

Citizens School of Nursing

651 Fourth Avenue
New Kensington, PA 15068
(724) 337-5090

Answer each question carefully and completely, and return it promptly to the Director of the School of Nursing. Please enclose a non-refundable application fee. (Check or money order made payable to Citizen's School of Nursing in the amount of \$50.00) Please type or print in ink. Applications are selected in accordance with nondiscriminatory policies.

PERSONAL

Date of Application: _____ Social Security #: _____

Name: _____
(last) (first) (middle)

Home Phone: _____

Home Address: _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

EDUCATION List all high schools or other secondary schools attended			
SCHOOL	CITY/STATE	DATES ATTENDED	DIPLOMA REC'D

List all formal education beyond High School				
SCHOOL	CITY/STATE	MAJOR	DATES ATTENDED	DEGREE REC'D

EMPLOYMENT List with all work experience beginning most recent			
TYPE OF EMPLOYMENT	EMPLOYER	CITY/STATE	DATES EMPLOYED

Are you an LPN? Yes No _____ License No.

Have you previously applied for admission to this school? Yes No

When do you desire to enter Citizens School of Nursing? _____

Are you a citizen of the United States? Yes No

If no, do you have permanent resident status with the U.S. Immigration and Naturalization Service?
 Yes No

The 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, relating to a controlled substance... The term convicted shall include a judgment, an admission of guilt or a plea of nolo contendere." A license may not be issued unless, "at least ten (10) years have elapsed from the date of conviction..." My signature indicates that I have read and understand the above State Board of Nursing regulation.

 Signature of Applicant Date

**PERSONAL
COMMENTS**

Write an account of your reasons for selecting professional nursing as a career, any special reasons for selecting this school and your future nursing goals. If additional space is required please use another sheet of paper.

I hereby certify that the information presented in this application for Admission is true, accurate and complete. I understand that credentials supplied to the school are not returnable. If admitted I will abide by the policies of the School as stated in the Student Handbook.

Signature of Applicant

Date