



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 must be paid before pre-admission testing. Forms of payment accepted are: **EXACT cash amount**, check, money order, most major credit/debit cards.
2. Contact the Center for Learning at (315) 253-4899 to schedule pre-admission testing. Dates for testing and other pre-testing 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 MI MAIDEN

ADDRESS: _____
NO. & STREET CITY/TOWN STATE ZIP CODE

TELEPHONE: _____
HOME WORK CELL PHONE

EMERGENCY CONTACT: _____
NAME RELATIONSHIP PHONE NUMBER

EMAIL: _____

SOCIAL SECURITY NUMBER: _____ **ARE YOU 17 OR OLDER?** YES NO

HIGH SCHOOL(S) ATTENDED: _____
SCHOOL NAME ADDRESS

HIGH SCHOOL DIPLOMA: YES - What Year? _____ NO
HIGH SCHOOL EQUIVALENCY DIPLOMA: YES - What Year? _____ NO

Highest level of Math and Science completed in high school and/or post-secondary? Math _____ Science _____

Continued on Reverse Side...

COLLEGE EDUCATION (Non-Nursing): List all colleges you have been previously accepted into/attended. (Transcripts may benefit your acceptance.)						
					Check courses taken below:	
SCHOOL NAME	Applied for Financial Aid	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:	
SCHOOL NAME	Applied for Financial Aid	AREA OF STUDY	DEGREE EARNED	COMPLETION DATE	A&P	Chemistry Health Professions

EMPLOYMENT HISTORY - Current (or most recent) employer listed first. *You Must List ALL Healthcare Related Employment.			
EMPLOYER/ADDRESS	JOB TITLE	DATES OF EMPLOYMENT	REASON FOR LEAVING

Are you willing to complete all required hours and assignments as mandated by the University of the State of New York, the State Education Department, and Division of Professional Licensing Service? _____
 YES YES NO

It is understood and agreed that all of the information I have provided on this application is true, correct and complete. If accepted for training, I understand that any misstatement or omission of fact on this application may result in my dismissal from the program. I understand that criminal conviction, felony or misdemeanor, may affect my ability to be licensed as a nurse, and that Cayuga-Onondaga BOCES does not grant licensure.

SIGNATURE _____ DATE _____

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.