

VENANGO TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM
1 VO-TECH DRIVE
OIL CITY, PENNSYLVANIA 16301
Tel: 814.493.6590 Fax: 814.676.1316

VENANGO TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM
589 HOSPITAL DRIVE – SUITE F
WARREN, PENNSYLVANIA 16365
Tel: 814.406.0075 Fax: 814.726.5790

STUDENT APPLICATION
(Print in Ink or Type)

NAME _____ Telephone _____
Last, First Middle Maiden

ADDRESS _____
Number and Street City State Zip

COUNTY: Venango Warren Other _____

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____

Name, address and telephone number of person to be notified in case of emergency:

Name Address Telephone Relationship

EDUCATIONAL DATA:

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Special Training: _____

NAME AND CITY OF SCHOOLS ATTENDED:

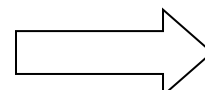
High School _____

College _____

Other School _____

High School Graduate OR General Equivalency Diploma

“The Practical Nursing Program of the Venango Technology Center is an equal opportunity educational institution and will not discriminate on the basis of race, color, creed, religion, gender, marital status, sexual orientation, ancestry, national origin, handicap / disability, age, veteran status, or limited English proficiency in its programs, or activities. It complies with requirements of Title IX of the education amendments of 1972, Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. For information regarding civil rights or grievance procedures, contact the Director or Student Services Coordinator.”



PREVIOUS EXPERIENCE: List below beginning with most recent

Employer Name _____ **From** _____ **To** _____
Job Title _____
Address and Telephone Number _____

Employer Name _____ **From** _____ **To** _____
Job Title _____
Address and Telephone Number _____

ALL INFORMATION PROVIDED WILL BE KEPT IN STRICT CONFIDENCE

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.

SIGNATURE OF APPLICANT: _____

DATE: _____

"THE STATE BOARD OF NURSING SHALL NOT ISSUE A LICENSE OR CERTIFICATE TO AN APPLICANT WHO HAS BEEN CONVICTED OF A FELONIOUS ACT PROHIBITED BY THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64), KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT." OR CONVICTED OF A FELONY RELATING TO A CONTROLLED SUBSTANCE IN A COURT OF LAW OF THE UNITED STATES OR ANY OTHER STATE, TERRITORY OR COUNTRY UNLESS: (1) AT LEAST TEN (10) YEARS HAVE ELAPSED FROM THE DATE OF CONVICTION; (2) THE APPLICANT SATISFACTORILY DEMONSTRATES TO THE BOARD THAT HE HAS MADE SIGNIFICANT PROGRESS IN PERSONAL REHABILITATION SINCE THE CONVICTION SUCH THAT LICENSURE OF THE APPLICANT SHOULD NOT BE EXPECTED TO CREATE A SUBSTANTIAL RISK OF HARM TO THE HEALTH AND SAFETY OF PATIENTS OR THE PUBLIC OR A SUBSTANTIAL RISK OF FURTHER CRIMINAL VIOLATIONS; AND (3) THE APPLICANT OTHERWISE SATISFIES THE QUALIFICATIONS CONTAINED IN OR AUTHORIZED BY THIS ACT.

AS USED IN THIS SECTION THE TERM 'CONVICTED' SHALL INCLUDE A JUDGMENT, AN ADMISSION OF GUILT OR PLEA OF NOLO CONTENDERE."

Return to: Practical Nursing Department
VENANGO TECHNOLOGY CENTER
1 Vo-Tech Drive
Oil City, PA 16301

OR

Practical Nursing Department
VENANGO TECHNOLOGY CENTER
589 Hospital Drive – Suite F
Warren, PA 16365