BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL PRACTICAL NURSE PROGRAM 207 Hart Street, Taunton, MA 02780 Admission Application

Directions

- 1. Submit completed application and application fee to Bristol-Plymouth Practical Nurse Program via postal mail or email to PN@bptech.org
- 2. Non-refundable application fee of \$40.00 must accompany application. Cash, money order, and debit/credit payments are accepted; debit/credit cards may be processed over the phone by calling 508-823-5151, X240. Personal checks are NOT accepted.

See the Bristol-Plymouth Practical Nurse Program website for additional admission requirements

https://www.hntech.org/pn

Name				
Name	First	Middle	Maiden	
AddressStreet				
	City	State	Zip Code	
Phone Numbers Preferred Phone	<u></u>	Iternative Phone		
Email address:				
Which program you are applyi	ing for? (select one)			
Full-	time Day Program □	Part-time Evening Progra	am □	
Are you Active Military or a Vo	eteran of the United States	Armed Forces? (select one)	Yes □ No □	
EDUCATIONAL INFORMATI	ION			
High School Attended in the	e United States:			
Name of				
School		City/Town	State	
Graduation Date	(or) Equivalency (GED/ I	HiSet) Where attained	Date Issued	
(or)				
High School Graduate of Fo If you checked yes, you must		eck box) on and certified equivalency to	U.S. high school.	
Country of High School Education		Grad	Graduation Date	
Post-Secondary Education	(if applicable, include cours	es and/or certifications/degree	es completed or attempted)	
Name of				
School		City/Town	State	
Dates of Attendance	Major	Degree	Certificate	
Nursing Education Have you ever been enrolled i If you checked yes, you must		ms? (select one) Yes ☐ No I	-	
Name of		City /Taxxx	Ctata	
School		Oity/TOWN	State	
Dates of Attendance	Reason t	for Not Completing Program _		

EMPLOYMENT INFORMATION / WORK HISTORY

Name of employer:	City, State:	
Dates employed:	Immediate	Supervisor Name:
Position:	Duties:	
Name of employer:	City, State:	
Dates employed:	Immediate	Supervisor Name:
Position:	Duties:	
Name of employer:	City, State:	
Dates employed:		Supervisor Name:
Position:	Duties:	·
writing. I acknowledge that sub- of acceptance, or dismissal from with all requirements to be cons	mission of false information is grounds for	that the essay contains my own thoughts and rejection of my application, withdrawal of any offer mission Policy and understand that I must comply to be enrolled in the program. Date
		scriminate on the basis of race, color, sex, gender identity, s status, or pregnancy or pregnancy-related condition in
This area for use by the Pract		Deferences
Application \square	High School Transcript □	References:
Application Fee	GED/HiSet Transcript □	
TEAS Results:	CED, NAEG, WES □	<u> </u>
Reading		
<u></u>	College Transcript □	Interview 🗆
□Math	Nursing Transcript □	
□English		