STUDENT APPLICATION AND SELECTION

Student Registration

1. Applicants are to submit the form showing the testing dates and the $50.00 non-refundable application fee.

2. All applicants must take the pre-entrance test. The applicant must receive a passing score on the pre-entrance examination. **TESTING WILL BE DONE BY ON-LINE COMPUTER ONLY!!!**

Application Process

**Step 1.** Once the applicant has passed the test, the applicant will fill out an application. An official high school transcript or GED diploma and/or scores must then be submitted to the Practical Nursing Office. If a GED was obtained from an out of state institution or outside the United States, it is necessary to apply for a Secondary Education Credential. There will be a fee to obtain GED transcripts from out of state.

**Step 2.** Two (2) employer references must be submitted on the forms given to the applicant by the Nursing Program. References **are not** to be written by family or friends. They should be from teachers, employers, past employers, etc.

**Step 3.** When the necessary information is received by the Practical Nursing Program (Application, Transcripts and References), the applicant will be contacted so that an interview can be scheduled with the coordinator of the program.

Enrollment Process

1. Applicants requirements:
   - Obtain certification in Basic Life Support Healthcare Professional CPR by the American Heart Association. Certification must be kept current throughout enrollment in the Practical Nursing Program.
   - Must have satisfactory references
   - Must be in good physical condition as determined by a physical examination, laboratory test results, and titers
   - Obtain a clear drug screen
   - Basic computer skills (required)
   - Criminal Background check, Child Abuse clearance, and FBI Fingerprinting (Criminal Background check and Child Abuse Clearances will be mailed by the school).

2. Acceptance is **tentative** until the results of a physical exam, lab tests, drug screen, and clearances are submitted and meet requirements. The physical exam must be signed by a physician, PA or CRNP. In cases of special health problems, additional information regarding the status of the applicant's health may be requested. If the results of the physical would not permit the applicant to practice nursing according to the required functional abilities, the acceptance may be withdrawn.

3. Selection of the applicant is made by the Practical Nursing faculty. Students are informed of their status in writing.

4. The number of applicants is determined by availability of educational and clinical resources.
APPLICATION FOR ADMISSION TO NURSING PROGRAM

NAME_____________________________________________________________

Last       First     Middle    Maiden

Any other name you have used in which information may be received:

_____________________________________________

ADDRESS____________________________________________________________________________________

Number       Street       Apt. #

City            State        Zip        Code            County

TELEPHONE NUMBER: _____________________

Home             Cell             E-mail address

ACADEMIC BACKGROUND:

HIGH SCHOOL ATTENDED:

GRADUATED: Yes _____ No _____ YEAR OF GRADUATION: ____________

IF NOT, NUMBER OF YEARS ATTENDED ________

G.E.D. CERTIFICATE: Yes _____ ISSUING STATE OF GED CERTIFICATE _________________

OTHER EDUCATIONAL INSTITUTIONS OR PROGRAMS ATTENDED Date     Graduated     Degree

__________________________________________________________________________

__________________________________________________________________________

The Central PA Institute of Science and Technology does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Section 504 Coordinator at the Central PA Institute of Science and Technology, 540 N. Harrison Road, Pleasant Gap, PA 16823 or 814-359-2793.
LIST VOLUNTEER WORK OR COMMUNITY AGENCY PARTICIPATION YOU HAVE EXPERIENCED:

Type of work, Name of Agency or experience, Dates of employment

LIST ALL EMPLOYMENT (FULL OR PART TIME, begin with the most current employer)

_____________________________________________________________________________________________

Name
Address

_____________________________________________________________________________________________

Name
Address

_____________________________________________________________________________________________

Name
Address

_____________________________________________________________________________________________

Name
Address

ACT 33 and ACT 34 COMPLIANCE (Background Checks of Prospective Applicants)
Each Pennsylvania resident must submit prior to acceptance, a copy of their Criminal Record Check from the Pennsylvania State Police or a statement from the State Police Central Repository stating that their record contains no information relating to that person and a Pennsylvania Child Abuse History Clearance from the Department of Public Welfare. These two clearances will be applied for by the PN Program. Each Applicant must obtain his or her FBI Fingerprinting.

PLEASE READ:
"The Board" (meaning State Board of Nursing) "shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," or convicted of a felony related to a controlled substance in a court of law of the United States or any other state, territory or country unless:

(1) At least ten (10) years have elapsed from the date of conviction;
(2) The applicant satisfactorily demonstrates to the board that he/she has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations; and
(3) The applicant otherwise satisfies the qualifications contained in, or authorized by, this act.

As used in this section the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction, unless the board has some evidence to the contrary.
(No. 1985-110 Section 5)
I have read and understand the information regarding a felony involving a controlled substance and nursing licensure.

SIGNATURE OF APPLICANT
____________________________________________DATE________________
Applicants may apply online for financial aid. The website is [www.studentloans.gov](http://www.studentloans.gov). Look for the “FaFsa” in the drop-down area. The FAFSA will automatically trigger the Federal Pell Grant application. There is no financial obligation in filing for FAFSA.

One year Practical Nursing programs are **NOT** eligible for the Pennsylvania [State Grant](http://www.studentloans.gov) programs. Please ignore the letter from AES; you will receive regarding ineligibility for State Grants.

The FAFSA cannot be filled out until **AFTER** you have filed your income taxes. Financial Aid is based on the previous year tax information. Once your FAFSA is complete you must select a lender and file a Master Promissory Note, which is the actual loan document. If you have any questions or do not have access to a computer, please contact the Adult Financial Aid Officer at 814-359-2793.

*** CPI’s school code for the FAFSA is 015445 ***

### ITEMIZED COSTS FOR 2015-2016

**Student Costs**

<table>
<thead>
<tr>
<th>Tuition*</th>
<th>$ 14,788</th>
</tr>
</thead>
<tbody>
<tr>
<td>*The Commonwealth Of Pennsylvania has provided a portion of the Practical Nursing budget. Without this financial assistance, tuition charges would be significantly increased.</td>
<td></td>
</tr>
</tbody>
</table>

Program Fees:

<table>
<thead>
<tr>
<th>NCLEX</th>
<th>$200.00</th>
</tr>
</thead>
</table>

Total Fees $ 200.00

**TOTAL AMOUNT DUE CENTRAL PA INSTITUTE OF SCIENCE AND TECHNOLOGY $ 14,988.00**

<table>
<thead>
<tr>
<th>Uniforms (ordered &amp; paid for by student prior to admission)</th>
<th>$ 225.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books (ordered &amp; paid for by student prior to admission)</td>
<td>$ 610.00</td>
</tr>
</tbody>
</table>

.getTotal Costs $ 15,823.00

The school reserves the right to increase the costs as necessary, as this is based on a tentative budget. Student fees are non-refundable.

Students with an out-of-state G.E.D., or records from foreign or Army High School will need certified record of Secondary Education from the Pennsylvania Department of Education. The cost is $15.00.

To verify accreditation or cost of the program please contact: Accreditation Commission for Education in Nursing, Inc., 3343 Peachtree Road, NE, Suite 850, Atlanta, GA 33026. (404) 975-5000.