



**PRACTICAL
NURSING**

CAREER TECHNOLOGY CENTER
OF LACKAWANNA COUNTY

3201 Rockwell Avenue
Scranton Pennsylvania 18508
Office 570-346-8728 Fax 570-346-7306

**NURSING STUDENT
APPLICATION FOR ADMISSION**

1. **NAME:** Last: _____ First: _____ Middle: _____

Social Security Number: _____

2. List any other name under which past records might have been filed:

3. Address: _____ Apt# _____

City _____ State _____ PA _____

4. How long have you lived at this address? _____

How long have you been a resident of Pennsylvania? _____

5. Contact information: (home) _____ (mobile) _____

Email: _____

6. Emergency Contact:

Name _____ Phone _____ Relationship _____

7. List **ALL** High School(s) or Post-Secondary (after 12th grade) school(s) attended:

(Most Recent First)

Name of School	Address	Certificate/Diploma

8. List the three (3) most recent jobs you held (Most recent first)

Employer	Address/Phone	Position	Dates employed	Description of job duties

Signature of Applicant _____/Date _____



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Short Answer Essays

1. What has directed you to the nursing profession?

2. What contributions will you bring to the community as a practical nurse?

3. Why should you be accepted to this program?

4. What are 3 of your strengths?

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5. What are 3 of your weaknesses?

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6. What is your proudest achievement/accomplishment to date?

7. What are your plans for managing the changes in your schedule(family and work) as you progress through the nursing program?