



**APPLICATION FOR ADMISSION
PRACTICAL NURSING PROGRAM**
Lebanon County Career and Technology Center
833 Metro Drive
Lebanon, PA 17042
(717) 273-8551

Instructions: Upon receipt of your application, you will be contacted with directions to take the pre-admission test.

Additional Requirements:

1. Either an official transcript of high school grades, (noting any name change) or a G.E.D. diploma with examination scores must be forwarded to the Practical Nursing Program. A transcript of ALL postsecondary education completed, if applicable, must be sent as well.
2. Physical, flu shot, TB test, and immunization records are required.
3. Criminal record check, child abuse check, and FBI clearances must be completed.

(Application should be submitted prior to items 1-3)

Please Complete the Following:

Please choose one:

- Full-Time Class Part-Time Class

1. GENERAL INFORMATION:

Date of Application _____

Name _____
last first middle maiden

_____ other names by which you have been known _____ name used on high school diploma or GED

Address _____
street city state zip

Present Phone _____ Social Security Number _____

E-mail Address _____

Person to be Notified
 in Case of Emergency: _____
name phone relationship

Are you willing to take a physical exam? Yes No

Why have you selected Practical Nursing as your career? _____

2. EDUCATION AND TRAINING

| | Name and Location of School | Dates Attended | | | | Diploma Certificate |
|-------------|-----------------------------|----------------|-----|--------|-----|---------------------|
| | | From Mo. | Yr. | To Mo. | Yr. | |
| High School | | | | | | |
| College | | | | | | |
| Other | | | | | | |

3. EMPLOYMENT EXPERIENCE

Employment: List all work experiences, both full and part-time, since high school, beginning with the most recent.

| Dates | | Title of Position | Employer | City and State |
|-------|----|-------------------|----------|----------------|
| From | To | | | |
| | | | | |
| | | | | |
| | | | | |

4. REFERENCES

Give the names and addresses of two persons, not relatives, who know you and can give information about you (for example, you may include a recent teacher, counselor, employer, or clergyman).

- Name _____ Position/Phone _____
Address _____
- Name _____ Position/Phone _____
Address _____

I certify that the information I have provided is true and correct. I hereby understand that any misrepresentation of information I have provided in this application may result in denial of admission or enrollment into the program or dismissal from the program. I also understand that if I am dismissed from the program for providing false information, I am responsible for any balance owed to the school at the time of dismissal.

Signature _____

Date _____

The Lebanon County Career and Technology Center does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Director of Students, 833 Metro Drive, Lebanon, PA 17042, (717) 273-8551 ext. 2139, For further information on notice of non-discrimination, visit <http://wdcrobc01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.