



Practical Nursing Program
 Institute for Caregiver Education — Practical Nursing Program
 162 Farm Credit Drive, Chambersburg, PA 17202

Phone: (717) 263-7766 Fax: (717) 263-7602

APPLICATION FOR ADMISSION

In order to process your application promptly, you are asked to submit the following to the address above:

1. A non-refundable check or money order in the amount of \$100.00 to cover the cost of the application fee, pre-admission testing, and CHRI (must be enclosed with this application and made payable to Institute for Caregiver Education).
2. A final official high school transcript if you have graduated, or upon your graduation (partial transcripts are accepted only if currently attending high school). If applicable, submit GED Score Report.

PERSONAL HISTORY

Name: _____
LAST FIRST MIDDLE MAIDEN NAME

PLEASE LIST ANY OTHER NAME(S) YOU MAY HAVE USED IN SCHOOL OR EMPLOYMENT: _____

Address (STREET): _____ (CITY, STATE, ZIP): _____

Home Phone: _____ Alternate or Cell Phone: _____

Social Security Number: _____ Date of Birth: _____ Email Address: _____

Are you legally able to attend school in the United States? YES ___ NO ___

Have you been a resident of the State of Pennsylvania continuously for at least the last two (2) years? YES ___ NO ___

Have you ever pleaded guilty, been convicted of, or pleaded Nolo Contendere (no contest) to any violation other than a summary offense? YES ___ NO ___

If yes, explain each offense in full:

Have you ever accepted Accelerated Rehabilitative Disposition (ARD), Probation Without Verdict (PWV) or a similar court monitored program in relation to any violation other than a summary offense? YES ___ NO ___

If yes, explain each offense in full:

If yes, to your knowledge was your record expunged? YES ___ NO ___

Demographic information below is used for statistical purposes only and is not used to determine admission.

Gender: Male ___ Female ___

Ethnicity: Black (Non-Hispanic) ___ Hispanic ___ American Indian/Alaskan Native ___ Asian or Pacific Islander ___

White (Non-Hispanic) ___ Non-Resident Alien ___ (specify: _____)

Place of Birth: _____ (If outside USA, date you first entered the United States _____)

Are you a United States Citizen? YES ___ NO ___

If NO: You must submit a copy of your I-94 form or Permanent Resident Card (Green Card) prior to enrollment.

What is your country of citizenship? _____

Is English your native (first) language? YES ___ NO ___

EDUCATIONAL INFORMATION

High School (NAME/LOCATION): _____

Address (STREET): _____ (CITY, STATE, ZIP): _____

Area of specialization: _____ Grade Completed: _____ Approximate Date: _____

Do you have a high school diploma? _____ GED certificate? _____ Date received: _____

College/Trade/Business School(s):

Name/Location: _____

Area of study: _____ Diploma/Degree or Years completed: _____ Date: _____

Name/Location: _____

Area of study: _____ Diploma/Degree or Years completed: _____ Date: _____

Have you ever attended another nursing program? YES ____ NO ____ (If yes, provide name, location and dates attended.)

EMPLOYMENT INFORMATION

Current Employer: _____ Phone: _____

Address: _____

Supervisor's name: _____ Employment Dates: _____ To _____

Job Title: _____ Responsibilities: _____

Previous Employers (please list most recent first):

Position	Company Name/Address	Dates of Employment
_____	_____	_____ To _____

Reason for leaving: _____

_____ To _____

Reason for leaving: _____

REFERRAL INFORMATION

How did you here of the Institute for Caregiver Education? _____

EXCERPTS from the Pennsylvania Nurse Practice Act for Practical Nurses (Act 110): "The State Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the Controlled Substance, Drug, Device and Cosmetic Act, or convicted of a felony relating to a controlled substance in court of law of the United States or any other State, Territory, or Country unless: 1. at least ten (10) years have elapsed since the date of conviction; 2. the applicant satisfactorily demonstrates progress in rehabilitation since the conviction and the licensure of the applicant should not be expected to create a substantial risk or harm to the health and safety of patients or the public; 3. the applicant, otherwise satisfies the qualifications contained in, or authorized by, the act. (Convicted shall include a judgment, and admission of guilt or a plea of Nolo Contendere)."

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at any enrollment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I have read the above information and I certify that the responses I have supplied in this application are true and correct to the best of my knowledge. I hereby understand that any misrepresentation of information I have provided in this application may result in denial of admission or enrollment into the program or dismissal from the program. I also understand that if I am dismissed from the program for providing false information, I am responsible for any balance owed to the school at the time of dismissal. I understand, also, that I am required to abide by all rules and regulations of the Practical Nursing Program.

Applicant's Signature: _____ Date: _____

Evaluation/Recommendation of Practical Nursing Program (PNP) Applicant

Reference #1 of 3

Three letters of recommendation are required. At least two must be from sources (other than friends) such as: employer, professor, advisor, high school teacher, counselor, volunteer coordinator, coach and/or clergy. No relatives.

Please print the following information:

PNP Candidate's Name: _____
LAST FIRST MIDDLE MAIDEN NAME

PRINT Name of Reference (person completing this reference form): _____

The person named above has made application to the Institute for Caregiver Education Practical Nursing Program. ***Please complete the information below, sign and return to: Institute for Caregiver Education, Attn: Practical Nursing Program Admissions, 162 Farm Credit Drive, Chambersburg, PA 17202.***

Your evaluation will assist in the selection of the best candidates for admission to the Institute for Caregiver Education Practical Nursing Program. Please rate the applicant on each of the qualifications listed, using a check mark.

	Excellent	Good	Average	Needs Guidance	Not Observed
Caring / Compassionate / Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills / Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral / Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountable / Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity / Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated / Self-Directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance / Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment / Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting of Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known _____ for _____ in the capacity of _____
APPLICANT NAME HOW LONG?

I would recommend / would not recommend this applicant because _____

Additional Comments: _____

Signature of Person Completing Recommendation: _____ Date: _____

Position: _____ Organization: _____

Address (STREET): _____ (CITY, STATE, ZIP): _____

Home Phone: _____ Business/Alternate Phone: _____

Evaluation/Recommendation of Practical Nursing Program (PNP) Applicant

Reference #2 of 3

Three letters of recommendation are required. At least two must be from sources (other than friends) such as: employer, professor, advisor, high school teacher, counselor, volunteer coordinator, coach and/or clergy. No relatives.

Please print the following information:

PNP Candidate's Name: _____
LAST FIRST MIDDLE MAIDEN NAME

PRINT Name of Reference (person completing this reference form): _____

The person named above has made application to the Institute for Caregiver Education Practical Nursing Program. ***Please complete the information below, sign and return to: Institute for Caregiver Education, Attn: Practical Nursing Program Admissions, 162 Farm Credit Drive, Chambersburg, PA 17202.***

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	Excellent	Good	Average	Needs Guidance	Not Observed
Caring / Compassionate / Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills / Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral / Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountable / Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity / Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated / Self-Directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance / Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment / Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting of Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known _____ for _____ in the capacity of _____
APPLICANT NAME HOW LONG?

I would recommend / would not recommend this applicant because _____

Additional Comments: _____

Signature of Person Completing Recommendation: _____ Date: _____

Position: _____ Organization: _____

Address (STREET): _____ (CITY, STATE, ZIP): _____

Home Phone: _____ Business/Alternate Phone: _____

Evaluation/Recommendation of Practical Nursing Program (PNP) Applicant

Reference #3 of 3

Three letters of recommendation are required. At least two must be from sources (other than friends) such as: employer, professor, advisor, high school teacher, counselor, volunteer coordinator, coach and/or clergy. No relatives.

Please print the following information:

PNP Candidate's Name: _____
LAST FIRST MIDDLE MAIDEN NAME

PRINT Name of Reference (person completing this reference form): _____

The person named above has made application to the Institute for Caregiver Education Practical Nursing Program. ***Please complete the information below, sign and return to: Institute for Caregiver Education, Attn: Practical Nursing Program Admissions, 162 Farm Credit Drive, Chambersburg, PA 17202.***

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	Excellent	Good	Average	Needs Guidance	Not Observed
Caring / Compassionate / Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills / Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral / Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountable / Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity / Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated / Self-Directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance / Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment / Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting of Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have known _____ for _____ in the capacity of _____
APPLICANT NAME HOW LONG?

I would recommend / would not recommend this applicant because _____

Additional Comments: _____

Signature of Person Completing Recommendation: _____ Date: _____

Position: _____ Organization: _____

Address (STREET): _____ (CITY, STATE, ZIP): _____

Home Phone: _____ Business/Alternate Phone: _____



Practical Nursing Program

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PRACTICAL NURSING PROGRAM ADMISSION ESSAY

Your admission essay should be 200-250 words, typed, and submitted prior to the scheduling of your interview.

In your essay please answer the question, “What do you think you have learned from your current position or past experiences that will help you most with your new job as a student and your future profession as a Practical Nurse?”

Applicant’s Signature: _____ Date: _____

You may staple your typewritten essay to this signed form or print it directly onto this page.

Secondary Education Transcript Request

I have applied for admission to the Practical Nursing Program of the Institute for Caregiver Education, Chambersburg, PA. An **Official Transcript** of my school credits is required to complete the application. My signature below authorizes you to send my transcripts to:

Institute for Caregiver Education
Attn: Practical Nursing Program Admissions
162 Farm Credit Drive
Chambersburg, PA 17202

Please print the following information:

NAME: _____

MAIDEN NAME: _____

CURRENT ADDRESS: _____

YEAR OF GRADUATION: _____

SIGNATURE: _____

Submit this form to your high school guidance counselor or principal. Most institutions require a fee for processing transcripts. It is your responsibility to contact the high school to determine the institutional policy and remit the proper amount with this request.

Secondary Education GED Test Score Request

I have applied for admission to the Practical Nursing Program of the Institute for Caregiver Education, Chambersburg, PA. An **Official Transcript** of my scores on the General Education Development Test (GED) is required to complete the application. My signature below authorizes you to send my transcripts to:

Institute for Caregiver Education
Attn: Practical Nursing Program Admissions
162 Farm Credit Drive
Chambersburg, PA 17202

Please print the following information:

Name: _____

Maiden Name: _____

Current Address: _____

Social Security #: _____

Date of Birth: _____

GED Approx Year: _____

Signature: _____

If you completed your GED in Pennsylvania, submit this form and a \$3.00 money order or cashiers check made payable to "Commonwealth of Pennsylvania" to:

Commonwealth Diploma Program
Pennsylvania Department of Education
333 Market Street
Harrisburg, PA 17126-0333

It takes approximately 6-8 weeks to process a transcript request. If you can visit the GED office in Harrisburg with the \$3.00 money order and a photo ID in hand, a transcript can be issued while you wait.