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	
	•	Cidio	210 0000	
Phone Numbers Preferred Phone	Altern	ative Phone		
Email address:				
Which program you are applying	for? (select one)			
Full-tim	ne Day Program □	Part-time Evening Progra	am □	
Are you Active Military or a Vete	eran of the United States Arm	ned Forces? (select one)	Yes □ No □	
EDUCATIONAL INFORMATIO)N			
High School Attended in the U	Jnited States (official transcr	ript required):		
Name of School		City/Town	State	
Graduation Date	(or) Equivalency (GED/ HiSet) Where attained	Date Issued	
(or)				
High School Graduate of Fore If you checked yes, you must pro			U.S. high school.	
Country of High School Education		Grad	Graduation Date	
Post-Secondary Education (if ap	pplicable) Official transcript requ	uired for courses or certification	ons/degrees completed or attempte	
Name of School		City/Town	State	
Dates of Attendance	Major	_ Degree	Certificate	
Nursing Education: Have you ever been enrolled in a If you checked yes, you must pro		(select one) Yes □ No [-	
Name of	a –	- :		
School				
Dates of Attendance	Reason for N	Not Completing Program _		

EMPLOYMENT INFORMATION / WORK HISTORY

Place of Employment:		City, State:	
Dates Employed From:	To:	Title of Position:	:
Immediate Supervisor's Name:		Duties:	
Place of Employment:		City, State:	
Dates Employed From:	To:	Title of Position:	
Immediate Supervisor's Name:		Duties:	
Place of Employment:		City, State:	
Dates Employed From:	To:	Title of Position:	
Immediate Supervisor's Name:		Duties:	
riting. I acknowledge that submis	sion of false inform e program. I have r	nation is grounds for reject read the Program Admiss	he essay contains my own thoughts and ction of my application, withdrawal of any offer ion Policy and understand that I must comply enrolled in the program.
Signature			Date
Bristol-Plymouth Regional Technical So religion, national origin, sexual orient	EQUAL EDU chool and the Practical ation, disability, age, ed dmission to its program	JCATIONAL OPPORTU Nurse Program do not discrimi	nate on the basis of race, color, sex, gender identity, us, or pregnancy or pregnancy-related condition in
Application \square		ool Transcript 🗆	References:
Application Fee □	GED/HiS	set Transcript □	<u> </u>
		•	
EAS Results:	CED, NA	.EG, WES □	
□Reading	College 3	Γranscript □	Interview 🗆
□Math	-	Transcript □	·
□English			