



Central Maine Medical Center
College of Nursing and Health Professions

70 Middle Street - Lewiston, Maine 04240 - Telephone: (207) 795-2840 · Fax: (207) 795-2849

APPLICATION

RN Re-entry to Practice COURSE

Each section of this form must be completed to facilitate processing of your application. Please print or type clearly!

Last Name	First Name	Middle	Other Names used (i.e. Maiden)
Address			
City	State	ZIP	
County (i.e. Androscoggin)	Telephone (home)	Telephone (alternate number or work number)	
	Check if Cell <input type="checkbox"/>	Check if Cell <input type="checkbox"/>	
E-mail address			

Social Security Number									

Date of Birth (Month/Day/Year)									

	Yes	No		Female	Male
US Citizen			Gender		

Is your Nursing License under any type of disciplinary action with any State Board of Nursing?

Yes	No

Have you ever been convicted of a felony?

Yes	No

Person to be notified in case of emergency:

Last Name	First Name	Relationship
Address	City	State + ZIP
Phone (daytime)	Phone (evening)	

Please provide the following:

1. Either

- Copy of RN license or
- Official copy of Diploma or
- Official transcript from accredited nursing program

Date Received

Date Expires

Applicant's Signature

Date

A minimum \$100.00 payment is due with this application.

Payment of \$_____ enclosed

Cash, Check, Money Order

Visa Mastercard

Security Code (3 digits on back of your card)

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

□	□	□
---	---	---

Expiration Date: □□/□□

Billing Address (Address/City/State/ZIP):

Signature

Date

Third Party Pay Option
(Please submit below info for
billing purposes):

Employer _____

Address _____

Phone _____

Account #

Cost Center _____

Authorizing Signature and Title

Date