APPLICATION

WAYNE COUNTY SCHOOLS CAREER CENTER
ADULT PRACTICAL NURSING PROGRAM

518 West Prospect Street
Smithville Ohio 44677
330-669-7030 Fax: 330-669-7071
www.wcscc.org

PERSONAL DATA

Name: _____
Last First Middle Maiden, if applicable

Address: _____
Street or P.O. Box City State Zip

Phone: _____ Cell Phone: _____

Email Address: _____

Please indicate schedule choice: Day Schedule ☐ Evening Schedule ☐

EDUCATIONAL BACKGROUND

List high school from which you graduated and any post-secondary schools you have attended.

SCHOOL	ADDRESS	YEAR(S) ATTENDED	DATE GRADUATED
GED Information (if applicable) **Date Taken:** **Location of Test:**			

TRANSCRIPTS

The individual's official transcript including High School/GED and any post-secondary education completed must be sent directly to the School. Please have transcripts sent to Wayne County Schools Career Center Adult Practical Nursing Program, 518 W. Prospect St., Smithville, OH 44677-9672 – ATTN: Admissions Committee.

Have you ever served in the United States Armed Forces? ☐ Yes ☐ No

Do you have a current STNA Certificate? ☐ Yes ***(*Please include copy of card)*** **☐ No**

***If Yes,** please list where you obtained your certification._____

OFFICE USE ONLY

Appl Received: _____ Expiration: _____
Fee Received: _____ Check #: _____
Receipt #: _____
Rubric: _____ STNA: Yes ☐ No ☐
Test Date: #1 _____ #2 _____

Math Score: #1 _____ #2 _____
Locating Info. Score: #1 _____ #2 _____
Reading Score: #1 _____ #2 _____
Information Session Date: _____
HS Transcripts Received: _____

Wayne County Schools Career Center Adult Practical Nursing Program

- **<u>WorkKeys testing is required</u> prior to entering the *Wayne County Schools Career Center Adult Practical Nursing Program*.** The fee for this testing is $55 if paid prior to your test day and $60 if paid the day of your test. You can schedule your test date with the Adult Education office.

- **Anyone convicted of a sexual offender crime will not be permitted to enroll in classes at WCSCC. Please note: conviction of any felony will restrict your ability to enroll in health-related programs.**

- **Per the handbook, Offenses that are absolute bars and prohibit licensure as a nurse will prohibit attendance at any clinical experience while a nursing student**

- **<u>The Ohio Board Of Nursing requires each applicant for licensure to answer the following questions</u>*:**
  Has the individual seeking licensure been convicted of, found guilty of, pled guilty to, pled no contest to, received treatment in lieu of conviction, or received diversion for any of the following crimes (this includes crimes that have been expunged if the crime has a direct and substantial relationship to nursing practice)?
  1. *A misdemeanor committed in the course of practice in Ohio, another state, commonwealth, territory, province, or country.*
  2. *A felony in Ohio, another state, commonwealth, territory, province, or country.*
  3. *A crime involving gross immorality or moral turpitude in Ohio, another state, commonwealth, territory, province, or country?*
  4. *A violation of any municipal, county, state, commonwealth, or federal drug law. This does not include alcohol related offenses.*

  If you answered "yes" to any of the above, please provide the Board with a personal summary of events including the date, county, and state in which the events occurred, and a copy of the indictment(s), plea(s), journal entry(s), from the appropriate court.

  Within the last five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

  Have you, since attaining the age of eighteen or within the last five years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? If you answered "yes" to either of the above questions, provide details including date(s) of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

  ***If you answered "yes" to any of the above questions, please contact the Practical Nursing Program Coordinator before submitting this application**.

How did you learn of the ***Wayne County Schools Career Center Adult Practical Nursing Program?***

☐ Newspaper or Media ☐ Employer Employer Name _____

Other:

I certify that the statements given on this form are true and understand that falsification of this application could lead to immediate dismissal from the program.

I authorize the Wayne County Schools Career Center Adult Practical Nursing Program to investigate my personal, educational, and employment records, including those listed on the application and those submitted during the application process.

Signature _____ **Date** _____

WCSCC NON-DISCRIMNATION POLICY
Notice of Nondiscrimination and Internal Complaint Procedures
Including Title II, Title VI, Title VII and Title IX, Section 504 and ADA

The Wayne County Schools Career Center complies with Title II, Title VI, and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act, Age Discrimination in Federal Assisted r Act, and the Genetic Information Nondiscrimination Act of 2008 in its policies and practices of non-discrimination and harassment against students and employees on the basis of religion, race, color, national origin, sex, disability, military status, ancestry, age, or genetic information.

Superintendent, Wayne County Joint Vocational School District, 518 West Prospect Street, Smithville, OH 44677

The individual may also, at any time, contact the U.S. Department of Education, Office for Civil Rights, Cleveland Office, 600 Superior Avenue East, Suite 750, Cleveland, Ohio 44114-2611; Telephone: 216-522-4970; Fax: 216-522-2573; TDD: 216-522-4944; E-mail: ocr.cleveland@ed.gov; Web: http://www.ed.gov/ocr.

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