

**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.bptech.org/pn>

GENERAL INFORMATION

Name _____
Last First Middle Maiden

Address _____
Street City State Zip Code

Phone Numbers _____
Preferred Phone Alternative Phone

Email address: _____

Which program you are applying for? (select one)

Full-time Day Program

Part-time Evening Program

Are you Active Military or a Veteran of the United States Armed Forces? (select one) Yes No

EDUCATIONAL INFORMATION

High School Attended in the United States (official transcript required):

Name of School _____ City/Town _____ State _____

Graduation Date _____ (or) Equivalency (GED/ HiSet) Where attained _____ Date Issued _____
(or)

High School Graduate of Foreign Country: (if yes, check box)

If you checked yes, you must provide an official translation and certified equivalency to U.S. high school.

Country of High School Education _____ Graduation Date _____

Post-Secondary Education (if applicable) Official transcript required for courses or certifications/degrees completed or attempted:

Name of School _____ City/Town _____ State _____

Dates of Attendance _____ Major _____ Degree _____ Certificate _____

Nursing Education:

Have you ever been enrolled in any other nursing programs? (select one) Yes No

If you checked yes, you must provide official transcripts.

Name of School _____ City/Town _____ State _____

Dates of Attendance _____ Reason for Not Completing Program _____

EMPLOYMENT INFORMATION / WORK HISTORY

Name of employer:	City, State:
Dates employed:	Immediate Supervisor Name:
Position:	Duties:

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Dates employed:	Immediate Supervisor Name:
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Dates employed:	Immediate Supervisor Name:
Position:	Duties:

BRIEF ESSAY: Please explain in your own words your motivation to seek a career in nursing.

I certify that the information I have provided is accurate and complete, and that the essay contains my own thoughts and writing. I acknowledge that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal from the program. I have read the Program Admission Policy and understand that I must comply with all requirements to be considered for Admission, to be accepted, and to be enrolled in the program.

Signature _____ Date _____

EQUAL EDUCATIONAL OPPORTUNITY

Bristol-Plymouth Regional Technical School and the Practical Nurse Program do not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, age, economic or homelessness status, or pregnancy or pregnancy-related condition in admission to its programs and access to its educational opportunities.

This area for use by the Practical Nurse Program

Application <input type="checkbox"/> _____	High School Transcript <input type="checkbox"/> _____	References: <input type="checkbox"/> _____ <input type="checkbox"/> _____
Application Fee <input type="checkbox"/> _____	GED/HiSet Transcript <input type="checkbox"/> _____	
TEAS Results: <input type="checkbox"/> Reading _____	CED, NAEG, WES <input type="checkbox"/> _____	Interview <input type="checkbox"/> _____
<input type="checkbox"/> Math _____	College Transcript <input type="checkbox"/> _____	
<input type="checkbox"/> English _____	Nursing Transcript <input type="checkbox"/> _____	