

## APPLICATION FOR FULL-TIME ADULT PRACTICAL NURSING PROGRAM (August 2023 - July 2024)

**Application Process:** Please follow the steps listed below to facilitate the processing of your application.

- 1. Complete all required information on this application and return it to the address shown on the reverse side, be sure to include the \$75.00 non-refundable processing fee. The processing fee <u>must</u> be paid before pre-admission testing. Forms of payment accepted are: **EXACT** cash amount, check, money order, most major credit/debit cards.
- Contact the Center for Learning at (315) 253-4899 to schedule pre-admission testing. Dates for testing and other pretesting information is listed on the Admissions Process Checklist.
   (Application form with \$75.00 processing fee must be submitted prior to pre-admission testing.)
- 3. Candidates will receive the remainder of the application packet, which includes financial aid information, during the pre-admission testing/orientation appointment.
- 4. ADMISSION DEADLINES:

**EARLY Acceptance**: Application Deadline is Friday, March 31, 2023.

>FINAL Acceptance Deadline is Friday, May 26, 2023.

NAME:							
LAST	FIRST	МІ		MAIDE	MAIDEN		
ADDRESS:							
NO. & STR	EET	CITY/TOWN		STATE	ZIP CODE		
TELEPHONE:							
	HOME	WORK		CELL PHONE			
EMERGENCY CONTACT:							
	NAME	RELATI	ONSHIP	PHONE N	PHONE NUMBER		
EMAIL:							
SOCIAL SECURITY NUMBER:	, 		ARE YOU 17 OR OLI	DER? YES	□NO		
HIGH SCHOOL(S) ATTENDED:							
	SCHOOL NAME	ADDRESS					
HIGH SCHOOL DIPLOMA:	YES - What Year?	HIGH SCHO DIPLOMA:	OOL EQUIVALENCY	☐ YES - What Year? ☐ NO			
Highest level of Math	and Science completed in high school and/or po	ost-secondary?	Math	Science	_		

COLLEGE EDUCATION (Non-Nursing): List all colleges you have been previously accepted into/attended.    Applied for Financial Aid										
SCHOOL NAME  Applied for financial Add  AREA OF STUDY  DEGREE EARNED  COMPLETION DATE  A&P  Chemistry  Health Professions  NURSING PROGRAM: List all nursing programs you have been previously accepted into/attended. (Transcripts required)  Check courses taken below:  Check courses taken below:  SCHOOL NAME  Applied for financial Add  AREA OF STUDY  DEGREE EARNED  COMPLETION DATE  A&P  Chemistry  Health Professions  Check courses taken below:  A&P  Chemistry  Health Professions  Francial Add  AREA OF STUDY  DEGREE EARNED  COMPLETION DATE  A&P  Chemistry  Health Professions  Francial Add  AREA OF STUDY  DEGREE EARNED  COMPLETION DATE  A&P  Chemistry  Health Professions  Health Professions  The Balth Professions  Francial Add  AREA OF STUDY  DEGREE EARNED  COMPLETION DATE  A&P  Chemistry  Health Professions  The Balth Professions  The Bal	COLLEGE EDUCATI	ON (Non-Nursing)	_	-	-	ed into/attended.				
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## RETURN THIS FORM WITH THE \$75.00 NON-REFUNDABLE PROCESSING FEE TO:

PN Admissions Office Cayuga-Onondaga BOCES The Center for Learning 12 Allen Street, Auburn, New York 13021

The Cayuga-Onondaga Board of Cooperative Educational Services (BOCES) does not discriminate on the basis of race, color, creed, national origin, political affiliation, sex, age, marital or veteran status, or disability in its programs and activities.

## **DISCLAIMER:**

Criminal background convictions of felony or misdemeanor charges may affect ability to be licensed in New York State; and, may affect ability to attend clinical if background check is required.