Academic Progression in Nursing (APIN II) Student Information

Name:

Email:

Cell phone:

County of residence:

City where you attend school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diversity Category: circle all that apply

**Male** **Female**

Ethnicity:  
white African American Hispanic Asian American Indian

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed an ADN program? Yes or no If yes, what year did you receive your first license as an RN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you answered no, what year do you expect to become a licensed RN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in school? Yes No (if yes, name of school and expected date of graduation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What degree will you receive in this program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your proudest personal accomplishment thus far?

What professional accomplishment are you most proud of?

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What is your biggest personal challenge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Fill out the above questionnaire and return to [Cteas@Texasnurses.org](mailto:Cteas@Texasnurses.org) or mail to  
8501 N. MoPac Expway, Ste 400 Austin, TX 78759 Attn: Cyndy Teas, BSN, RN

*You will be notified when an available mentor has been assigned to you. Contact Cyndy Teas if you have questions* [*CTeas@Texasnurses.org*](mailto:CTeas@Texasnurses.org)