Boone Career and Technical Center School of Practical Nursing

ADMISSION APPLICATION

APPLCATION DEADLINE: September 15, 2023

Please complete the entire application. Incomplete applications will not be accepted.

Date:				
DEMOGRAPHIC INFORMATION	DN			
Name:				
Last	First	Middle Initial		
Address:				
Street	City	State	Zip Code	
Primary Phone:	Туре (I	Type (Home/Cell):		
Secondary Phone:	Туре (\	Type (Work/Cell):		
Email Address:				
Emergency Contact:		Phone:		
Health Care Provider:		Phone:		
Social Security Number:	Driver'	s License Number:	·	
Place of Birth:	Date of	f Birth:		
Are you a United States Citize	n? Are you a We	st Virginia residen	t?	
EDUCATION				
Name of High School or GED	Center from which you gradua	ated:		
Date of Graduation:	Have you taken any college courses?			

Please attach an official copy of your high school transcript, GED scores.

Attach transcripts for any college courses you have completed.

Boone Career and Technical Center **School of Practical Nursing**

College or Technical Center Name	Enrollment Date	Degree/Field of Study	Graduation Date
No you have any other training or or	ducation to include?		
o you have any other training or ed	aucation to include:		
MPLOYMENT			
Employer & Supervisor Name	Employment Dates	Job Title	Phone
Employer & Supervisor Name	Employment Dates	Job Title	Phone
REFERENCES			
	augamiaaya tagahay		hara Avaid
ist three (3) references from work			bers. Avoiu
sting family members or personal			
Name and Address	Positi	on/Title	Phone

Boone Career and Technical Center School of Practical Nursing

Have you previously attended any other program of practical nursing?				
If yes, please list the institution name and dates of attendance:				
Have you ever been convicted of a misdemeanor or felony crime?				
BCTC School of Practical Nursing will conduct druphysical and at random at the discretion of the c				
 Please submit the following with your application Official high school and college transcript Driver's license or state identification care TEAS Test Scores Immunization records for TDAP, MMR, He 	s d			
I give permission to Boone Career and Technical and employment background, and hereby releas places of business and municipalities supplying s this application are complete and true. I understated the supplying of denial of admission or dismissal from the pro-	e from liability or responsibility all persons, uch information. I certify that all statements in and that any false information may be grounds			
Signad	Dato			

Return completed applications to:
BCTC School of Practical Nursing
3505 Daniel Boone Parkway, Suite B
Foster, West Virginia 25081