

Application for the LPN Program

TABE score: English _____ Math: _____		TEAS score: Overall _____ Science _____		Program applying for: <input type="checkbox"/> Day <input type="checkbox"/> Evening	
Name:			Address:		
Phone: ()			City:		
Social Security #:			State:		Zip:
E-Mail Address:					
Education Information					
Name under which records would appear if different from above: e.g. Maiden Name:					
Name & address of schools attended	Completed Class/Grade	Entrance date	Leaving Date	Highest Degree or Diploma Earned	
If high school diploma is not listed above, have you taken the high school equivalency (GED/TASC) exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of test: _____ Score: _____					
Work Experience (also include any volunteer experience in the medical field)					
Name & Address of Employer	Position	Supervisor	Dates		
The following questions will appear on your NYS Board application. It does not affect your ability to enroll in our program; however, if you must answer yes to any questions, it is a possibility you will not be issued an LPN license by the state EVEN if you have completed our program and passed your NCLEX.					
Have you ever been convicted of a crime (felony or misdemeanor) in any state or country?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are charges pending against you for a crime (felony or misdemeanor) in any state or country?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of professional misconduct, unprofessional conduct or negligence in any state or country?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are charges pending against you for professional misconduct, unprofessional conduct or negligence in any state or country?					<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare and affirm that the statements made in the foregoing application, including accompanying statements and letters are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial.

Signature of Applicant

Date

Application is to be mailed to:
 OCM BOCES LPN Program
 P.O. Box 4754
 Syracuse, New York 13221
Or attach as a PDF and email to: wbuck@ocmboces.org