

**United Technical Center School of Practical Nursing**  
**251 Marietta Drive**  
**Clarksburg, WV 26301-6313**  
**304-326-7583, Fax (304) 622-6138**  
**Application Form**

**Name** \_\_\_\_\_  
Last First Middle Maiden

**Address** \_\_\_\_\_  
Street, Route, or Box Number City State Zip Code

**Social Security Number** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Education**

1. High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Address of high school \_\_\_\_\_  
If you did not graduate, do you have a GED? \_\_\_\_\_ If yes, date \_\_\_\_\_

2. If you have attended a college, university, or vocational school, please complete:  
School \_\_\_\_\_  
Address \_\_\_\_\_  
Degree/Certificate (if applicable) \_\_\_\_\_  
Area of study \_\_\_\_\_  
Entrance date \_\_\_\_\_ Exit date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

School \_\_\_\_\_  
Address \_\_\_\_\_  
Degree/Certificate (if applicable) \_\_\_\_\_  
Area of study \_\_\_\_\_  
Entrance date \_\_\_\_\_ Exit date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you taken the ACT? \_\_\_\_\_ If yes, list date \_\_\_\_\_



PN Application, 3

**References\***

Complete the following information on three references (**no relatives**).

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

**\*Mail letters of reference directly to United School of Practical Nursing.**

**Background**

Have you ever been convicted, pled guilty, or pled no contest to a felony or misdemeanor?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

If, yes, please give detailed explanation:

---

---

---

---

NOTE: In accordance with the West Virginia Board of Examiners for Licensed Practical Nurses: The Board reserves the right to refuse to admit applicants to the licensure examination who have been convicted of a felony, are habitually intemperate, addicted to the use of habit forming drugs, or are mentally incompetent.

It is the policy of United Technical Center not to discriminate on the basis of sex, handicap, race, color, or national origin, according to Title IX, Section 504, and Title VI. All candidates are subject to background check.

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

Print Name \_\_\_\_\_