

MIFFLIN COUNTY ACADEMY OF SCIENCE & TECHNOLOGY
PRACTICAL NURSING PROGRAM APPLICATION

"Preparing Nurses for the Future of Health Care"

NAME: _____
Last First Middle Maiden
(If applicable)

ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____ PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____ (Email address will only be used before enrollment for letter of receipt of application. After enrollment email address may be used frequently for various correspondences.)

HIGH SCHOOL NAME: _____

HIGH SCHOOL GRADUATION YEAR: _____

***Request that your guidance counselor submit an official transcript of your high school record in a sealed envelope to this school – mailed or hand delivered.**

OR-----

G.E.D. Diploma #: _____ Date Issued: ____/____/____ State: _____

*** Please submit a copy of your G.E.D. diploma and report of official scores with your application.**

POST-SECONDARY SCHOOLS ATTENDED AFTER HIGH SCHOOL:

Name of School	Dates of Attendance	Course of Study

EMPLOYMENT HISTORY: Please list employment for the past 5 years starting with the most recent job first. Please include a separate sheet of paper if you need more room.

Place of Employment	Dates of Employment	Position

Please complete other side

TWO LETTERS OF REFERENCE MUST BE SUBMITTED TO THE NURSING PROGRAM ON THE FORMS INCLUDED WITH THIS PACKET

HOW DID YOU FIND OUT ABOUT THE PN PROGRAM AT THE ACADEMY?

PLEASE WRITE AND ATTACH A SHORT ESSAY TELLING WHY YOU WISH TO BECOME A PRACTICAL NURSE.

A candidate will be eligible for pre-entrance testing after meeting requirements for application completion. An application will be considered complete once the Practical Nursing Program receives the application, Official High School transcript or official GED scores, two professional references and the non-refundable application fee of \$60.00 which includes the application, pre-entrance testing fee and criminal background clearance fee. Cash, checks and money orders are acceptable forms of payment. All checks should be made payable to MJCTC. (A \$20.00 fee will be assessed for any check returned due to insufficient funds.)

*The official High School transcript must be mailed or delivered to this school in a sealed envelope to be considered "official".

PLEASE NOTE: No person shall be admitted to the Practical Nursing Program who has been convicted of a felony under the "Controlled Substance, Drug, Device, and Cosmetic Act." Convicted includes judgment, admission of guilt, or plea of *nolo contendere*.

SIGNATURE OF APPLICANT

DATE

Please submit to:
MIFFLIN COUNTY ACADEMY OF SCIENCE & TECHNOLOGY
Practical Nursing Program
700 Pitt Street
Lewistown PA 17044

Phone: (717) 447-0394
Fax: (717) 248-5148
Website: www.theacademypn.net

POLICY OF NONDISCRIMINATION

The Mifflin County Academy of Science and Technology is an equal opportunities educational institution and does not discriminate in its education programs, activities, and employment practices as required by TITLE IV, TITLE IX AND SECTION 504. The Mifflin County Academy of Science and Technology does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The TITLE IX AND SECTION 504 Coordinator is Alicia B. Lentz, Coordinator of Practical Nursing, Mifflin County Academy of Science & Technology, Lewistown PA 17044. Phone – (717) 447-0394 Fax – (717) 248-5148 E-mail – alentz@theacademypn.net. For information regarding services, activities, programs and facilities that are accessible and usable by handicapped persons, contact the Administrative Director at 717-248-3933.

Policy Form 2001A

Last Revision: October 2014/Last review: November 2015
Date of Next Scheduled Review: October 2016