

# 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: Lissette Melendez**  
Cambridge College Admissions  
500 Rutherford Avenue  
Boston, MA 02129

**Or email to:** [lissette.melendez@cambridgecollege.edu](mailto:lissette.melendez@cambridgecollege.edu)

**Or fax to:** 617-242-0039