

**FAYETTE COUNTY CAREER & TECHNICAL INSTITUTE
PRACTICAL NURSING PROGRAM
175 GEORGES FAIRCHANCE ROAD
UNIONTOWN, PENNSYLVANIA 15401
PHONE (724) 437-2724
FAX (724) 438-2526**

APPLICATION FOR ADMISSION

"TO PROVIDE QUALITY VOCATIONAL TECHNICAL TRAINING TO MEET THE WORKFORCE NEEDS OF OUR REGION" IT IS THE POLICY OF FAYETTE COUNTY CAREER AND TECHNICAL INSTITUTE NOT DO DISCRIMINATE BASED ON RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, AGE, HANDICAP, LIMITED ENGLISH PROFICIENCY, OR BECAUSE A PERSON IS A DISABLED VETERAN OR A VETERAN OF THE VIETNAM ERA IN ITS EDUCATIONAL PROGRAMS, SERVICES, FACILITIES, ACTIVITIES OR EMPLOYMENT POLICIES AS REQUIRED BY TITLE VI AND VII AT THE CIVIL RIGHTS ACT OF 1964 AS AMENDED SECTION 503 AND 504 REGULATIONS OF THE REHABILITATIONS ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975, SECTION 204 REGULATIONS OF THE 1984 CARL D. PERKINS ACT OR ANY APPLICABLE FEDERAL STATUE. INQUIRIES SHOULD BE DIRECTED TO THE DIRECTOR OF VOCATIONAL EDUCATION, (724) 437-2721 AT THE FAYETTE COUNTY CAREER & TECHNICAL INSTITUTE, 175 GEORGES FAIRCHANCE ROAD, UNIONTOWN, PA 15401.

"AN EQUAL RIGHTS AND OPPORTUNITY SCHOOL"

PLEASE PRINT

Date: _____

Name: _____ **Social Security#** _____
(Last) (First) (MI)

Present Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____ **Date of Birth:** _____

Email: _____

Location:

Uniontown

Cheswick

Office Use Only:

Accepted: _____

Not Selected: _____

Deferred: _____

Notified: _____

PLEASE PRINT

Date: _____

1. Personal

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

Social Security # _____

What was the name printed on your high school Diploma and/or Records?

(Last) (First) (MI)

Have you ever been known by another name?

Yes No

Present Address: _____
(Street) (City) (State) (Zip Code)

Telephone No: _____

Person to be notified in case of Emergency:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Physicians Name: _____

Address: _____

Phone No: _____

Have you ever pleaded guilty to, or been convicted**of any violation other than a misdemeanor or summary offense?

Yes No

** (See Page 6)

If Yes, Describe:

Do you currently engage in or have you ever engaged in, the intemperate or habitual use or use of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgement or coordination?

Yes No

If Yes, are you currently receiving treatment at a Drug or Alcohol Rehabilitation Facility?

Yes No

II. Educational Background

Type of School	Name & Address	Years Attended	Graduated	Course or Major
High School				
College				
Business/Trade				

III. Employment (List all work experiences in order, beginning with the most recent)

Name of Employer	Address	Position	Supervisor	Dates of Employment	Reason for Leaving
				From: To:	
				From: To:	
				From: To:	
				From: To:	

May we contact the Employers listed above for Personal Reference? _____

If not, indicate below which one (s) you do not wish us to contact: _____

VI. Release

I certify that the information is true and grant the Fayette County Career & Technical Institute Practical Nursing Program to verify and investigate all references.

I understand that any false information on this application may be sufficient cause for dismissal if such information is discovered subsequent to my admission. I authorize the individuals named within the application to give information regarding previous employment, character, general reputation and personal characteristics.

If accepted for admission, I hereby agree to abide by the rules and regulations of the Fayette County Career & Technical Institute Practical Nursing Program. I understand that my acceptance is dependent upon my passing a pre-entrance physical examination by a physician.

Date

Signature of Applicant

**Professional & Practical Nurse Laws
Commonwealth of Pennsylvania
State Board of Nursing**

Section 5: Fee; Qualifications of Applications

No application for licensure as a Licensed Practical Nurse shall be considered unless accompanied by a fee determined by the board by regulation. Every applicant for examination as a Licensed Practical Nurse shall furnish evidence satisfactory to the board that he or she is eighteen years of age or over, is a citizen of the United States or has legally declared intention to become such, is of good moral character, has completed at least twelve years of education with diploma in public, parochial or private school, or its equivalent as evaluated by the Department of Education; and has satisfactorily completed a program in practical nursing prescribed and approved by the board in a school hospital or other educational institution, of not less than fifteen hundred hours within a period of not less than twelve months, or has completed a program considered by the board to be equal to that required in this Commonwealth at the time such program was completed. The board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country unless:

- (1) at least ten (10) years have elapsed from the date of conviction;
- (2) The applicant satisfactorily demonstrates to the board that he has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations; and
- (3) The applicant otherwise satisfies the qualifications contained in our authorized by this act. As used in this section the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction, unless the board has some evidence to the contrary.

(5 amended Dec. 20, 1985, P.L.423, No. 110)

I HAVE READ THE ABOVE STATEMENT AND I UNDERSTAND IT:

Printed Name

Signature

Date

**Professional & Practical Nurse Laws
Commonwealth of Pennsylvania
State Board of Nursing**

Section 16: Refusal, Suspension or Revocation of License; Grounds

- (a) The board may refuse, suspend or revoke any license in any case where the board shall find, that the licensee:
- (1) Is guilty of gross immorality;
 - (2) Is unfit or incompetent by reason of negligence, habits or other cause;
 - (3) Has willfully or repeatedly violated any of the provisions of this act or of the regulations of the board;
 - (4) Has committed fraud or deceit in the practice of Practical Nursing or in securing his or her admission to such practice or to Practical Nursing School;
 - (5) Has been convicted or has pleaded guilty or entered a plea of nolo contendere or has been found guilty by a judge or jury of a felony or crime of moral turpitude in the courts of the Commonwealth, the United States, or any other state, territory or country or has received probation without verdict disposition in lieu of trial, or an Accelerated Rehabilitative Disposition in the disposition of felony charges, or has been dishonorably discharged or has been discharged under circumstances amounting to dishonorable discharge from the military forces of the United States or of any other country;
 - (6) Is addicted to alcohol or is addicted to hallucinogenic or narcotic drugs or others which tend to impair judgment or coordination, so long as such dependence shall continue, or if he or she has become mentally incompetent. In enforcing this clause, the board shall, upon probable cause, have authority to compel a licensee to submit to a mental or physical examination as designated by it. After notice, hearing, adjudication and appeal as provided in section 17, failure of a licensee to submit to such examination when directed shall constitute an admission of the allegations against him or her unless failure is due to circumstances beyond his or her control, consequent upon which default and final order may be entered without the taking of testimony or presentation of evidence. A licensee affected under this clause shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume a competent practice of Practical Nursing with reasonable skill and safety to patients;
 - (7) Is continuing to practice nursing when such licensee knows he or she has infectious, communicable or contagious disease;
 - (8) Has been guilty of unprofessional conduct or such conduct as to require a suspension or revocation in the public interest;
 - (9) Has had his or her license suspended or revoked, or received other disciplinary action by the proper licensing authority in another state, territory, possession or country;

- (10) Has acted in such a manner as to present an immediate and clear danger to the public health or safety.
- (b) When the board finds that the license of any nurse may be refused, revoked or suspended under the terms of subsection (a), the board may;
- (1) Deny the application for a license.
 - (2) Administer a public reprimand.
 - (3) Revoke, suspend, limit or otherwise restrict a license as determined by the board.
 - (4) Require a licensee to submit to the care, counseling or treatment of a physician or a psychologist designated by the board.
 - (5) Suspend enforcement of its finding thereof and place a licensee on probation with the right to vacate the probationary order for noncompliance.
 - (6) Restore or reissue, in its discretion, a suspended license to practice practical nursing and impose any disciplinary or corrective measure which it might originally have imposed.

(16 amended Dec. 20, 1985, P.L.423, No.110)

APPLICANT'S STATEMENT

I have read the above information on qualifications of application and suspension or revocation of license. I am declaring, by affixing my signature to this document, that I meet the qualifications of applications and there is absence of a conviction related to the abovementioned acts.

Printed Name

Signature

Date