

**PRACTICAL NURSING STUDENT  
 ENROLLMENT/INFORMATION APPLICATION**

Name: \_\_\_\_\_  
                     *(Last)*                    *(First)*                    *(MI)*  
 Address: \_\_\_\_\_  
                     \_\_\_\_\_  
 Other names used: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                             MM            DD            YYYY

**In case of emergency notify:**

1. \_\_\_\_\_  
                             *(Name)*                            *(Relationship)*                            *(Telephone)*

2. \_\_\_\_\_  
                             *(Name)*                            *(Relationship)*                            *(Telephone)*

*(High School Students ONLY)*

Full name of both parents/guardians: \_\_\_\_\_  
   \_\_\_\_\_

Home School Name: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

**RECORD OF EDUCATION:**

School	Name & Address of School	Course of Study	Year Completed	Did you graduate	List Diploma or Degree
Elementary					
High School					
College					
Graduate					
Other					

Other training: *(i.e. typing, word processing, EMT, NA, HHA: Explain skills achieved)*

\_\_\_\_\_

Sponsoring Agency (If applicable – One Stop Center, VA, Access)

Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Self Pay Option: \_\_\_\_\_

**EMPLOYMENT** *(Beginning with most recent position)*

Name and address of company:	From	To	List job title & description of duties:
_____			_____
Type of Business: _____			

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Type of Business:			
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Type of Business:			
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Type of Business:			

1. What has made you choose this course of education to pursue? \_\_\_\_\_  
\_\_\_\_\_
2. What qualities do you feel you possess that qualify you for this program? \_\_\_\_\_  
\_\_\_\_\_
3. List any areas of education that you may need assistance with. Explain. \_\_\_\_\_  
\_\_\_\_\_
4. Is there anything in your health background that would prevent you from meeting the requirements of this program?  
\_\_\_\_\_
5. Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever had a professional license suspended, revoked or ever been placed on probation?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please state dates, reasons or restrictions. \_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that all statements I have made in connection with my application for education are true and that I have not withheld any information. I understand that if I am accepted into this program, any willful misrepresentation will be cause for dismissal.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The Washington-Saratoga-Warren-Hamilton-Essex BOCES doesn't discriminate in its employment and admission to programs and activities as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law.

The BOCES Compliance Officers are: Donna J. Wisenburn, Director of Human Resource Services or Timothy G. Place, Deputy District Superintendent, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 1153 Burgoyne Avenue, Suite 2, Fort Edward, NY 12828, phone (518) 581-3310 or 746-3310. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646)428-3843, email: [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov)

Please return this form via e-mail to: [bnadeau@wswebooces.org](mailto:bnadeau@wswebooces.org)  
 Or mail to: Southern Adirondack Education Center, 1051 Dix Ave, Hudson Falls, NY 12839 att:Admissions  
 Or fax to: 518-746-3409