Bristol Community College
ATTN: Diman Regional Technical Institute
School of Practical Nursing – B110
777 Elsbree Street, 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).** Effective **July 8, 2026**, the **Diman Regional School of Practical Nursing** is operating under **Approval with Warning** status as designated by the **Massachusetts Board of Registration in Nursing**. The Full-Time Practical Nursing Program remains approved and continues to operate. Graduates remain eligible to apply for and take the **National Council Licensure Examination for Practical Nurses (NCLEX-PN)** upon successful completion of the program and satisfaction of all Board licensure requirements. The Practical Nursing Program holds **Candidacy Status** with the **Accreditation Commission for Education in Nursing (ACEN).** 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: ____YES ____NO

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: _____

Essay ***must*** include:

- Your reason for wanting to become a Practical Nurse.
- Your reason for applying to this program.

(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: _____