

## Orange-Ulster BOCES Practical Nurse Program Application Form

Applicant Information									
Full Name:	<i>Last</i>	<i>First</i>	Date:						
Address:	<i>Street Address</i>						<b>Apartment/Unit #</b>		
	<i>City</i>	<b>County</b>				<i>State</i>	<i>ZIP Code</i>		
Mailing Address (if Different):									
Phone:	(    )	E-mail Address <i>(please print clearly)</i>							
Cell:	(    )					Date of Birth:	/   /		
School District you currently reside in:									
Program Offered September 2021 Sept Full-time Day				A \$250.00 non-refundable application 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.					
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)									
				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
High School:					Address:				
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College: Transcripts req'd					Address:				
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

## Orange-Ulster BOCES Practical Nurse Program Application Form

Vocational/ Other:		Address:					
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
<b>Previous or Current Employment</b>							
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:							
<b>Military Service</b>							
Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							
<b>Pre-Admission Statement-Please read carefully before signing</b>							
<p><b>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.</b></p>							
Signature:					Date:		

Please type your application and print it out. You should then sign it, scan it, and email it to: [lisa.mcquade@ouboces.org](mailto:lisa.mcquade@ouboces.org)

**Incomplete applications will not be accepted.**