2020-2021 **APPLICATION**

**Trans: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ref (3): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNA: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Copy: \_\_\_\_\_\_\_\_\_\_\_**

**App. Before: \_\_\_\_\_\_\_\_\_\_\_\_**

**Cash: \_\_\_\_ Ck: \_\_\_\_\_\_\_\_\_\_**

**Money Order: \_\_\_\_\_\_\_\_\_\_\_**

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

**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: ( ) \_\_\_\_\_\_\_\_\_\_\_\_

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 26, 2019. References postmarked by September 30, 2019.**

**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 IVCertification)

Have you ever been **charged, arrested or convicted** of a felony, misdemeanor, pled guilty or nolo contendre (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 September 30, 2019.**

**Mail completed form and $35.00 NONREFUNDABLE application fee**

**postmarked by July 26, 2019 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, Debbie Schmidlen, 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