

# 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:



Cambridge College Admissions

500 Rutherford Avenue  
Boston, MA 02129

**Or email to:** [tricia.kinns@cambridgecollege.edu](mailto:tricia.kinns@cambridgecollege.edu)

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