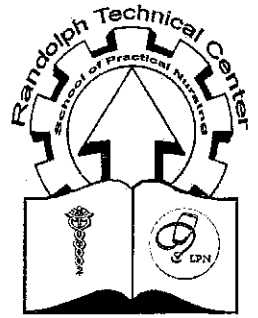


Trans: \_\_\_\_\_  
 Ref (3): \_\_\_\_\_  
 CNA: \_\_\_\_\_  
 License Copy: \_\_\_\_\_  
 App. Before: \_\_\_\_\_  
 Cash: \_\_\_\_\_ Ck: \_\_\_\_\_  
 Money Order: \_\_\_\_\_  
 Date: \_\_\_\_\_

**2025-2026 APPLICATION**  
**RANDOLPH TECHNICAL CENTER**  
**SCHOOL OF PRACTICAL NURSING**  
**(304) 636-9195**



**PERSONAL**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Transcript Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

**EDUCATION:**

High School Graduate? YES { } NO { }

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

If NO, do you have a HSE? 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? \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

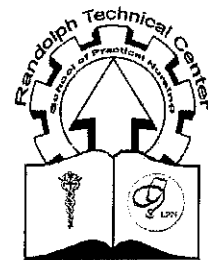
Please have the following educational transcripts sent to the address below: high school transcripts (**even if you did not complete high school**); HSE test scores; college transcripts (if available); or transcripts from any previous LPN school. (Note: Transcripts must be an **OFFICIAL** copy sent by the school. **All transcripts AND references must be postmarked by September 30, 2024.**)

**Mail completed form and \$35.00 NONREFUNDABLE application fee postmarked by July 19, 2024 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.)**

Randolph Technical Center School of Practical Nursing is an Equal Opportunity-Affirmative Action Institution. In compliance with Title VI of the Civil Rights Act, Title IX (Educational Amendments of 1972) Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the other applicable laws and regulations, the School provides equal opportunity to all prospective of individual qualifications and merit without regard to race, sex, religion, age, national origin, disability, or sexual orientation, as identified and defined by law. The school neither affiliates knowingly with nor grants recognition to an individual, group or organization having policies that discriminate on the basis of race, color, age, religion, sex, national origin, disability, or sexual orientation as defined by applicable laws and regulations. Further inquiries may be directed to the Section 504 and Title IX Coordinator, Joseph Arbogast, 40 11th St., Elkins, WV 26241, phone 304-636-9150; or to the U.S. Department of Education's Director of the Office of Civil Rights.

Dev. 5/93, Rev. 3/15, Rev. 3/16, Rev. 3/17, Rev. 3/18, Rev. 3/19, 3/20, 3/21, 3/22, 3/23, 1/24



# TESTING AND CLASSES INFORMATION SHEET

All LPN applicants are required to take TABE assessments in the areas of reading, mathematics and language. If you are only doing TABE and TEAS testing, you are still required to do paperwork for the **Adult Education Learning Center** so that test scores and information can be shared with the LPN program and/or WorkForce WV. At the initial TABE pretest session, score requirements will be discussed with you, as well as reminders regarding class dates, the TABE post-test assessment, and the TEAS dates.

**TABE PRETEST (reading, mathematics and language) \*\*Attendance is required BOTH days for pre-test\*\***

**ALL CLASSES AND TESTING WILL BE HELD AT THE ADULT EDUCATION LEARNING CENTER**

Last Name: <b>A-L</b>	July 29, 2024	8 a.m.	AE Enrollment & TABE-Pretest (Part 1-Locator)
	July 30, 2024	8 a.m.	TABE Pretest (Part 2-reading, math, language)
Last Name: <b>M-Z</b>	July 29, 2024	1 p.m.	AE Enrollment & TABE-Pretest (Part 1-Locator)
	July 30, 2024	1 p.m.	TABE Pretest (Part 2-reading, math and language)

**Students must take both the pre- and post- TABE tests in reading, math and language to qualify for the TEAS test.**

**TABE POST-TEST (reading, mathematics and language)**

Last Name: <b>A-L</b>	September 30, 2024	8 a.m.	TABE Post-test (reading, math and language)
Last Name: <b>M-Z</b>	September 30, 2024	1 p.m.	TABE Post-test (reading, math and language)

**ATI TEAS Dates (Please mark your calendar; there are no alternative testing dates for this exam.)**

Last Name: <b>A-L</b>	October 7, 2024	8 a.m.	ATI TEAS Exam
Last Name: <b>M-Z</b>	October 7, 2024	1 p.m.	ATI TEAS Exam

Classes are available and free of charge for LPN applicants. **Attendance is required for materials.** Additional classes may be offered, depending on class and student needs. Classes will be at the Adult Education Learning Center 3:30 – 7:00 p.m. on the following dates:

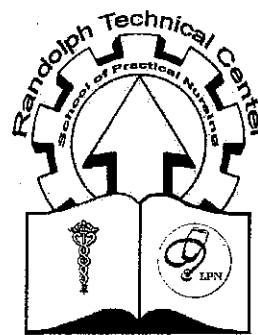
August 5	September 9
August 12	September 16
August 19	September 23
August 26	

Any questions, please feel free to contact: Randolph Technical Center Adult Education  
304-636-9195 (ext. 110)  
Randolph Technical Center LPN Secretary  
304-636-9195 (ext. 115)

RANDOLPH TECHNICAL CENTER  
SCHOOL OF PRACTICAL NURSING

200 Kennedy Drive  
Elkins, WV 26241  
Telephone: (304) 636-9195 Fax: (304) 636-9169

**Reference/Recommendation Form**  
**(Postmarked by September 30, 2024)**



Name of Applicant: \_\_\_\_\_

To Whom It May Concern:

Thank you for your assistance in the interest of the above-named applicant to the LPN Program at the Randolph Technical Center. Please complete this form and return it to us **postmarked by September 30, 2024**. It will play a role in our selection process, so please answer all the questions as completely and as fairly as possible. **Please remember, relatives and/or significant others CANNOT be used as references.**

1. In what capacity, do you know the applicant?

2. What do you consider the applicant's?

A. Strengths:

B. Weaknesses:

3. Please rate the following characteristics on a 1-5 scale with 1 being poor and 5 excellent:

	Poor	Fair	Average	Very Good	Excellent
A. Initiative	1	2	3	4	5
B. Punctuality	1	2	3	4	5
C. Integrity	1	2	3	4	5
D. Dependability	1	2	3	4	5

4. Please provide a brief statement concerning the student's personality, involvement in community activities, and leadership potential.

5. Would you recommend this person for the Licensed Practical Nursing Program?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ With Reservations

COMMENT: \_\_\_\_\_

6. Please add any additional comments about this applicant to the back of this sheet.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**FINANCIAL AID AVAILABLE  
2025-2026**

1. Pell Grant: Available to those who meet the income criteria; applications are available online at <http://www.fafsa.gov>.  
Gainful employment requirements for educational programs that are eligible for funding under the Higher Education Act Title IV, are available at <https://studentaid.ed.gov/sa/about/data-center/school/ge>.

**The Randolph Technical Center does not participate with guaranteed student loan or Stafford loan programs.**

2. Workforce Investment and Opportunity Act (WIOA): Available to those who meet income criteria set up by the Workforce Investment Board.
3. Veteran's Administration (VA): Available to those who meet criteria set up by the Veteran's Administration.
4. Rehabilitation Center: Eligibility determined by the local rehabilitation office.

**NOTE: If for any reason WIOA or any other aid is still pending when tuition payments are due, students must pay according to the payment schedule and will be reimbursed when/if the financial aid comes through.**