

Orange-Ulster BOCES Practical Nurse Program Application Form

Applicant Information								
Full Name:	<i>Last</i>	<i>First</i>						Date:
Address:	<i>Street Address</i>					<i>Apartment/Unit #</i>		
	<i>City</i>	<i>County</i>	<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:								
Desired Program		<u>If first choice is not available, would you:</u>						
<input type="checkbox"/> Sept Full-time Day		<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.						
<input type="checkbox"/> Sept Part-time Day		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.						
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:		

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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.

**Orange-Ulster BOCES PN Program
3 Washington Center, Newburgh, NY 12550
Phone: 845-781-6715 ext. 10800**