

2019-2020 APPLICATION
RANDOLPH TECHNICAL CENTER
SCHOOL OF PRACTICAL NURSING
(304) 636-9195



Trans: _____
Ref (3): _____
CNA: _____
License Copy: _____
App. Before: _____
Cash: _____ Ck: _____
Money Order: _____
Date: _____

PERSONAL

_____ Last Name First Middle Initial Transcript Name

_____ Mailing Address

_____ City State ZIP

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Social Security Number _____ - _____ - _____ Birth Date: _____

EDUCATION:

High School Graduate? YES { } NO { }

High School Attended _____ Date of Graduation _____

If NO, do you have a GED? YES { } NO { } Date Received _____

College Attended _____

Other Training or Education _____

EMPLOYMENT HISTORY (Employers May Be Contacted)

Present Employer _____ Date Started _____

Address _____

Previous Employer _____ Date Employed from _____ to _____

Address _____

Any other work experience directly related to health care? YES { } NO { } If Yes, explain:

Why do you want to become a licensed practical nurse? _____

**** Application & \$35.00 NONREFUNDABLE fee due by July 27, 2018. References postmarked by September 28, 2018.**

HOW DID YOU HEAR ABOUT OUR PROGRAM? Circle one: WDNE, Inter-Mountain, Barbour Democrat, Clarksburg Exponent, Record Delta, Mountain Statesman, Lewis, Barbour, Taylor, and Upshur Papers.

Other: (Please list) _____

Are you a certified CNA? YES () NO () If yes, please provide a copy of your current certification with this application.

Have you applied to any practical nursing program before? YES { } NO { }

If yes, date and name of program: _____

Do we have your permission to obtain those records? YES { } NO { }

Check any financial aid programs for which you believe you might be eligible:

___ WIA ___ Voc Rehab ___ Veterans ___ TRA ___ Pell Grants (Pending Title IV Certification)

Have you ever been **charged, arrested or convicted** of a "felony, misdemeanor, pled guilty or nolo contendere" (no contest) to a crime? YES { } NO { } *NOTE: Omitting a charge will result in you not being admitted or dismissal. **Explain: Use back of form.**

Please be advised the state LPN Board may refuse to admit an applicant to the licensure examination who has been convicted of a felony, is habitually intemperate or addicted to habit-forming drugs, methadone, or is mentally incompetent. (9.1.3. - 10 CSR, Policies Regulating Licensure)

RTC practical nursing students must submit to drug and alcohol screenings as part of their admission physicals and at random times at the discretion of the nursing facility or school administration

I acknowledge the above statement and declare that I do not have any of the above-mentioned problems or a criminal record. Falsification of the application is grounds for immediate dismissal from the program.

Signed _____

Date _____

Please have the following educational transcripts sent to the address below: high school transcripts (**even if you did not complete high school**); GED test scores; college transcripts (if available); or transcripts from any previous LPN school. (Note: Transcripts must be an **OFFICIAL** copy sent by the school. **All transcripts AND references must be postmarked by July 27, 2018.**

Mail completed form and \$35.00 NONREFUNDABLE application fee postmarked by August 1st to:

Randolph Technical Center
School of Practical Nursing
200 Kennedy Drive
Elkins, WV 26241

REMINDER: TESTING DATES ARE LISTED ON THE APPLICATION DIRECTION SHEET. (Conditional WIOA recipients must pay fee according to payment schedule and will be reimbursed when funds are made available.)