CALC, Institute of Technology - PN Admissions Application – Page 1

Personal Information

Date_____

Name:_____ Social Security No._____
Last First Middle

Date of Birth:_____ Email:_____

Address:_____

City:_____State:_____Zip:_____

Phone:(Home)_____(Cell):_____

How Did You Hear About Us? _____

Emergency Contact Person

Name:_____Relationship:_____Phone:_____

Optional Information: It is not mandatory to fill out this section. Questions are voluntary and are not used in the selection process.

Ethnic Background: ☐ Nonresident Alien ☐ Race and Ethnicity unknown ☐ Hispanic or Latino of any race

For non-Hispanics only: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Two or more races

Language

Do you have difficulty reading English? ___Most of the time ___Some of the time ___Seldom ___Never

Educational Background *(please check all completed and list)*

___GED ___High School ___Trade School ___College Graduate ___Graduate School ___Some College

Name on GED _____

Name on High School Transcript or Diploma _____

High School Transcript(s) or GED will be required upon acceptance into the Practical Nursing Program.

Name on College Transcript (if applicable)_____

List High School(s) and College(s) Attended City/State Dates Attended Graduated (Y/N)

_____

_____

Employment History: Employer's Name	Position	Dates Employed
1.		
2.		
3.		

Send application to:

PN Admissions - CALC, Institute of Technology - 200 North Center Drive, Suite A - Alton, IL 62002

Early submission is recommended - application expires 6 months from date completed

Form date 12/19/18

CALC, Institute of Technology - Admissions - Page Two

Have you ever been a student in a Nursing Aide, Practical or Professional Nursing Program? ____yes ____no

If yes, name of institution_____, city_____, date completed___/____/___

or if applicable the reason for enrollment termination:_____

Are you currently listed on the Illinois Registry as a Certified Nurses Aide? _____yes _____no

Your name as listed on the Illinois Registry _____
If incidents are listed, supporting documents need to be sent for clinical consideration.

(***Being a current Certified Nurse Aide is not a requirement for admission***)

TWO PROFESSIONAL REFERENCES MUST BE SUBMITTED - Provide their information below.

Name **Title or Position**

_____

_____

Please review and initial the following statements:

____ CALC, *Institute of Technology* will not engage in discrimination on the basis of race, color, national origin, religion, gender, physical or mental disability, medical condition, ancestry, martial status, age, sexual orientation, citizenship, or status as a Vietnam-era veteran or special disabled veteran in administration of its educational policies, admissions policies and other school-administered programs.

____ I hereby certify that I have given true, accurate and complete information on this application. I understand that CALC, Institute of Technology may contact personal references and previous employers. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student.

____ I hereby acknowledge receipt of a copy of the Gainful Employment Disclosure (as required by the US Department of Education) has been provided by CALC, Institute of Technology during or prior to registration. (The disclosure is updated annually and available online at www.calc.edu/gainful-employment)

____ I hereby understand that I will be assigned to clinical agencies and said agencies require passage of a drug screen, criminal background check, physical examination, and copies of my immunization records.

____ **CPR Certification for HealthCare Providers** is required prior to participating in a clinical rotation.

YES / NO *(please circle yes or no)* Have you ever been convicted of any criminal and/or sexual offenses in any state or federal court (other than for minor traffic violations) or have any incident reported to the State of Illinois Department of Human Services through the Department of Children and Family Services? If yes, please review with an admission counselor before enrolling.

SIGNATURE_____DATE_____

PRINT NAME_____

Send application to:

PN Admissions - CALC, Institute of Technology - 200 North Center Drive, Suite A - Alton, IL 62002

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