



LIMITED ACCESS HEALTH PROGRAMS
TECHNICAL CERTIFICATE IN PRACTICAL NURSING APPLICATION
PSVC-PN

AUGUST ADMISSION
April 1 - June 15 by 4 p.m.
North Campus (Days)

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office at any PHSC campus no later than 4 p.m. on the deadline date. Once an application packet is submitted, it cannot be amended. Prior to submitting this limited access application to the Admissions and Student Records Office, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

Reminder: Please provide a clear, enlarged copy of your driver's license indicating a physical address (PO Box addresses will not be accepted) and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist.

PLEASE COMPLETE

LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT ID

EMAIL ADDRESS

PREVIOUS NAMES

ADDRESS

CITY

STATE

ZIP CODE

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HOME PHONE

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WORK PHONE

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CELL PHONE

APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Practical Nursing program at PHSC.

SIGNATURE

DATE

FOR OFFICE USE

FOR COLLEGE STORE USE

DATE STAMP:

DATE: CASHIER:

RECEIPT NO:

AMOUNT: