

Boone Career and Technical Center  
School of Practical Nursing

**ADMISSION APPLICATION**

APPLICATION DEADLINE: July 18, 2022

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

Date: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: \_\_\_\_\_ Type (Home/Cell): \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Type (Work/Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_ Are you a West Virginia resident? \_\_\_\_\_

**EDUCATION**

Name of High School or GED Center from which you graduated: \_\_\_\_\_

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.***

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Post-secondary Education

| College or Technical Center Name | Enrollment Date | Degree/Field of Study | Graduation Date |
|----------------------------------|-----------------|-----------------------|-----------------|
|                                  |                 |                       |                 |
|                                  |                 |                       |                 |
|                                  |                 |                       |                 |

Do you have any other training or education to include? \_\_\_\_\_

**EMPLOYMENT**

| Employer & Supervisor Name | Employment Dates | Job Title | Phone |
|----------------------------|------------------|-----------|-------|
|                            |                  |           |       |
|                            |                  |           |       |
|                            |                  |           |       |
|                            |                  |           |       |

**REFERENCES**

*List three (3) references from work supervisors, teachers, or community members. Avoid listing family members or personal friends as references.*

| Name and Address | Position/Title | Phone |
|------------------|----------------|-------|
|                  |                |       |
|                  |                |       |
|                  |                |       |

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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? \_\_\_\_\_

***Each applicant for licensure as a practical nurse in West Virginia is subject to a criminal history records check. Each applicant shall furnish to the agency a full set of fingerprints for purposes of conducting this background check. Records are checked at the state and federal level. The WV LPN Board may refuse to admit any applicant to the licensure examination who has been convicted of a felony, has a substance use disorder, or has been disciplined for professional misconduct in providing patient care. (WV Legislative Code 10 CSR 2, 4.2). The applicant is responsible for all fees associated with this background check.***

BCTC School of Practical Nursing will conduct drug and alcohol screenings during the admission physical and at random at the discretion of the clinical facility or school administration.

**Please submit the following with your application:**

- Non-refundable \$100 registration fee
- Official high school and college transcripts
- Driver's license or state identification card
- TEAS Test scores
- Immunization records for TDAP, MMR, Hepatitis B, Varicella, and COVID-19.

I give permission to Boone Career and Technical Center to make an investigation of my school and employment background, and hereby release from liability or responsibility all persons, places of business and municipalities supplying such information. I certify that all statements in this application are complete and true. I understand that any false information may be grounds for denial of admission or dismissal from the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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