

Application valid for _____ Only

CHARLOTTE TECHNICAL CENTER
18150 Murdock Circle . Port Charlotte FL 33948
Phone (941) 255-7500 . www.CharlotteTechCenter.com

PRACTICAL NURSING APPLICATION FOR ADMISSION

Give careful consideration to each question, and complete all questions on this form.
An incomplete application will not be accepted.

Please print or type.

Name _____		
_____ Last	_____ First	_____ Middle
Home Address _____		
_____ Number and Street		
_____ City	_____ State	_____ Zip
Phone Number _____	Cell Phone _____	
Email _____		
_____ City	_____ State	_____ Country
Date of Birth _____		
Florida Residency for the last 12 months	Yes _____ No _____	

EDUCATIONAL DATA

High School _____			
_____ Name		_____	
_____ Address	_____ City	_____ State	_____ Zip
Last grade completed _____	Date _____	Graduation Date _____	
G.E.D. # _____	State _____	Date Received _____	
College Attended _____	Major _____	Degree Completed Yes _____ No _____	
_____ Name			
List any specialized training related to the Health Occupations field.			
List any other health related educational activities that do not fit in the categories above.			

HEALTH RESPONSIBILITIES

In the Health Occupations program you will be required to perform physical activities (heavy lifting, bending, standing long periods of time) and deal with highly stressful situations. To the best of your knowledge do you have any physical or emotional limitations/characteristics that could hamper you from performing these activities? Yes _____ No _____

If yes, please explain. _____

List any medicines or treatments you are taking at the present time. _____

LEGAL INFORMATION

Have you ever been arrested, regardless of adjudication, for any offense? Yes _____ No _____

If yes, give date of arrest, charges and disposition of the case: _____

Licensing/Certification criteria may require that you submit court records at the completion of the program. The Board of Nursing reserves the right to deny licensure to any applicant who falsifies an application or has certain arrests.

I, _____, certify that all information contained herein is true, and understand that misrepresentation or omission of facts is cause for denial of admission or dismissal from the program.

Signature _____ Date _____