



# Pinelands School of Practical Nursing & Allied Health, Inc.

*Master Your Career, Fulfill Your Dream.*

## Application for Practical Nursing Program

### DATE YOU WISH TO ENTER:

Day Program Start Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Evening Program Start Date: Month \_\_\_\_\_ Year \_\_\_\_\_

### TO COMPLETE THIS APPLICATION:

Please type or print legibly. Accuracy will speed processing of your application.

### NAME:

\_\_\_\_\_

Last Name	First Name	Middle Initial	Maiden/Previous Names
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List any other name that may appear on your academic records: \_\_\_\_\_

**SOCIAL SECURITY#** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**BIRTHDATE** (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CITIZENSHIP:

- USA  
 Permanent Resident

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Current Visa: \_\_\_\_\_

Is English your primary language? Yes No

### PERMANENT ADDRESS and PHONE

Street/Box/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

HIGH SCHOOL/GED and COLLEGE/UNIVERSITY – <i>Official Transcript required.</i>			
High School/ College/University Name	City/State	Year of Attendance	Graduated – Month/Year

**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.

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**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.

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**How did you hear about us?** Website  Brochure  College Fair  Family/Friend  \_\_\_\_\_

Alumnus  \_\_\_\_\_ Other  \_\_\_\_\_

**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  
 1901 Lakewood Road/Route 9, Suite 300  
 Toms River, New Jersey, 08755

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