

BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL

PRACTICAL NURSE PROGRAM

940 COUNTY STREET
TAUNTON, MA 02780

DIRECTIONS:

- 1. Complete application
- 2. Application fee of \$25.00 to accompany completed application.
- 3. Forward application and fee to Bristol-Plymouth Practical Nurse Program

Name _____
Last First M.I. Maiden

Social Security No. _____ - _____ - _____

Address _____
Street City State Zip Code

Telephone Number (_____) _____ (_____) _____
area code home area code work

EDUCATIONAL INFORMATION

High School _____
name and address

Dates of Attendance _____ Graduation Date _____ (or) Equivalency Certificate (GED) Date _____

Post Secondary Education _____
name and address

Dates of Attendance _____ Major _____ Degree _____ Certificate _____
date date

name and address
Dates of Attendance _____ Major _____ Degree _____ Certificate _____
date date

EMPLOYMENT INFORMATION

(please list last three employers, present employer first)

Name and Address _____

Dates of Employment _____ Duties _____

Supervisor _____

Name and Address _____

Dates of Employment _____ Duties _____

Supervisor _____

Name and Address _____

Dates of Employment _____ Duties _____

Supervisor _____

Please explain why you wish to enter this nursing program . . .

EMERGENCY CONTACT INFORMATION

Name _____ / _____ relationship (Parent, Spouse, Friend, etc.)
Address _____ street _____ city _____ state _____ zip code
Telephone Number (_____) _____ home (_____) _____ work
area code area code

PLEASE COMPLETE THE FOLLOWING SECTION IF YOU ARE NOT A U.S. CITIZEN

Are you a permanent resident? Yes No
If yes, list alien registration Number A _____
If no, list Visa Classification (if any) _____
Country of Citizenship _____ Country of Birth _____

I certify that the information submitted on this application is accurate and complete

Signature _____ Date _____

**BRISTOL-PLYMOUTH PRACTICAL NURSE PROGRAM IS FULLY APPROVED
BY THE MASSACHUSETTS BOARD OF REGISTRATION IN NURSING**

NOTICE OF NON-DISCRIMINATION

Bristol-Plymouth Regional Technical School does not discriminate on the basis of race, color, creed, marital status, national origin, sex, age or handicap in admission or access to its programs and activities in accordance with Title VI, Title IX and Section 504.

This area for use by the Practical Nurse Program

Application received _____	Exam results _____	References _____
Application fee _____	Interview _____	(2) _____
High School Transcript _____	College Transcript _____	(3) _____