



# Application for Admission

Waynesville School of Practical Nursing

400 G.W. Lane

Waynesville, Missouri 65583

Phone: (573) 842-2515 Fax: (573) 842-2501

E-mail: [swong@waynesville.k12.mo.us](mailto:swong@waynesville.k12.mo.us)

Date rec'd:  
Fee paid:  
 Essay  
Transcript:  
Test date:

**Non-refundable application fee of \$20 may be made by check, cash, debit, Visa, or Master Card**

**Full Legal Name: (Print clearly)**

First	Middle	Last	Maiden	
#	Street	City	State	Zip Code

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ circle: *cell, home, or message*

Secondary Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ circle: *cell, home, or message*

Email Address \_\_\_\_\_

High School Diploma, Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of School \_\_\_\_\_

Address of High School \_\_\_\_\_

GED/HiSET with scores, Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

**A copy of your high school transcript or GED/HiSET may be included with this application.**

Have you ever attended a School of Nursing?  Yes  No If yes, name and address \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Terminated \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you ever attended a college, university, or technical school?  Yes  No  
If yes, name, address, and dates attended (use additional sheet if needed) \_\_\_\_\_

Have you had training in the Armed Forces?  Yes  No  
If yes, what training did you receive? (You may wish to attach additional pages to this application.)

What professional certifications or licenses do you hold? \_\_\_\_\_

While attending another school, did you receive financial assistance?  Yes  No

Previous Civil or College Discipline:

Have you ever been suspended or dismissed from any school, college or university for academic or disciplinary reasons?  Yes  No

Have you ever been placed on academic or disciplinary probation?  Yes  No

If you answered yes to either of the above questions, please explain:

---

---

**TO ENSURE COMPLIANCE WITH THE NURSING PRACTICE ACT, SECTION 335.011 THROUGH 335.096,  
ANSWER THE FOLLOWING QUESTIONS:**

Have you ever been convicted, adjudged guilty by a court, plead guilty, or nolo contendere to any crime, (excluding traffic violations)?  Yes  No If yes, explain:

---

Have you ever been convicted, adjudged guilty by a court, plead nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol?  Yes  No If yes, explain:

---

**All students must comply with the Missouri Nurse Practice Act sections 335.046, 335.066 and 335.081 and Missouri Code of State Regulations 20CSR 200-4.020(3) to sit for the NCLEX-PN Board Exam. Decision to accept or deny the application rests with the Missouri state Board of Nursing and graduation from this program does not guarantee eligibility to write the NCLEX-PN Board Exam. A copy of the Missouri Nurse Practice Act will be provided to you for your reference.**

Do you have any problems that would prevent you from providing quality medical care to patients?  Yes  No

If yes, please explain \_\_\_\_\_

---

Are you currently receiving treatment for any long-term illness(es)?  Yes  No

If yes, explain \_\_\_\_\_

---

Do you take any medications on a regular basis?  Yes  No

If yes, list \_\_\_\_\_

---

How many days have you lost from work or school in the past year? Reason for absence(s)?

---

Do you intend to apply for financial assistance? (*response optional*)  Yes  No

How do you plan to pay your tuition? (*check all that apply*) \_\_\_\_\_ Federal Pell Grant \_\_\_\_\_ A+ Schools

\_\_\_\_\_ Eligible for VA Benefits \_\_\_\_\_ Other Sources (*Identify all sources*) \_\_\_\_\_

## REFERENCES

### 3. Work Experience: (Begin with current/most recent employer)

1. Name of Employer \_\_\_\_\_ Date of Employment \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
*Street P.O. Box Route City State Zip*

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
*Name Email Address*

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Date of Employment \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
*Street P.O. Box Route City State Zip*

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
*Name Email Address*

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Date of Employment \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
*Street P.O. Box Route City State Zip*

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
*Name Email Address*

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### 3. Personal--Excluding family members

1. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street P.O. Box Route City State Zip*

How long have you known this person? \_\_\_\_\_ What capacity? \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street P.O. Box Route City State Zip*

How long have you known this person? \_\_\_\_\_ What capacity? \_\_\_\_\_

3. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street P.O. Box Route City State Zip*

How long have you known this person? \_\_\_\_\_ What capacity? \_\_\_\_\_

**You may list additional employers on a sheet of paper. We will be contacting references as desired.**

**LANGUAGE SURVEY:**

U.S. Citizen:  Yes  No      If no, do you plan to gain citizenship?  Yes  No

Is English your second language?  Yes  No

- Applicants whose native language is **not** English must document their English language proficiency by demonstrating proof of **one** of the following within the student application:

1. Have you taken the TOEFL exam?  Yes  No
2. Have you received ESLO (English as Second Language) services?  Yes  No
3. Have you received a H.S. diploma from an accredited public or private school within the U.S.?  Yes  No
4. Have you received a score of 20 or better on the English portion of the ACT?  Yes  No
5. Have you earned a C average or better in English Composition I at the college level?  Yes  No

Birth Country: \_\_\_\_\_ Birth State/Province: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth County: \_\_\_\_\_

Date Entered the United States: \_\_\_\_\_ (mm-dd-yyyy)

### **RELEASE OF INFORMATION IN REFERENCE TO STUDENT AND OTHER AGENCIES**

Waynesville Career Center's official policy on release of information about students is in accordance with the Family Educational and Privacy Act of 1974. In general, this legislation provides that a student 18 years or older or the parents of a student under 18 years of age are to be granted access to the student's school records.

Information that includes the student's name, address, telephone listing, dates of attendance, grades, and the most recent and/or previous educational agency or institution attended by the student may be released without consent of the student. Other records may not be released without permission.

I give permission for any institutions that I have previously attended to release information to WCC, when needed in regards to my school record.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

I hereby give my permission to WCC to release my student records to employers, or potential employers, and/or other educational institutions that request these records.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Students may request in writing on a semester basis that release of any or all directory information be withheld. Students should consider very carefully the consequences of any decision to withhold any category of directory information.

Student records are defined as any and all "official records." A student has the right to inspect his or her academic record and is entitled to an explanation of information that has been recorded. Documents submitted by or for the student in support of his or her application for admission or for transfer credit will not be returned to the student, or sent elsewhere. A request for transcript of other academic information from another institution of learning may be released only with written consent of the student.

**WAYNESVILLE SCHOOL DISTRICT BUILDINGS AND GROUNDS ARE ESTABLISHED AS A SMOKE FREE ENVIRONMENT.**

### **APPLICANT ESSAY (RETURN with Application)**

*This section is part of your admissions file, and will be reviewed by the selection committee.*

### **WRITE IN YOUR OWN HANDWRITING: "Why I Want to be an LPN"**

*Please write on lined paper, and submit with your application.*

### **Demographic Information**

This information is confidential. It is **not used** in the admission decision, and will not be released except as group statistics for federal, state and other reports. Questions regarding gender, race and marital status are important in determining the effectiveness of efforts related to the provision of equal educational opportunity. The providing of this information is optional and your answers **will not** be used in determining admission status.

Is the student's ethnicity Hispanic?  Yes  No Race:

\_\_\_\_\_ White, Non-Hispanic      \_\_\_\_\_ Black, Non-Hispanic      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Native American or Alaskan Native      Other \_\_\_\_\_

### Confidential Release Waiver

Personal references are given assurance of confidentiality. For this reason we are requesting the following waiver agreement be signed. This is necessary in order to comply with Federal Law PL93-380, regarding confidential letters and statements of recommendations submitted by the references on your behalf.

I, \_\_\_\_\_ hereby waive my right to see the personal/professional letters of reference from people I have listed as references on my application for admission to Waynesville School of Practical Nursing Program. I do give permission for the selection committee to have full access to this confidential information during the admission process.

### **Notice of Non-Discrimination**

Applicants for admission and employment, students, parents of elementary and secondary school students, employees, sources of referral of applicants for admissions and employment, and all unions or professional agreements with Waynesville School of Practical Nursing Program are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission or access to or treatment of employment in its programs and activities. Any person having inquiries concerning the Waynesville School of Practical Nursing Program's compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Assistant Superintendent for Special Services, Board of Education Office, 200 Fleetwood, Missouri, (573) 842-2094. The Assistant Superintendent of Special Services has been designated by Waynesville R-6 District to coordinate the institution's effort to comply with the regulations implementing Title VI, Title IX, and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, or section 504.

The information I have given on this application form is true and complete to the best of my knowledge\*.

**\*Any misrepresentation, falsification or omission of information or any other attempt to deceive a school is cause for either denial of selection for admission or dismissal from enrollment.**

My signature represents: I have read, understand, and agree to adhere to the policies and procedures of the admission criteria for the Waynesville School of Practical Nursing Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HOW DID YOU HEAR ABOUT WAYNESVILLE SCHOOL OF PRACTICAL NURSING PROGRAM?**

*Please check all that apply:*

\_\_\_\_\_ High School Counselor      If so, which \_\_\_\_\_  
\_\_\_\_\_ Career Fair or Presentation      If so, which \_\_\_\_\_  
\_\_\_\_\_ Friend      If so, which \_\_\_\_\_  
\_\_\_\_\_ Other      If so, which \_\_\_\_\_  
\_\_\_\_\_ Facebook  
\_\_\_\_\_ Waynesville Career Center Website  
\_\_\_\_\_ Sign

## WAYNESVILLE SCHOOL OF PRACTICAL NURSING

**Full Approval Status by the Missouri State Board of Nursing**

-----

**Approved by the Missouri Department of Elementary & Secondary Education**

-----

**Waynesville School of Practical Nursing is Accredited by the  
Council on Occupational Education**

7840 Roswell Road, Building 300, Suite 325  
Atlanta, GA 30350

Telephone: 770-396-3898/ Fax: 770-396-3790

[www.council.org](http://www.council.org)