

**Academic Certificate Program  
Student Information Sheet**

Name (Last, First, Middle):

Date of Birth:

Course(s) and semester you are applying for:

\_ Wound Course Semester/Year:

\_ Ostomy Course Semester/Year:

\_ Foot and Nail Course Semester/Year:

Have you ever been registered as a student at San José State University?

No \_\_\_\_\_

Yes \_\_\_\_\_ Student ID: \_\_\_\_\_

Preferred Email Address

Permanent Address

Cell Phone Number

Alternate Phone Number

The highest degree you have obtained

The highest nursing degree you have obtained/completion year

RN license number and state of issuance

Current professional certification(s):

Type of Certification	Expiration Date

Why are you applying to this specialty program? Please list your goals (up to three) for attending this program.


RN Employment: Please list the three most recent nursing employment beginning with the most recent experience.

Employer	City/State	Dates Employed	Position title

Preferred Practicum Location: check

	Designated clinical agencies within the Bay Area
	Regions outside the Bay Area designated by The Valley Foundation School of Nursing
	I will find my own preceptors in my hometown. (I understand that preceptors may charge a fee. The preceptor's agency must have a student placement contract with SJSU). Your <b>hometown:</b>