PRACTICAL NURSING
CAREER TECHNOLOGY CENTER OF LACKAWANNA COUNTY

NURSING STUDENT /APPLICATION FOR ADMISSION
PLEASE PRINT CLEARLY

Last Name_____First:_____Middle:_____

1. List any other name under which past records might have been filed:
   _____
   Social Security Number: _____-_____-_____

2. Address:_____Apt#_____
   City_____State_____PA_____
3. How long have you lived at this address?_____
   How long have you been a resident of Pennsylvania?_____
4. Contact information: (home)_____(mobile)_____
   Email:_____
5. Emergency Contact:
   Name_____Phone_____Relationship_____
6. List **ALL** High School(s) or Post-Secondary (after 12th grade) school(s) attended:
   (Most Recent First)

Name of School	Address	Certificate/Diploma

7. 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_____

- **Please contact the Practical Nursing Program regarding pre admission exam information/or website:**https://ctclcpn.ctclc.edu/about-practical-nursing/program-overview/application
- Information session with Practical Nursing Director/Faculty will be conducted upon completion of Pre admission examination

3201Rockwell Avenue*Scranton*Pennsylvania*18508/ 570-346-8728/pn-enrollment@ctclc.edu

PRACTICAL NURSING
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NURSING STUDENT APPLICATION / Short Answer Essays

What has directed you to the nursing profession?

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

Why should you be accepted to this program?

What are 3 of your strengths?

What are 3 of your weaknesses?

What is your proudest achievement/accomplishment to date?

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

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Please read this important information*Signature of understanding required

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Non-Discrimination Policy

The Career Technology Center of Lackawanna County does not discriminate in its educational programs, activities, or employment practices on the basis of race, color, national origin, sexual orientation, disability, age, religion, ancestry, union membership, or any other classification protected by law, in accordance with Title VI, Title VII, Title IX, and Sections 503 and 504.

For information regarding civil rights, grievance procedures, programs, services, facilities, or accommodations for individuals with disabilities, please contact the Title IX Coordinator at:

Career Technology Center *3201 Rockwell Avenue*Scranton, PA 18508*Phone: 570-346-8471

Practical Nursing Program Admission

Admission to the Practical Nursing Program is open to any individual who meets the established admission criteria and can demonstrate the ability to meet program outcomes, without regard to age, race, color, creed, gender, or disability.

Admission is contingent on the following Required MANDATORY Clearances and Screenings

- ACT 34 – PA State Police Criminal History Clearance
- ACT 151 – PA Child Abuse History Clearance
- FBI Fingerprinting
- Drug Screening

Students not completing requirements in a timely manner may be denied admission.

Pennsylvania State Board of Nursing Regulations

The Pennsylvania State Board of Nursing may deny licensure or certification to any applicant convicted of a felony offense under the Controlled Substance, Drug, Device and Cosmetic Act of April 14, 1972 (P.L. 233, No. 64), or of a felony related to a controlled substance under U.S. or state law, unless all the following conditions are met:

1. The applicant provides satisfactory evidence of significant personal rehabilitation, such that licensure does not pose a substantial risk of further criminal conduct.
2. The applicant otherwise meets all qualifications established by law.

For the purpose of this section, the term **"convicted"** includes a judgment, admission of guilt, or plea of *nolo contendere*. An applicant's declaration of no prior conviction shall be accepted unless the Board has evidence to the contrary.

The Board may also deny or revoke licensure if:

4. The licensee has committed fraud or deceit in nursing practice or in securing admission to nursing school.
5. The licensee has been convicted, pleaded guilty, or entered a plea of *nolo contendere* to a felony, crime of moral turpitude, or received probation without verdict, an alternative disposition, or Accelerated Rehabilitative Disposition (ARD) for felony charges in the United States or any jurisdiction.
6. The licensee has had a license suspended, revoked, or been otherwise disciplined by another licensing authority.
7. The licensee has engaged in conduct that presents an immediate and serious risk to public health or safety.
8. The licensee has possessed, used, obtained, or distributed a controlled substance or prescription drug for purposes other than legitimate medical use.

Right to Know: CTCLC complies with the 'PA Open Records Act' and may be required to release student information (Name, Address, Phone Number) to requesting agencies. https://www.ctclc.edu/about-ctclc/business-office

I have read the above and understand the information provided:

Student Name:(Print Clearly)_____Date_____

Student Signature:_____ Revised 9/25

PRACTICAL NURSING
CAREER TECHNOLOGY CENTER OF LACKAWANNA COUNTY

Nursing Student Applicant Reference Form

(at LEAST one from current/former employer/educator)

No relatives: Reference will be discarded

Applicant Name:_____

Has applied for admission to the Career Technology Practical Nursing Program, Lackawanna County.

In your opinion does this applicant have the qualities necessary for practical nursing to include: unquestioned integrity, dependability, emotional poise, positive work ethic, and ability to learn and perform psychomotor skills.

Please circle the relationship to the student applicant:

Personal	Employer	Educator	Other:(please specify)

- How long have you known the applicant?_____
- If an employer:

  Date of Employment:_____Position_____

  Work Record_____Reason for Leaving:_____

Please complete the following checklist in reference to the applicant-

	Poor	Fair	Good	Excellent		Poor	Fair	Good	Excellent
Appearance					**Emotional Stability**				
Neatness					**Character**				
Dependability					**Attentiveness**				
Organization skills					**Self-Control**				
Reliability					**Efficient**				
Problem Solving					**Moral Judgment**				

Comments:_____

_____

Date:_____

Printed Name(and Credentials)_____ **Signature:**_____

Contact information:

Company:_____

Address:_____State_____Zip Code_____

Email_____

Phone_____

(Or affix company stamp here)

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Comments:_____

_____

Date:_____

Printed Name(and Credentials)_____ **Signature:**_____

Contact information:

Company:_____

Address:_____State_____Zip Code_____

Email_____

Phone_____

(Or affix company stamp here)