

Practical Nursing Diploma Program Student Application

Application submissions are due March 1.

□ PN Day Program 10-Month
□ PN Evening Program 20-Month

For Official Use Only
App Date
App Fee
Workkeys:
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A non-refundable \$95 application fee must accompany this application or it will not be accepted.

Name	9			DOB	
	Last	First Mid	ddle Name		
Are a	ny of your educational	or employment records in a	another name(s)? If	f so, identify:	
			;	SS#	
Addre	ess				
City_			State	Zip Code	
Coun	ty				
Telep	hone <u>(</u>)				
E-ma	il address				
Emer	gency Contact Person	(Relative/Friend/Neighbor)			
			Telephone ()	
Name)	Relationship			
U.S. (Citizen Yes	_Eligible Non-Citizen	Alien #		
		_		(Documentation needed)	
Have	you attended Tri-River	rs Adult Ed before?	es 🗖 No		
If yes, what program?				Year	
-		on you have <u>attended</u> :			
		Highest grade completed		Year	
	No Diploma				
	GED	School/Program Name, City	, State	Date Completed	
	High School	School Name, City, State		Received Diploma Yes No If yes, year:	
	Technical College or working on Associate Degree	School Name, City, State	Major/Degree	Received Degree Yes No If yes, year:	
	University or working on Bachelor Degree	School Name, City, State	Major/Degree	Received Degree Yes No If yes, year:	
	Other	School Name, City, State	Major/Degree	Received Degree Yes No If yes, year:	

Certificates/Licenses		Expiration Date	Certificates/Licens	ses Expiratio	<u>n Date</u>
List present o	r most recent o	employer first. Include \	volunteer work.		
Dates From/To	Company	· /	Address, City, State	Job Title	Supervisor's Name

List any certificates or licenses you hold:

Military Experience:

A BCI/FBI background check must be completed once you are accepted into the class. As of June 2003, this is a requirement for licensure. If you have any traffic violation/misdemeanor/felony on record, please see the school's nursing education manager.

Indicate whether you <u>have</u> or <u>have not</u> been found guilty of, entered a plea of guilty to, or entered a plea of no contest to the following:

YES	NO	
		A violation of ANY municipal, state, county or federal law.
		Any misdemeanor resulting from or related to the use of drugs or alcohol.
		Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance.
		Obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception.
		Selling, giving away, or administering drugs for other than legal and legitimate therapeutic purposes.
		Any felony or any crime involving gross immorality or moral turpitude.
		An act committed in another jurisdiction (i.e.: state, foreign country, etc.) that would constitute a felony or a crime or moral turpitude in Ohio.

<u>Faculty Use of Records Consent Form</u>: I consent to the release of the contents of my school records to any staff member of Tri-Rivers Career Center. To the best of my knowledge, the information contained herein is true and complete. I understand that falsification of information on this application is grounds for dismissal from the program.

Signature	Date
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A \$95.00 non-refundable application fee is required upon submitting the application form. The application will not be considered until the fee is paid in full and official transcripts of the LPN program and pre-requisite support courses are received.

Please feel free to attach a resume or describe any other aspect of your background that you would like to present in support of your application.