

FRED W. EBERLE TECHNICAL CENTER

School of Practical Nursing

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Web <http://www.fetc.edu>



Interview Data Form

This form will enable the interviewer to read preliminary data during the interview and gives you the opportunity to think about your answers. We will be using this form to identify the applicant's goals relative to the practical nursing program, enhance student guidance services, and answer questions which you may have about the program.

PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU TO THE INTERVIEW! You may write "No Comment" in response to any question which you feel invades your privacy.

Name _____
Last First Middle Maiden

Address _____
Street or Box Number

_____ City State Zip County

Phone Number _____
Home Work Cell

E-Mail _____

ACADEMIC BACKGROUND

Name of High School _____

County GED is from _____

Vocational School _____

College(s) _____

* Please note that this interview does not imply that you have been accepted into the practical nursing program. It does indicate that you have met another step in the admission process.

1. Why do you want to become a Practical Nurse?

2. What do you feel are the characteristics that a “great” nurse should possess?

3. What personal qualities do you possess that will be an asset to you while in the program?

As a Practical Nurse?

4. What advantages do you associate with a career in nursing?

5. What disadvantages do you associate with a career in nursing?

6. How did you hear about our program?

Did you see or hear any of our advertisements? () TV () Billboard () Social Media

7. Have you had any previous nursing or health related education or work experience?

_____ Yes _____ No

If yes please explain.

8. What are your educational goals?

9. If you are currently employed, how many days have you been absent in the past year?

10. If you were accepted into the program, which of these areas would you be the most concerned about? Please rate in order of concern, with 1 being the most thing you are worried about.

___ Finances	___ Travel time	___ Risk of disease
___ Study Time	___ Outside Employment	___ Time Management
___ Transportation	___ Household Responsibilities	___ Stress of school

11. Have you every been enrolled in any other nursing program? ___ Yes ___ No

12. Do you have any health problems or limitations that might prevent you from performing the duties of a nurse such as administering medications, lifting patients, measuring small amounts of liquids, or hearing faint sounds?

13. Do you take any medications that might prevent you from being licensed and/or performing the duties of a nurse? If so, please list them.

14. If you are admitted to the program, what are your plans for:

Finances:

Transportation:

Study Time:

Current Responsibilities:

Please list any questions that you may have about our program.

Please list any comments that you may have.

Thank you for completing this form.
Please don't forget to bring it with you to the interview.