

Please indicate which option you are applying for.

Full-time

Part-time

Jefferson County DuBois Area Vocational Technical School

Practical Nursing Program

576 Vo Tech Road, Reynoldsville, PA 15851

(814) 653-8420

PN@JeffTech.edu

APPLICATION FOR ADMISSION

Please EMAIL application to PN@JeffTech.edu when complete

Name

_____ (Last) (First) (Middle)

Address

_____ (Street) (City, State, Zip Code) (County of Residence)

Phone

_____ (Area Code) (E-mail) (Date of Birth)

Social Security number _____

Have you ever used another name? If yes, what? _____

EDUCATION:

High School Attended: _____ **Graduation Date:** _____

School Address: _____

What name is on your high school diploma? _____

Request for Official High School transcripts sent to Jeff Tech Practical Nursing Program: Date: _____

G.E.D. Date _____ (Attach copy of G.E.D. scores and certificate number)

POST SECONDARY: (College or Technical School)-Official Transcripts request: Date: _____

1. _____ (Name) (Address) (Dates Attended)

2. _____ (Name) (Address) (Dates Attended)

Have you had previous student loans: _____ YES _____ NO

If so, did you have a previous name they were under, i.e. maiden name? _____ YES _____ NO

If yes, what name was on the loans: _____

*This information will be given to our financial aid coordinator.

WORK EXPERIENCE: (Last employment first) Attach a separate paper if additional space needed.

1. Position: _____	2. Position: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Dates: _____	Dates: _____
Reason Left: _____	Reason Left: _____

REFERENCES: (No relatives; Include at least one work reference if applicable)

1. _____
(Name) (Occupation/Phone Number)
2. _____
(Name) (Occupation/Phone Number)
3. _____
(Name) (Occupation/Phone Number)

EXPLAIN any additional experience or training that you have had in the medical or nursing field.

Include a one-page essay explaining why you want to be a nurse. Submit on a Word document with your application or write in the fillable box at the end of the application.

Have you ever been convicted of a summary offense?	___ YES	___ NO
Have you ever been convicted of a felony or misdemeanor?	___ YES	___ NO
Do you have any criminal charges pending or unresolved in any court?	___ YES	___ NO
Have you ever been convicted of any crime associated with alcohol or drugs in any court?	___ YES	___ NO
Have you ever been convicted of any crime associated with sexual misconduct in any court?	___ YES	___ NO
The Pennsylvania State Board of Nursing shall not issue a license or certificate to an applicant who has been:		
<ol style="list-style-type: none"> 1) convicted* of a felonious act prohibited by the Act of April 14, 1972 (P.L. No. 64), known as “The Controlled Substance Drug, Device, and Cosmetic Act”, or 2) convicted* of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country unless: <ol style="list-style-type: none"> a. at least ten years have elapsed from the date of the conviction; b. the applicant satisfactorily demonstrates to the Board significant progress in personal rehabilitation since the conviction such that licensure should not create a substantial risk of further violations; and c. the applicant otherwise satisfies the qualifications contained in this Act. 		
A person convicted of any felonious act or misdemeanor may be prohibited from licensure by the Board of Nursing at any time.		
*Convicted includes a judgment, an admission of guilt, or a plea of nolo contendere, probation without verdict, incomplete		

I hereby certify the foregoing statements are true and correct to the best of my knowledge and beliefs, and hereby grant the school permission to verify answers and investigate all references. I understand that any false statements or omissions on this application may be considered sufficient cause for rejection of this application or for dismissal if such false information is discovered subsequent to my enrollment or after admission. In addition, if accepted for admission, I hereby agree to abide by the rules and regulations of the Jeff Tech School and Practical Nursing Program.

Signed: _____ Date: _____

Jeff Tech is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, or handicap in its activities, programs, or employment practices. For information regarding civil rights or grievance procedures, contact our Title IX Coordinator at 814 653-8265 ext. 129 or mkmowrey@jefftech.us. Additional information can be found at the Title IX page of the Jeff Tech website at www.JeffTech.info

“WHY I WANT TO BE A NURSE”