



**ROCKEFELLER CAREER CENTER SCHOOL
OF
PRACTICAL NURSING**

A P P L I C A T I O N

PROGRAM: LPN

LENGTH OF PROGRAM: 12 MONTHS

START DATE: August

ENDING DATE: June

REQUIREMENTS:

You must submit the following with this application; your application will not be accepted if all of the following are not included:

- () Official High School Transcript/GED score, college transcripts
- () 3 reference letters
- () Application fee is \$25.00. Application deadline to be announced, please check with the LPN Office at (304) 564-3337, Ext. 116.

PRE-ENTRANCE EXAM:

Educational Resource pre-entrance exam for this LPN course is \$40.00. This test score along with interview results will determine your admission into the Practical Nursing Program.

APPLICATION DEADLINE:

Call LPN Office at 304-564-3337 Extension 116 for application deadline.

TUITION AND FEES

All fees and entire tuition is due on Orientation Day (this date yet to be announced). All checks should be made payable to: JDRCC.

Student Application

(Please Print or Type)

Date of Application _____

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

vds
COUNTY: _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

PHONE: (HOME) _____
(WORK) _____
(CELL) _____

Email address (if applicable) _____

EMERGENCY CONTACT:

(Name) (Phone) (Relationship)

EDUCATION INFORMATION

HIGH SCHOOL: _____
(Name and Address) Entrance Date Graduation Date

or

GED: _____
(Testing Facility Name) Year Passed

COLLEGE: _____

Any previous health care education? Yes _____ No _____

If yes, explain:

WORK EXPERIENCE

Last 10 years-start with the most recent

Start Date	Ending Date	Position	Employer Name	Employer Address

Have you ever been convicted, plead guilty, or plead no contest to a felony or misdemeanor? If yes, explain:

I verify the information on this application is true to the best of my knowledge. I give permission to the Rockefeller Career Center School of Practical Nursing to verify this information.

Signature

Date

It is the policy of the Hancock County Board of Education not to discriminate on the basis of sex, race, religion, color or national origin in its education programs.

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REFERENCE AND RECOMMENDATION

Name of Applicant: _____
Last First Middle Maiden Name (if applicable)

The applicant above has applied for admission to the Practical Nursing Program at the Rockefeller Career Center and has listed you as a reference. The program administrators would appreciate you completing and mailing this form within ten days. This recommendation is required before the applicant can be considered for admission. PLEASE RETURN THIS FORM WITHIN TEN (10) DAYS.

Name: _____
Last First Middle

Company: _____ Title and Department: _____

Address: _____
Street or P.O. Box City State Zip Code

Phone Number: (____) _____

How long have you known this applicant? _____

What relationship do you have with the applicant? _____

Would you recommend this applicant for a job? _____

Applicant's weakest characteristic (s): _____

Applicant's strongest characteristic (s): _____

Would you like this reference kept confidential? Yes No

Additional comments: _____

Signature: _____ Date: _____

Thank you for your cooperation. If you have any questions, please contact Kathy Dray at 564-3337, Ext. 116. Return this form to: Rockefeller Career Center School of Practical Nursing, 80 Rockefeller Circle, New Cumberland, WV 26047.