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 up the processing of your application.

CHECK ONE:

- ☐ New Student (will attend Practical Nursing School for the first time).
- ☐ Previous Student (previously attended Pinelands Practical Nursing School Program).
  If yes, WHEN? Term: _____ Year: _____

NAME: _____
Last Name First Name Middle Initial Maiden/Previous Names

List any other name(s) that may appear on your academic records: _____

_____

SOCIAL SECURITY NO: _____
BIRTHDATE *(Month/Day/ Year):* _____/_____/_____
CITIZENSHIP (CHECK ONE**):**

- ☐ USA
- ☐ Permanent Resident
- ☐ 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 Alumnus in your family?

- ☐ Yes
- ☐ No

Name(s): _____ Relationship: _____

(CHECK ONE): Race/Ethnicity:	(CHECK ONE): Marital Status:	(CHECK ONE): Sex:
☐ American Indian/Alaskan ☐ Asian or Pacific Islander ☐ Black or African American ☐ Hispanic ☐ White ☐ Other	☐ Divorced ☐ Married ☐ Single ☐ Separated	☐ Female ☐ Male

PERMANENT ADDRESS and PHONE

Street/Box/Apt. #: _____ City: _____

_____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

FAX 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: _____

EMERGENCY CONTACT:

_____

Last Name First Name Middle Initial

Relationship: _____

Street/Box/Apt. #: _____ City: _____

_____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Number: _____ E-Mail: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL – *Official Transcript required.*
Attach a continuation sheet if you attended more than four high schools.

High 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 take the test? _____

If yes, _____

Month/Year Highest Scores: SAT Critical Reading SAT Math SAT Writing SAT Total ACT Compos

COLLEGE/UNIVERSITY (includes all post-secondary education).
Official Transcript required.
Attach a continuation sheet if you attended more than 4 colleges

College Name	State	Attendance From (Month/Year) to (Month/Year)	Anticipated No. of Credits	Degree Awarded

Have you 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. You may also wish to contact he NJ Board of Nursing for a determination that the conviction does not bar you from sitting for the NCLEX PN examination which is required in order to become licensed. Their info0rmatin is New Jersey Board of Nursing 124 Halsey St. Newark, NJ 07102 P: (973) 504-6430. https://www.njconsumeraffairs.gov/nur/pages/applications.aspx.

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. You may also wish to contact he NJ Board of Nursing for a determination that the conviction does not bar you from sitting for the NCLEX PN examination which is required in order to become licensed. Their info0rmatin is New Jersey Board of Nursing 124 Halsey St. Newark, NJ 07102 P: (973) 504-6430. https://www.njconsumeraffairs.gov/nur/pages/applications.aspx.

How did you hear about us?

- ☐ Website
- ☐ Brochure
- ☐ Family/Friend
- ☐ Other _____

Why did you choose our school for your education in your future career?_____

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 $45.00 APPLICATION FEE TO:

THE ADMISSION OFFICE
Pinelands School of Practical Nursing & Allied Health
1901 Lakewood Road/Route 9, Suite 100
Toms River, New Jersey, 08755

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