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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** |  |