



**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: \_\_\_\_\_

**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.***

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 #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.***

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: \_\_\_\_\_



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

## **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?”

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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.*