

FREE APPLICATION FOR ADMISSION Lenape Technical School – Practical Nursing Program

Lenape Practical Nursing Program
Lenape Technical School
104 Armstrong Street
Ford City, PA 16226
724-763-1311

Practical Nursing Program at Lawrence
Lawrence County Career and Technical Center
750 Phelps Way
New Castle, PA 16101
724-658-3583 ext. 7112

I PREFER TO ATTEND:

Lenape Practical Nursing (Ford City site):

FULL TIME

PART TIME Evening/Weekend

Lenape Practical Nursing (Lawrence site):

FULL TIME **ONLY**

Lenape Technical School, an equal opportunity employer, shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry, or any other legally protected classification. Publication of this policy is in accordance with state and federal laws including Title VI of the Civil Rights of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Inquiries should be directed to the Special Programs Coordinator, 503/504 / ADA Coordinator and Title IX Coordinator, Lenape Tech, 2215 Chaplin Avenue, Ford City, Pennsylvania 16226. Telephone Number (724) 763-7116

PERSONAL HISTORY

NAME _____ SOCIAL SECURITY # _____

MAIDEN NAME _____ BIRTHDATE _____

ADDRESS (STREET) _____ CITY, STATE, ZIP) _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

Are you legally able to attend school in the United States? YES _____ No _____

Have you ever pleaded guilty, been convicted of, accepted ARD or a similar program, or pleaded nolo contendere (no contest) to any violation other than a summary offense? YES _____ NO _____

If yes, explain _____

EDUCATION

NAME OF HIGH SCHOOL	ADDRESS	DATES OF ATTENDANCE FROM TO	DATE OF GRADUATION

NAME OF COLLEGE OR UNIVERSITY	ADDRESS	DATES OF ATTENDANCE FROM TO	MAJOR COURSE	DATE OF DEGREE/DIPLOMA

IN CASE OF ACCIDENT OR EMERGENCY, PLEASE NOTIFY:

NAME _____ RELATIONSHIP TO STUDENT _____

ADDRESS _____ HOME PHONE _____

WORK PHONE _____

CHARACTER REFERENCES: No relatives or employers.

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

State briefly why you wish to become a licensed practical nurse, why you believe you will be a good nurse and what you feel your duties and responsibilities will be. Use additional paper, if necessary.

Work Experience: From most recent back 3 years or 3 employments.

Employer: _____ Position/Title held: _____
Address: _____ Reason for leaving: _____
Supervisor: _____ Dates: _____
Phone: _____ May we contact? (Please circle) YES NO

Employer: _____ Position/Title held: _____
Address: _____ Reason for leaving: _____
Supervisor: _____ Dates: _____
Phone: _____ May we contact? (Please circle) YES NO

Employer: _____ Position/Title held: _____
Address: _____ Reason for leaving: _____
Supervisor: _____ Dates: _____
Phone: _____ May we contact? (Please circle) YES NO

EXCERPTS from the Pennsylvania Nurse Practice Act for Practical Nurses: (Act 110)

"The State Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the Controlled Substance, Drug, Device and Cosmetic Act, or convicted of a felony relating to a controlled substance in court of law of the United States or any other State, Territory, or Country unless: 1. at least ten (10) years have elapsed since the date of conviction; 2. the applicant satisfactorily demonstrates significant progress in rehabilitation since the conviction and the licensure of the applicant should not be expected to create a substantial risk or harm to the health and safety of patients or the public; 3. the applicant, otherwise satisfies the qualifications contained in, or authorized by, the act. (Convicted shall include a judgement, and admission of guilt or a plea Nolo Contendere)."

AGREEMENT

I have read the above information and I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at any enrollment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of acceptance, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the School.

Signature of Applicant

Date

Please indicate how you found out about our program.

- _____ Newspaper article/ad. Name of newspaper _____
- _____ Armstrong Education Trust Catalog
- _____ Your high school. Name of High School _____
- _____ Other educational institution. Name _____
- _____ Family or friend. Name _____
- _____ Lenape Web site
- _____ Phone book or Yellow page directory

REFERENCE FORM: Please sign and give to your most recent employer. A guidance counselor or teacher may complete this form if you have just graduated from high school. If unemployed or not a recent graduate, a character reference from a friend will suffice. **Please check the box indicating where the respondent needs to send this form.**

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I authorize you to make such investigations and inquiries of my person, employment, financial or medical history and other related matters as may be necessary in arriving at a decision for acceptance to the program. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Name of Applicant (please print) _____

Signature of Applicant _____

Date _____

CONFIDENTIAL

The above individual is applying for a seat in the Lenape Tech Practical Nursing Program. Please rate this applicant, to the best of your knowledge, in each area by checking the appropriate block. If you do not feel you can make such a determination, based upon your experience with this person, please leave it blank.

	Definitely a Strength	Average	Not a Strength
Reliability/Dependability			
Responsibility			
Motivation			
Self Direction			
Quality of Work			
Communication Skills			
Professional Conduct			
Ability to work with others			

Please Circle your answer.

Based on your experience, would you hire this person today? Yes No

Do you recommend this person for acceptance into the practical nursing program? Yes No

Period of Association: from _____ to _____

Relationship during Association: (i.e., employee/employer) _____

Please give any additional information you feel would be helpful. **Please use additional paper as necessary.**

RESPONDENT:

NAME	ADDRESS	PHONE

SIGNATURE OF RESPONDENT _____

DATE _____