

ADMISSION APPLICATION
SCHOOL OF PRACTICAL NURSING
CABELL COUNTY CAREER TECHNOLOGY CENTER
1035 Norway Avenue
Huntington, WV 25705
304-528-5106 x8022

Office Use Only

Paid \$ _____

Check / Cash

Test Score:
_____ %

TEAS Exam Date Preferred: _____

PERSONAL HISTORY

Name: _____
(Last) (First) (MI) (Maiden)

Address: _____
(Number & Street) (City & State) (Zip Code)

Phone: _____ Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____

Email Address: _____

In Case of Emergency, please notify:

#1 Name _____ Phone _____ Relationship _____

#2 Name _____ Phone _____ Relationship _____

EDUCATION

Name of High School or GED Center you graduated: _____

Date of Graduation: _____

****Official copy of your high school, GED scores and college transcripts (if applicable) should be sent separate from this application.**

Please list all technical centers, colleges, and universities attended:

Name	Date Enrolled	Degree	Completion Date

Are you currently applying to any other educational programs? YES ☐ NO ☐

If YES, please list: _____

Have you applied for or attended any other Nursing Programs? YES ☐ NO ☐

Name of Program: _____ Completed? YES ☐ NO ☐

Reason for not completing: _____

How have circumstances changed: _____

EMPLOYMENT HISTORY Last 5 years (Start with most recent)

Employer	Complete Address	Length of Employment	Phone Number

Do you qualify for Military GI Benefits? YES ☐ NO ☐

MEDICAL HISTORY

List any physical or psychological illness, injury, or other conditions which required a physician's care in the last 3 years. _____

*Omission of any diagnosis or treatment from the application constitutes dishonesty and immediate dismissal.

*Any of the above may require a physician's release to participate in the program.

REFERENCES An employer or teacher (Relatives not acceptable)

Name	Complete Address	Phone Number	Association

Have you every been convicted of a felony, misdemeanor, pled Guilty or pled No Contest? YES ☐ NO ☐

If Yes, please give a detailed explanation: _____

PRE-ENTRANCE SCREENING

State Board of Nursing requires students to have a background check, drug screen, physical exam with immunization record, titers and dental exam. Applicants who have an acceptable score on pre-admission test will be required to submit these forms.

Note: Refusal to submit to the above testing will result in application being denied.

The following questions are requested to meet state and federal guidelines but will not be used in the admissions process.

ETHNICITY

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race)? YES ☐ NO ☐

Additionally, please select one or more races from the following five racial groups:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or another Pacific Islander
- ☐ White or Caucasian

Our Accreditation Organization requires us to ask: Is this interest in our program for personal use only and not career oriented? YES ☐ NO ☐

How did you hear about CCCTC? (Newspaper, ad, Internet, etc.) _____

Are you requesting a FERPA form? (form allowing us to share your information with someone else of your choosing) YES ☐ NO ☐

Method of Payment:

- ☐ Self-Pay
- ☐ Pell
- ☐ Heaps
- ☐ VA (GI Bill)
- ☐ WIOA/TAA/Workforce
- ☐ Vocational Rehab

By signing below, I certify that the information on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____