

**MEADVILLE MEDICAL CENTER INSTITUTE FOR HEALTHCARE PROFESSIONALS  
PRACTICAL NURSING PROGRAM  
STUDENT APPLICATION**

(Please Print or Type all Information)

Date \_\_\_\_\_

1. Name \_\_\_\_\_ 2. SSN \_\_\_\_\_  
Last First MI

3. Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
City State Zip County  
 Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. Have you ever been known by another name? If so, please list \_\_\_\_\_

What name is on you high school diploma/GED certificate: \_\_\_\_\_

5. Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
STREET CITY STATE ZIP

6. Educational record of schools attended/graduated (High School and Post-Secondary)

SCHOOL/INSTITUTION & LOCATION	MAJOR/MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED/YEAR GRADUATED

7. Please request **official** transcripts and/or GED test scores be directly sent from **all schools you attended** to the address below. Home School graduates must present a transcript from Department of Education or take the GED exam. A copy of GED test scores can be obtained from your testing site or at [www.ged.ed.state.pa.us](http://www.ged.ed.state.pa.us)

*Tammy R. Sanfilippo, MBA, RN  
 Director, Practical Nursing Program  
 Meadville Medical Center Institute for Healthcare Professionals  
 860 Thurston Road  
 Meadville, PA 16335*

8. Please **write a brief summary** of your reason for wanting to become a practical nurse, followed by your signature.

(Please use a separate sheet of paper)

9. Please list **three** references. Include their name, address, phone number, and title. **Recent** teachers, counselors, or employers are acceptable references. **Do not use relatives or friends as references.**

REFERENCES			
NAME	ADDRESS	PHONE	TITLE
		( )	
		( )	
		( )	

10. **Please note:** The State Board of Nursing may refuse, suspend or revoke any license in any case where the Board shall find that the applicant

\*Has been convicted or has pleaded guilty or entered a plea of nolo contendere or has been found guilty by a judge or jury of a felony or a crime of moral turpitude in the courts of this Commonwealth, the United States, or any other state, territory or country, or has received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charges, or has been dishonorably discharged or has been discharged under circumstances amounting to dishonorable discharge from the military forces of the United States or of any other country;

\*Has committed fraud or deceit in securing his or her admission to the practice of practical nursing or to practical nursing school;

\*Is addicted to alcohol or is addicted to hallucinogenic or narcotic drugs or other drugs which tend to impair judgment or coordination, so long as such dependence shall continue, or if he or she has become mentally incompetent.

11. To comply with Federal Laws, State Laws, concerning equal rights and opportunities the Meadville Medical Center Institute for Healthcare Professionals declares itself to be an Equal Rights and Opportunities education program. It does not discriminate against individuals or groups because of race, color, national origin, religion, age, sex, marital status or non-relevant handicaps and disabilities. All services, facilities, and activities are accessible to the handicapped. The Meadville Medical Center Institute for Healthcare Professionals hereby resolves as a policy that no persons shall on the basis of the foregoing be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program, activity or employment. The school's commitment to non-discrimination extends to students, employees, prospective employees, and the community.

**I certify that the information provided is correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about our program?

- Former Student \_\_\_\_\_
- Newspaper
- Radio
- High School
- Place of Employment
- Other (Please Explain) \_\_\_\_\_

**PLEASE SUBMIT \$25 NON-REFUNDABLE APPLICATION FEE WITH COMPLETED FORM  
MADE PAYABLE TO: Meadville Medical Center Institute for Healthcare Professionals**