

# MIFFLIN-JUNIATA CAREER AND TECHNOLOGY CENTER PRACTICAL NURSING PROGRAM APPLICATION

*"Preparing Nurses for the Future of Health Care"*

NAME: \_\_\_\_\_  
Last
First
Middle  
(If applicable)
Maiden

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(Email will be used to send letters of receipt of application and other correspondence unless indicated otherwise.)

\_\_\_\_\_ YES – use email for correspondence

\_\_\_\_\_ NO – do not use email for correspondence

HIGH SCHOOL NAME: \_\_\_\_\_

HIGH SCHOOL GRADUATION YEAR: \_\_\_\_\_

**\*Request that your guidance counselor submit an official transcript of your high school record in a sealed envelope to this school – mailed or hand delivered.**

OR-----

G.E.D. Diploma #: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ State: \_\_\_\_\_

**\* Please submit a copy of your G.E.D. diploma and report of official scores with your application.**

**POST-SECONDARY SCHOOLS ATTENDED AFTER HIGH SCHOOL:**

Name of School	Dates of Attendance	Course of Study

**EMPLOYMENT HISTORY:** Please list employment for the past 5 years starting with the most recent job first. Please include a separate sheet of paper if you need more room.

Place of Employment	Dates of Employment	Position

HOW DID YOU FIND OUT ABOUT THE PN PROGRAM AT MJCTC?

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**PLEASE ATTACH A SHORT PARAGRAPH TELLING WHY YOU WISH TO BECOME A PRACTICAL NURSE.**

**IT IS HIGHLY RECOMMENDED THAT YOU SUBMIT TWO LETTERS OF REFERENCE TO THE NURSING PROGRAM ALONG WITH YOUR APPLICATION.**

A candidate will be eligible for pre-entrance testing after meeting requirements for application completion. An application will be considered complete once the Practical Nursing Program receives the **application, Official High School transcript or official GED scores, and the non-refundable application fee of \$60.00 which includes the application, pre-entrance testing fee and criminal background clearance fee.** Cash, checks and money orders are acceptable forms of payment. All checks should be made payable to MJCTC. (A \$20.00 fee will be assessed for any check returned due to insufficient funds.)

\*The official High School transcript must be mailed or delivered to this school in a sealed envelope to be considered "official".

**PLEASE NOTE:** No person shall be admitted to the Practical Nursing Program who has been convicted of a felony under the "Controlled Substance, Drug, Device, and Cosmetic Act." Convicted includes judgment, admission of guilt, or plea of *nolo contendere*.

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SIGNATURE OF APPLICANT

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DATE

**Please submit to:**  
MJCTC  
Practical Nursing Program  
700 Pitt Street  
Lewistown PA 17044

Phone: (717) 447-0394  
Fax: (717) 248-5148  
Website: [www.mjctcpn.org](http://www.mjctcpn.org)

**POLICY OF NONDISCRIMINATION**

The Mifflin-Juniata Career and Technology Center is an equal opportunities educational institution and does not discriminate in its education programs, activities, and employment practices as required by TITLE IV, TITLE IX AND SECTION 504. The school does not discriminate regardless of race, color, national origin, sex, handicaps (including visual or hearing impairments), religion, age, or marital status. The TITLE IX AND SECTION 504 Coordinator is Alicia B. Lentz, Coordinator of Practical Nursing, Mifflin-Juniata Career and Technology Center, Lewistown PA 17044. Phone – (717) 447-0394 Fax – (717) 248-5148 E-mail – [alentz@mjctcpn.org](mailto:alentz@mjctcpn.org). For information regarding services, activities, programs and facilities that are accessible and usable by handicapped persons, contact the Administrative Director at 717-248-3933.

**Policy Form 2001A**

Last Revision: March 2010

Date of Next Scheduled Review: October 2010