

ONC BOCES PN PROGRAM OTSEGO AREA SCHOOL OF PRACTICAL NURSING

31 Center Street, Oneonta, NY 13820
(607) 431-2562

OTSEGO AREA SCHOOL OF



PRACTICAL NURSING

PHILOSOPHY

THE OTSEGO AREA SCHOOL OF PRACTICAL NURSING FACULTY IS DEDICATED
TO THE DEVELOPMENT OF INDIVIDUALS INTO COMPETENT, SAFE NURSES BOTH
IN PRACTICE AND THEORY WHO WILL PROVIDE HOLISTIC AND
COMPASSIONATE CARE TO THEIR PATIENTS.

PROGRAM APPLICATION 2020 - 2021

The Otsego Area School of Practical Nursing is a Full-time, Ten Month (September - June) program.
PRINT ALL INFORMATION BELOW:

DATE: _____

DATE OF BIRTH: _____
(MONTH) (DAY) (YEAR)

NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (MAIDEN NAME)

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME TELEPHONE: (____) _____ CELL PHONE: (____) _____ WORK TELEPHONE: (____) _____

U.S. CITIZEN: _____ YES _____ NO* SOCIAL SECURITY # _____

If you are not a U.S. Citizen, please provide your original green card or passport to be copied for our files.

DRIVER'S LICENSE # _____ STATE OF ISSUE _____

SPOUSE'S NAME (IF APPLICABLE): _____

OF CHILDREN _____ AGES: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

(NAME) (RELATIONSHIP)

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ COUNTY _____

HOME TELEPHONE: (____) _____ CELL PHONE: (____) _____ WORK TELEPHONE: (____) _____

For Office Use Only: _____ Invoice: _____

CONTINUE



EDUCATION INFORMATION:

SECONDARY EDUCATION: List all High Schools or other Secondary Schools attended (Beginning with the most recent)

Dates: From To	Name of School / City & State	Diploma Received

High School Diploma _____ GED _____ Year _____ State of Issuance _____

POST-SECONDARY EDUCATION: LIST **ALL** FORMAL EDUCATION BEYOND HIGH SCHOOL. (If post-secondary education is not completed, please provide the number of months attended and credits earned.)

Dates From To	Name of Institution City, State	Major	Months Attended	Credits/Degree Earned

EMPLOYMENT: LIST ALL WORK EXPERIENCES, BEGINNING WITH THE MOST RECENT:

Dates From To	Position	Employer / Supervisor	City, State

1. HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO THIS SCHOOL? _____YES _____NO If yes, when _____

2. WILL YOU BE REQUESTING FINANCIAL ASSISTANCE? _____YES _____NO
(IF YES, PAPERWORK WILL BE SENT TO YOU TO FILL OUT ONCE YOU HAVE BEEN ACCEPTED TO THE PROGRAM).

3. HOW DID YOU HEAR ABOUT OUR SCHOOL, PLEASE CIRCLE ALL THAT APPLY:

- NEWSPAPER ADVERTISEMENT GRADUATE OF THIS SCHOOL BROCHURE
- POSTER RADIO CAREER DAY
- HIGH SCHOOL COUNSELOR TEACHER CURRENT STUDENT

OTHER: _____

4. PLEASE LIST EXTRA-CURRICULAR AND/OR COMMUNITY ACTIVITIES: _____

5. HAVE YOU EVER BEEN EMPLOYED IN A HEALTH CARE ENVIRONMENT? _____ YES _____ NO

POSITION & FACILITY: _____

PLEASE RETURN THIS APPLICATION TO THE ADDRESS BELOW WITH YOUR CHECK OR MONEY ORDER IN THE AMOUNT OF \$100.00. (Made out to: OASPN) The application fee also includes the cost of your entrance exam. **(THE APPLICATION FEE IS NON-REFUNDABLE)

ONCE THIS APPLICATION IS RECEIVED BY OUR OFFICE, YOU WILL BE SENT A SECOND PACKET OF INFORMATION TO COMPLETE. THIS PACKET WILL INCLUDE INFORMATION ON THE ENTRANCE EXAM / APPTITUDE TEST (TEAS-VI TEST), WHICH IS GIVEN AT THE ONC BOCES PN PROGRAM SITE. ONCE ALL OF THIS IS COMPLETED, WE WILL SCHEDULE YOU FOR AN INTERVIEW AT OUR OFFICE.

A STUDENT WILL NOT LEARN OF ACCEPTANCE STATUS UNTIL AFTER THE INTERVIEW IS CONDUCTED.

ACCEPTANCE IS DETERMINED THROUGH A PROCESS OF SCORING REFERENCES, APPTITUDE/ENTRANCE EXAM AND THE INTERVIEW. ALL ACCEPTANCES ARE LEFT UP TO THE DISCRETION OF THE PROGRAM COORDINATOR.

ONCE A STUDENT IS ACCEPTED TO THE PROGRAM, FINANCIAL AID FORMS AND HEALTH RECORD DOCUMENTATION WILL BE SENT. **A STUDENT IS NOT TO FILL OUT THE FASFA FORM OR ANY OTHER FINANCIAL AID FOR OUR SCHOOL UNTIL THEY RECEIVE AN ACCEPTANCE LETTER TO THE PROGRAM.**

NOTE: THE OFFICE OF PROFESSION MAKES THE FINAL DECISION FOR GRANTING A LICENSE AND STUDENTS WITH CRIMINAL RECORDS NEED TO KNOW THAT THEY MAY BE ADMITTED AND COMPLETE THE PROGRAM AND NOT BE GRANTED A LICENSE.

MAIL TO: ONC BOCES PN PROGRAM
OTSEGO AREA SCHOOL OF PRACTICAL NURSING
31 CENTER STREET 3RD FLOOR
ONEONTA, NY 13820

I certify that all of the information provided in this application is correct to the best of my knowledge.

STUDENT SIGNATURE: _____

COMPLETE AUTOBIOGRAPHY ON NEXT PAGE.

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