

PRELIMINARY HEALTH RECORD: Illness/Surgery/Hospitalization within the last five years? Dates and Comments _____

Medications/Drugs you are presently taking: _____

WORK EXPERIENCE: occupation _____

Employer / City / Phone	Employment Dates	Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you plan to work while attending this program? Yes ___ No ___ Hrs/Week _____ Days/Week _____

Number of workdays missed last year? _____ comments: _____

PROFESSIONAL REFERENCES: (employer/instructor) (must be provided at this time)

name	address	phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What are your reasons and motivations for becoming a Nurse? _____

(Attach additional pages if needed)

PCTI / LPN APPLICATION

\$15 MONEY ORDER (NO CHECKS/CASH ACCEPTED) MUST be submitted to:

**PASSAIC COUNTY TECHNICAL INSTITUTE
LICENSED PRACTICAL NURSING PROGRAM
197 Hamburg Turnpike Wayne, New Jersey 07470**

your signature is required

date

I hereby certify that the statements made in this Application/Personal Record are true and correct. Misrepresentation or omission of facts is cause for rejection and/or termination from the PASSAIC COUNTY TECHNICAL INSTITUTE / LICENSED PRACTICAL NURSING PROGRAM. Further, I release all persons and agencies concerned from all liabilities for any damages in issuing any information concerning me.

NOTE: Admission process will begin upon receipt of the completely filled out application and your \$15 money order. If any part of the application is missing, the admission process will be delayed.