- I am aware that a current registered nurse license (RN) is required for entry to the program.
- I am aware that the program chairperson will visually check each student's RN license when the program begins.
- I hereby state that I have a current RN license.

Signature _____

Date _____

To prevent possible identity theft, please do not write in
your RN license number or send photocopy.

After completing form submit it to:



Attn: Tricia Kinns
Cambridge College Admissions
500 Rutherford Avenue
Boston, MA 02129

Or email to: tricia.kinns@cambridgecollege.edu

Or fax to: 617-242-0039