



Pinelands School of Practical Nursing & Allied Health, Inc.

Master Your Career, Fulfill Your Dream.

Application for Practical Nursing Program

DATE YOU WISH TO ENTER:

- Summer Day Program which begins in SEPTEMBER YEAR _____
- Winter Evening Program which begins in JANUARY YEAR _____

TO COMPLETE THIS APPLICATION:

1. First refer to the application instructions for further explanation and information.
2. Please type or print legibly. Accuracy will speed processing of your application.

CHECK ONE:

- New Student (will attend Practical Nursing School for the first time).
- Former Student (previously attended Pinelands Practical Nursing School Program).

If you are a former student, WHEN did you attend PSPN? Term: _____ Year: _____

NAME: _____
Last Name First Name Middle Initial

List any other name including by not limited to Maiden Name that may appear on your academic records:

SOCIAL SECURITY _____ **BIRTHDATE** (Month/Day/ Year) _____

CITIZENSHIP:

- USA
- Permanent Resident - (attach copy of green card)
- Foreign Citizen

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Current Visa: _____

Is English your primary language? Yes No

Pinelands School of Practical Nursing & Allied Health Alumna in your family? Yes No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PROVIDING THE FOLLOWING INFORMATION IS OPTIONAL

Race/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	I identify my gender as ... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other: _____
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Pleasant Plaza. 1333 Route 9. Suites 4-6. Toms River, NJ 08755

Tel 732-228-7290 & 732-228-7294 Fax 732-228-7496 Email info@pinelandsnursing.com

PERMANENT ADDRESS and PHONE

Street/Box/Apt. #: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Number: _____ E-Mail: _____

MAILING ADDRESS (if not the same as above):

If Mailing Address is temporary, effective dates from: _____ to _____

Street/Box/Apt. #: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Street/Box/Apt. #: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Number: _____ E-Mail: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL – Official Transcript required. <i>Attach a continuation sheet if you attended more than four high schools.</i>			
School Name	City/State	Year of Attendance	Graduated – Month/Year

If you did not graduate from high school, do you have a General Equivalency Diploma (GED)?
 Yes No If no, when do you plan to test? _____

Have you taken SAT or ACT Tests? Yes No

If yes, _____
Month/Year Highest Scores: SAT Critical Reading SAT Math SAT Writing SAT Total ACT Composite

HIGH SCHOOL – Official Transcript required. <i>Attach a continuation sheet if you attended more than four high schools.</i>				
College Name	State	Attendance From (Month/Year) to (Month/Year)	Anticipated No. of Credits	Degree Awarded

Have ever been convicted of a crime? Yes No

A conviction will not necessarily disqualify an applicant from admission.

If yes, please explain and indicate the date and your rehabilitation of conviction.

Are you involved in any pending criminal legal matter(s)? Yes No

An affirmative answer (meaning you answered "yes") will not necessarily disqualify an applicant from admission.

If yes, please explain.

CERTIFICATION

I hereby certify that the information furnished on this application is accurate and complete, that I have not been enrolled in, nor have I attended any, collegiate institution other than those listed on this application, and that any misrepresentation of fact will constitute cause for cancellation of my application prior to admission or dismissal following admission.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

SEND COMPLETED APPLICATION AND THE NON-REFUNDABLE \$25.00 APPLICATION FEE TO:

THE ADMISSION OFFICE
Pinelands School of Practical Nursing & Allied Health
Pleasant Plaza 1333 Route 9, Suites 4-6,
Toms River, New Jersey, 08755

PLEASE NOTE: FAILURE TO SUBMIT ALL REQUESTED INFORMATION WILL DELAY THE PROCESSING AND EVALUATION OF YOUR APPLICATION.