



**APPLICATION FOR FULL-TIME ADULT PRACTICAL NURSING PROGRAM (August 2022 - July 2023)**

**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 scheduling the 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, April 1, 2022.  
All references, pre-admission testing and transcripts are due by this date.
  - **FINAL Acceptance Deadline is Friday, May 27, 2022.**  
Application, all references, pre-admission testing, and transcripts are due by this date.

**NAME:** \_\_\_\_\_  
LAST FIRST MI MAIDN

**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.<br>(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<br>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<br>Health Professions |
|  |                           |               |               |                 |                            |                                 |
|  |                           |               |               |                 |                            |                                 |
|  |                           |               |               |                 |                            |                                 |

| EMPLOYMENT HISTORY - Current (or most recent) employer listed first |           |                     |                    |
|---|-----------|---------------------|--------------------|
| 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 \_\_\_\_\_ 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.**