

APPLICATION FOR REGISTRATION - PRACTICAL NURSE REFRESHER COURSE

ST. JOSEPH SCHOOL OF NURSING
5 WOODWARD AVENUE
NASHUA, NEW HAMPSHIRE 03060
(603) 594-2567

Please complete all questions on this form and return your completed application in the enclosed envelope with a \$50.00 application fee made payable to St. Joseph Hospital. Applicants may cancel this transaction any time prior to midnight of the third business day following the receipt of this application by the school, after which the application fee becomes non-refundable.

Date: _____ Social Security Number: _____

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

SIGNATURE: _____ Home Telephone: _____

HOME ADDRESS: _____

(City) (State) (Zip Code)

E-MAIL ADDRESS: _____

Country of Birth: _____ U.S. Citizenship: YES NO

Upon acceptance into the School, you will be required to present your original birth certificate, passport, or INS documentation.

Person to be notified in case of an emergency:

NAME: _____ Relationship: _____

ADDRESS: _____ Telephone No: _____

(City) (State) (Zip Code)

Temporary Nursing License Information:

State: _____ Lic. No.: _____ Date of Expiration: _____

Nursing School Attended:

From	To	Name of Institution	City & State	Date of Graduation

Are you prepared to meet the expenses of the program in this school? Yes No

When do you desire to enter this program? _____

Please list names and addresses of three persons, at least one of whom is a nursing professional, not related to you, who know you and can give information about you. These persons may include a recent instructor, counselor, employer, or clergyman.

1. Name: _____ Position/Title: _____

Address: _____

2. Name: _____ Position/Title: _____

Address: _____

3. Name: _____ Position/Title: _____

Address: _____

Enclosed are three Personal Evaluation forms for you to give to the persons you list above. Applicants for whom these forms are reviewed are free to determine whether or not they wish to waive their potential right to examine the content of the evaluation. We request, **but do not require**, that you read and execute the waiver found on the front of each form.

Upon receipt of this completed application and references, medical forms will be sent to you and must be completed and received by the School prior to commencement of classes. Current CPR certification for Healthcare Provider is required.

All of the information on this application is true and complete to the best of my knowledge.

Date
Revised 3/09

Signature