

Orange-Ulster BOCES Practical Nurse Program Application Form

Applicant Information									
Full Name:		Last			First			Date:	
Address:		Street Address						Apartment/Unit #	
		City			County		State		ZIP Code
Mailing Address (if Different):									
Phone:		()		E-mail Address <i>(please print clearly)</i>					
Cell:		()				Date of Birth:		/ /	
School District you currently reside in:									
Desired Program				<u>If first choice is not available, would you:</u> <input type="checkbox"/> accept a seat in a different class <input type="checkbox"/> prefer to be placed on a wait list for desired class if eligible. A \$100.00 non-refundable application/registration fee is due at the time of your interview payable by credit, debit, or money order. We are unable to accept cash or personal check.					
<input type="checkbox"/> Sept Full-time Day <input type="checkbox"/> Sept Part-time Day				Are there any legal charges currently pending against you that may prevent you from obtaining a nursing license?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please explain:	
Has any licensing agency ever taken any disciplinary action against you, including but not limited to, any reprimand, suspension, probation, limitation, revocation?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:			
Were you ever terminated from a job or resigned to avoid termination?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:			
Are you capable of substantially participating in both the classroom and clinical portions of the nursing program, with or without reasonable accommodation?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, explain:			
Do you have any CNA or Medical experience?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, how long and what type?			
Have you ever attended a Certified Nursing Assistant program?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, when and where?			
Education									
Do you have a High School Diploma or GED? (must provide official transcript, if foreign must be evaluated by a company to ensure it meets NYS graduation requirements and be translated to English) <div style="text-align: right;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>									
High School:					Address:				
From:		To:		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree:	

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College: Transcripts req'd			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Vocational/ Other:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Previous or Current Employment							
Company:					Phone: ()		
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous/present supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please provide supervisor's name and number:							
Military Service							
Branch:				From:		To:	
Rank at Discharge:				Type of Discharge:			
If other than honorable, explain:							
Pre-Admission Statement-Please read carefully before signing							
<p>I certify that all information I have given in this application is accurate and complete to the best of my knowledge. I also understand that omission and misstatements in this application may be grounds for rejection or dismissal and that my acceptance is subject to verification of references.</p>							
Signature:						Date:	

Please complete the application and email to:

Email: lisa.mcquade@ouboces.org

Incomplete applications will not be accepted.