**Practical Nursing Application**

*Please Print*

**Section 1: Name**

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_ Former Last:\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Mailing Address**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Business Phone Number: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ By checking this box I agree to allow Penn State to use this email address to communicate with me about this program.

**Section 3: Birthday**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Gender**

\_\_\_\_ Male \_\_\_\_ Female

**Section 5: Residency Status**

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No (If no, which of the following statements describes you citizenship status?)

\_\_\_\_ I am an immigrant (permanent resident) residing in Pennsylvania.

\_\_\_\_ I am an immigrant (permanent resident) residing in another U.S. state or territory.

\_\_\_\_ I have a nonimmigrant visa – Specific type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a legal resident of the Commonwealth of Pennsylvania?

\_\_\_\_ Yes, but less than one year. \_\_\_\_ Yes, for more than one year. \_\_\_\_ No

**Section 6: Ethnicity Information**

Federal law requires that institutions of higher education gather the following information regarding the ethnicity

and race of its students and employees. Your individual information will be kept strictly confidential. The law only

requires institutions to report aggregate totals for each category.

Please check the appropriate responses regarding your ethnicity and your race:

Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish

culture origin)?

\_\_\_\_ Yes, Hispanic/Latino \_\_\_\_ No, not Hispanic/Latino \_\_\_\_ No response

What is your race (select one or more)?

\_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_ Asian \_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_ No response

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**Section 7: Enrollment**

Have you ever enrolled at Penn State University? \_\_\_\_ Yes \_\_\_\_ No Date of last enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 8: Educational Status**

Did you graduate from high school? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate name of high school attended, address, and graduation year

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Year:\_\_\_\_\_\_\_\_\_\_

If you have a high school equivalency diploma (GED), please provide name of agency issuing the GED.

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Year of Certification: \_\_\_\_\_\_\_\_\_\_\_\_

List all college or formal postsecondary schools attended, beginning with the institution where you are currently

attending or most recently attended.

Institution Name Dates Attended Number of Credits Earned/Degree Earned

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 9: Work History**

List current and other recent work experience you have had, especially that is relevant to your proposed nursing

program. List current or most recent employer first.

Employer Position Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 10: Application Essay**

On a separate sheet of paper, please submit an essay describing your reasons for pursuing practical nursing

study, what you expect to gain from the program, and any special background factors which you think will help

your studies. Please submit one double space typed page.

**Section 11: Signature**

I have completed all applicable sections of this form and I affirm their accuracy. Should there be any misrepresentation of facts, I understand this may be cause for refusal or cancellation of my enrollment.

Practical Nursing Applicant Release: My signature below authorizes the Pennsylvania State University to release

one official copy of my high school or GED transcript to the State Board of Nurse Examiners.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Course Cancellation Policy — The Pennsylvania State University does reserve the right to cancel classes due to

insufficient enrollment or unforeseen circumstances.

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