

ADMISSION APPLICATION

PUTNAM CAREER & TECHNICAL CENTER

SCHOOL OF PRACTICAL NURSING

Office Use Only

Paid _____

Test _____

Admission Test Score

_____ %

Return completed application to: Amber Midkiff
P.O. Box 640, Eleanor, WV 25070
(304) 586-3494 ext. 4403

Date: _____

PERSONAL

Name: _____
(Last) (First) (MI) (Maiden)

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Email address: _____

Social Security Number _____ - _____ - _____ Date of Birth ____ -- ____ -- ____

United States Citizen? YES ___ NO ___ (If not, what country? _____ Type of Visa _____)

EDUCATION:

Name of High School or GED Center you graduated? _____

Date of Graduation: _____

****Please request an official copy of your high school or GED scores and college transcripts (if applicable) to be sent separately from this application.***

List all technical centers, colleges, and universities attended:

Name	Date Enrolled	Degree	Completion Date

Other training or education: _____

EMPLOYMENT EXPERIENCE/HISTORY

**Please start with present or most recent employer

Employer/Supervisor	Address	Phone	Title	Dates Employed

LIST TWO REFERENCES FROM WORK SUPERVISORS, HIGH SCHOOL TEACHERS, OR COLLEGE PROFESSORS. (FAMILY/FRIENDS WILL NOT BE ACCEPTED).

Name	Complete Mailing Address	Phone	Position

Have you previously applied to or attended another Practical Nursing program? Yes _____ No _____

If yes, date and name of Institution: _____

Do we have your permission to obtain those records? Yes _____ No _____

Have you ever been convicted of a misdemeanor or felony crime? Yes _____ No _____

A mandatory FBI criminal background check will be performed once admitted into the LPN program. The cost averages \$56.18. Please be advised the state LPN Board may refuse to admit an applicant to the licensure exam who has been convicted of a felony, is habitually intemperate or addicted to habit forming drugs, or is mentally incompetent (9.2 CSR, Policies Regulating Licensure.)

PCTC Practical Nursing students must submit to drug and alcohol screenings as part of their admissions physicals and at random at the discretion of the Nursing Facility or School Administration.

YOU MUST SUBMIT THE FOLLOWING ALONG WITH THIS APPLICATION. YOUR APPLICATION WILL BE DENIED IF ALL OF THE FOLLOWING ARE NOT INCLUDED:

1. _____ Non-refundable \$75.00 application and pre-admission assessment fee. *

2. _____ Requested high school or GED test scores.
 _____ Requested college transcripts (if applicable)

** Transcripts must be an **OFFICIAL** copy sent by the school and mailed to address on the front of this application.

***One Check for \$75.00 made payable to PCTC School of Practical Nursing** should accompany the application to reserve a testing date.

I voluntarily give PCTC permission to make an investigation of my school and employment background, and hereby release from liability or responsibility all persons, places of business and municipalities supplying such information. I certify that all statements in this application are complete and true. I understand that any false information may be grounds for denial of my admission or dismissal.

Signed: _____ Date: _____

APPLICATION DEADLINE: May 1st

Written 9/03

Revised 5/04 11/05 12/06 3/07 9/07 9/08 09/09 10/10 11/11 09/12 11/13 10/14