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| **ADULT EDUCATION** | **APPLICATION FOR THE LPN PROGRAM**  *TABE score*: English\_\_\_ Math\_\_\_ *TEAS score*: Overall\_\_\_ Science:\_\_\_ | | | | | | | | Program applying to:  ☐ Day  ☐ Evening | | | | | |
| **NAME:** | | | | **ADDRESS:** | | | | | | | | | | |
| **TELEPHONE: ( )** | | | | **CITY:** | | | | | | | | | | |
| **SOCIAL SECURITY #:** | | | | **STATE:** | | | | **ZIP CODE:** | | | | | | |
| **E-MAIL ADDRESS:** | | | |  | | | | | | | | | | |
| **EDUCATION INFORMATION**  Name under which records would appear if different from above: e.g. **MAIDEN NAME:** | | | | | | | | | | | | | | |
| **Name and address of schools attended** | | | **Completed**  **Class/Grade** | | **Entrance date** | | **Leaving date** | | | | **Highest Degree or Diploma earned** | | | |
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|  | | |  | |  | |  | | | |  | | | |
| If high school diploma is not listed above, have you taken the high school equivalency (GED/TASC) exam? ☐  Date of test: Score: | | | | | | | | | | | | | | |
| **WORK EXPERIENCE** | | | | | | | | | | | | | | |
| **Name & Address Of Employer** | | **Position** | | | | **Supervisor** | | | | | | | **Dates** | |
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| **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?* | | | | | | | | | |  | | **YES**  **☐** | | **NO**  **☐** |
| *Are charges pending against you for a crime (felony or misdemeanor) in any state or country?* | | | | | | | | | |  | | **☐** | | **☐** |
| *Have you ever been found guilty of professional misconduct, unprofessional conduct or negligence in any state or country?* | | | | | | | | | |  | | **☐** | | **☐** |
| *Are charges pending against you for professional misconduct, unprofessional conduct or negligence in any state or country?* | | | | | | | | | |  | | **☐** | | **☐** |

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| 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, NY 13221** | | |  | | | |