

Application valid for

only

CHARLOTTE TECHNICAL CENTER
18150 Murdock Circle • Port Charlotte, FL 33948
Phone (941) 255-7500 • www.CharlotteTechCenter.com

PRACTICAL NURSING APPLICATION FOR ADMISSION

Give careful consideration to each question, and complete all questions on this form.
An incomplete application will not be accepted.

Please print or type.

BIOGRAPHICAL DATA

Name	_____	_____	_____
	Last	First	Middle
Home Address	_____		
	Number and Street		
	_____	_____	_____
	City	State	Zip
Phone Number	_____	Cell Phone	_____
Email	_____		
Place of Birth	_____	_____	_____
	City	State	Country
Date of Birth	_____		
Social Security #	_____	Citizenship	_____
Number of Dependents	_____	Ages	_____

FINANCIAL DATA

Are you prepared to meet the expenses of this program?	Yes _____	No _____
If not, please indicate the type and amount of assistance you will need.		
Will you be receiving a scholarship or loan?	Yes _____	No _____
Amount \$ _____	Source _____	
Do you plan to work while in school?	Yes _____	No _____
If yes, how many hours do you plan to work?	_____	

MILITARY SERVICE DATA

Previous military service?	Yes _____	No _____	Dates _____
Branch of the service	_____	Type of discharge	_____

EDUCATIONAL DATA

High School _____			
		Name	
Address	City	State	Zip
Last grade completed _____	Date _____	Graduation Date _____	
G.E.D. # _____	State _____	Date Received _____	
College Attended _____	Major _____		
Name	Degree Completed	Yes _____	No _____
List any specialized training related to the Health Occupations field.			
List any other educational activities that do not fit in the categories above.			

HEALTH RESPONSIBILITIES

<p>In the Health Occupations program you will be required to perform physical activities (heavy lifting, bending, standing long periods of time) and deal with highly stressful situations. To the best of your knowledge do you have any physical or emotional limitations/characteristics that could hamper you from performing these activities?</p> <p style="text-align: right;">Yes _____ No _____</p>	
<p>If yes, please explain. _____</p>	
<p>List any medicines or treatments you are taking at the present time. _____</p>	

LEGAL INFORMATION

<p>Have you ever been arrested, regardless of adjudication, for any offense? Yes _____ No _____</p>	
<p>If yes, give date of arrest, charges and disposition of the case: _____</p>	
<p>Licensing/Certification criteria may require that you submit court records at the completion of the program. The Board of Nursing reserves the right to deny licensure to any applicant who falsifies an application or has certain arrests.</p>	

EMPLOYMENT HISTORY

Give names and addresses of present and **ALL PREVIOUS EMPLOYERS**. List chronologically, starting with the most recent employment. Use additional sheets if necessary. (Please account for any periods of unemployment and give reason in the area below.)

Name of Employer _____
Address _____
City, State, Zip _____
Phone # _____ Supervisor/Contact Person _____
Dates of Employment: Beginning _____ Ending _____
Position/Job Title _____
Reason for Leaving _____

Name of Employer _____
Address _____
City, State, Zip _____
Phone # _____ Supervisor/Contact Person _____
Dates of Employment: Beginning _____ Ending _____
Position/Job Title _____
Reason for Leaving _____

Name of Employer _____
Address _____
City, State, Zip _____
Phone # _____ Supervisor/Contact Person _____
Dates of Employment: Beginning _____ Ending _____
Position/Job Title _____
Reason for Leaving _____

Period(s) of unemployment and reason: _____

Have you ever been discharged or asked to resign a position? Yes _____ No _____
If yes, please explain. _____

NARRATIVE

What are the things you have accomplished which have given you the greatest satisfaction?

Why did you select Practical Nursing as a career?

Why have you selected this school?

I _____, certify that all information contained in this application is true, and understand that misrepresentation or omission of facts is cause for denial of admission or dismissal from the program.

Signature _____ Date _____

(04/30/08)