

**WESTERN AREA CAREER & TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM**

**688 Western Avenue, Suite A
Canonsburg, Pennsylvania 15317**

APPLICATION FOR ADMISSION

It is the policy of the Western Area Career & Technology Center not to discriminate on the basis of race, color, religion, sex, national origin, age, physical handicap or disability in its educational programs, activities, or employment policies, as required by Title VI of the Civil Rights Act of 1964, and Section 504 Regulations of the Rehabilitation Act of 1973.

For information regarding compliance or services, activities, programs, and facilities that are accessible to and usable by handicapped persons, contact the Director of Western Area CTC, 688 Western Avenue, Canonsburg, Pennsylvania 15317; telephone (724) 746-2890, ext. 114.

SECTION 1: DEMOGRAPHIC

Please Print. Return application to the above address.

First Name

Middle Name

Last Name

Address

PO Box

County

City

State

Zip Code

Home Phone

Mobile Phone

Work Phone

Contact Email

Social Security #

Place of Birth

U.S. Citizen

Yes No

SECTION 2: PROGRAM SELECTION

I am applying for: Full-time Part-time

How did you hear about this program? _____

Have you previously applied for admission to this school? Yes No

If yes, Date: _____

SECTION 3: EDUCATION

Please list high school, (G.E.D.) and all post-secondary schools attended

Institution	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>

Institution	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>

Institution	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please list additional entries on separate piece of paper.

If transferring from another school, are you presently in good standing? Yes No

If you have attended any school of nursing, please give reason for leaving:

SECTION 4 : NURSING SCHOOL SUCCESS

Everyone has strengths and weaknesses as students and as employees.

Identify your strengths:

Identify your weaknesses:

Why are you interested in becoming a Practical Nurse?

SECTION 5: EMPLOYMENT

Please list all work experience

Employer []	Start Date []	End Date []
City []	State []	Supervisor []

Employer []	Start Date []	End Date []
City []	State []	Supervisor []

Employer []	Start Date []	End Date []
City []	State []	Supervisor []

*Please list additional entries on separate piece of paper.

SECTION 6: CRIMINAL HISTORY

Have you ever been convicted of a felony*? Yes No

***PLEASE NOTE: "A person convicted of any felonious act which violates "The Controlled Substance, Drug, Device and Cosmetic Act" will not be issued a license by the State Board of Nursing unless at least ten (10) years have elapsed from the date of conviction." Includes a judgement, an admission of guilt or a plea of nolo contendere. Memorandum from the State Board of Nursing dated March 11, 1987.**

I certify that all of the information provided is correct to the best of my knowledge. I authorize you to make such investigations and inquiries to the employment and personal references given in this application as may be necessary to arrive at a decision for admission to the Western Area Career & Technology Center Practical Nursing Program. I understand that any deliberate falsifying of information will result in rejection of this application.

Signature of Applicant

Date of Application

February 1987
Refined: 10/98, 9/12, 3/14,
9/17, 3/21
Reviewed: 10/06, 10/07, 10/08,
10/09, 10/10, 10/11

