

Application valid for August 2012 Only

Date received _____
Initials _____

CHARLOTTE TECHNICAL CENTER
18150 Murdock Circle
Port Charlotte, FL 33948-3399
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: _____

Date of birth: _____ Social Security #: _____

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. Number _____ State _____ Date Received _____

College Attended _____ Major _____

Name
Degree Completed: Yes _____ No _____ Degree Awarded: _____

List any specialized training related to Health Occupations _____

List any other health related educational activities that do not fit in 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: _____

* If you hold a medical license, a copy must be submitted with this application as well as documentation reflecting the school attended and number of hours of instruction toward that license.