Entered into Database

FRED W. EBERLE TECHNICAL CENTER School of Practical Nursing



APPLICATION FOR ADMISSION

Last Name	First	Middle	e Maio	len
Street				
City State				Zip
Home Telephone Work Telephone		hone	Cell Phone	
Social Security Number Email				
High School Graduate:	Yes No High School A	ttended		
Date Graduated				
If no, do you have a GED	? Yes No Date	e Received		
College Attended			Degree	
Other Training or Educati	on			
Employment (Previous e	employers may be contacted)			
Employer	Address	Phone	Contact Person	Dates Employed
If yes, explain:	ork experience directly related to me a practical nurse?			
How did you hear about o	our program?			
	other Nursing Programs? No _ m		please answer following que	estions)
Do we have your permiss	ion to obtain those records? Ye	es No _		
Have you ever been conv (if yes, please attach letter of	ricted of a crime or pled guilty or r explanation)	no contest to a felony	y or misdemeanor? Yes _	No
discipline a license based upo Board" The Board's Legisla	es that the Board may refuse to adm on satisfactory proof that the person " ative Rules, 10 C.S.R. 2, state that the nisdemeanor with substantial relations	.(2) is convicted of a feld Board can take discipli	ony;(5) is guilty of professional inary action against an applicant	misconduct as defined by the or licensee who "12.1.e.11.
	statement and declare that to the curate and truthful. Falsification			
Signature			Date	
Mail Completed form and NON-REFUNDABLE \$35.00 application fee to:			Fred W. Eberle School of Practical Nursing 208 Morton Ave. Buckhannon, WV 26201	