

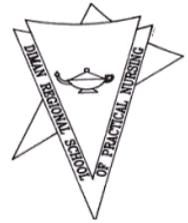


DIMAN REGIONAL TECHNICAL INSTITUTE
School of Practical Nursing

1082 Davol Street, 2nd Floor, Fall River, Massachusetts 02720

Telephone: (508) 672-2970

Website: www.dimanregional.org



School policy stipulates the address on application will serve to classify student as in/out of district. In district residents may be required to submit verification of address upon receipt of letter of acceptance into the program.

School Accreditations: Fully accredited by the Council of Occupational Education (COE) Full Approval Status from the Massachusetts Board of Registration in Nursing. For more information, please visit our website.

PRINT INFORMATION REQUESTED, ANSWER ALL QUESTIONS

Full Name: _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Last 4 digits of Social Security Number: _____

Mailing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Residential Address: _____
(Street) (City) (State) (Zip)

Email: _____ Cell Phone: _____

Home Tel. #: _____ Work Tel. #: _____

Education: To complete the application, an official high school transcript indicating graduation or a GED/HISET score sheet or an Official College Transcript for a degree obtained in the United States must be received. Applicants who received their high school education outside of the United States must submit an evaluation certificate from the Center for Educational Documentation (CED), or any approved Foreign Degree Credit Equivalency Agency. Documentation may be sent directly to us, or, if the applicant submits the documentation directly to us, it must be in a sealed agency envelope.

High School/College: _____
(Name) (City) (State) (Date Left) (Grade Completed)

Have you requested your official high school/college transcript? _____ **Date requested:** _____

Have you taken the TEAS Test? _____ **If yes, please list date** _____ **Location** _____

First-Time Student: _____

Have you ever enrolled in courses for credit and recognized by the institution as seeking a degree, certificate, or other formal reward? _____ If yes, list college(s) _____

***Educational Certificates may accompany application

Have you ever attended a School of Practical Nursing? **YES** **NO**

Where? _____
(Date Entered) (Date Left)

Address _____
(City) (State) (Country) (Zip)

Reason the course was not completed: _____

WORK EXPERIENCE

Company Name: _____

Address: _____ Type of Work: _____

Dates Employed: _____ Reason for leaving: _____

Company Name: _____

Address: _____ Type of Work: _____

Date Employed: _____ Reason for Leaving: _____

Are you or any member of your immediate family an active military member, U.S. Veteran or a survivor of a U.S. Veteran? ___ YES ___ NO

ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$50.00 NON-REFUNDABLE APPLICATION FEE

AND CAN BE SUBMITTED IN PERSON OR BY MAIL - FAXED APPLICATIONS WILL NOT BE ACCEPTED!

Signature of Applicant: _____

Date: _____

Which Program are you applying for? Full-time Day

Essay must include:

- Your reason for wanting to become a practical nurse.
- Your reason for applying to this school of Practical Nursing.

*(Your essay **must** be typed on a separate sheet otherwise it will not be accepted.
Be sure to include your name and date on the essay.)*

For office use only:

Date Rec'd: _____ Rec'd By: _____ Fee: _____

Transcript: _____ Essay: _____ Pre-Adm. Testing: _____

Interview: _____ References: _____ Action: _____