

**CENTRAL PENNSYLVANIA INSTITUTE OF SCIENCE AND TECHNOLOGY
 PRACTICAL NURSING PROGRAM
 Pleasant Gap, Pennsylvania, 16823
 Telephone: 814-359-2582**

APPLICATION FOR ADMISSION TO NURSING PROGRAM

Full-Time January _____
Full-Time August _____
Part-time January _____

NAME _____
 Last First Middle Maiden

Any other name you have used in which information may be received: _____

ADDRESS _____
 Number Street Apt.#

 City State Zip Code County

TELEPHONE NUMBER _____
 Home Cell E-mail address

Social Security Number: _____

Are you authorized to work in the U.S.? Yes _____ No _____

How do you plan to pay your tuition and fees (circle one or more)?

- cash or personal check
- Federal Family Education Loan
- Veterans Administration
- Office Vocational Rehabilitation
- Other

ACADEMIC BACKGROUND

HIGH SCHOOL ATTENDED: _____

GRADUATED: Yes _____, Year Graduated: _____ No _____, number of years attended _____

G.E.D. CERTIFICATE: Yes _____ ISSUING STATE OF GED CERTIFICATE _____

OTHER EDUCATIONAL INSTITUTIONS OR PROGRAMS ATTENDED (Dates, Graduated Degree/Diploma)

Institution	Program	Dates Attended	Graduated? Degree?
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Institution	Program	Dates Attended	Graduated? Degree?
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Institution	Program	Dates Attended	Graduated? Degree?
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The Central PA Institute of Science and Technology does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Section 504 Coordinator at the Central PA Institute of Science and Technology, 540 N. Harrison Road, Pleasant Gap, PA 16823 or 814-359-2793

LIST VOLUNTEER WORK OR COMMUNITY AGENCY PARTICIPATION YOU HAVE EXPERIENCED:
 Type of work, Name of Agency or experience, Dates of service

LIST ALL EMPLOYMENT YOU HAVE HAD (FULL OR PART TIME) (Begin with the most current employer)

_____	Dates: _____
Organization Name	
_____	Duties: _____
Address	
_____	Dates: _____
Organization Name	
_____	Duties: _____
Address	
_____	Dates: _____
Organization Name	
_____	Duties: _____
Address	
_____	Dates: _____
Organization Name	
_____	Duties: _____
Address	

ACT 33 and ACT 34 COMPLIANCE (Background Checks of Prospective Applicants)

Each Pennsylvania resident must submit prior to acceptance, a copy of their **Criminal Record Check** from the Pennsylvania State Police or a statement from the State Police Central Repository stating that their record contains no information relating to that person and a **Pennsylvania Child Abuse History Clearance** from the Department of Public Welfare. Each applicant must submit with his/her application for acceptance a copy of a federal criminal record history from the Federal Bureau of Investigation. The criminal record history report must be no more than one (1) year old. This information is required after you have passed the pre-entrance exam. The applicant **MUST** submit the **ORIGINAL** report prior to acceptance.

PLEASE READ:

"The Board" (meaning State Board of Nursing) "shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64), known as "The Controlled Substance, Drug, Device and Cosmetic Act, " or convicted of a felony related to a controlled substance in a court of law of the United States or any other state, territory or country unless:

- (1) at least ten (10) years have elapsed from the date of conviction;
- (2) the applicant satisfactorily demonstrates to the board that he/she has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations; and
- (3) the applicant otherwise satisfies the qualifications contained in, or authorized by, this act.

As used in this section the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction, unless the board has some evidence to the contrary. (No. 1985-110 Section 5)

I have read and understand the information regarding a felony involving a controlled substance and nursing licensure.

SIGNATURE OF APPLICANT

_____ DATE _____