



**Center for Adult & Community Services  
450 Mamaroneck Ave, 2<sup>nd</sup> Floor  
Harrison, NY 10528  
914.592.0849  
[adulted.swboces.org](http://adulted.swboces.org)**

## **PRACTICAL NURSING APPLICATION PACKET**

Welcome...

Thank you for your interest in the Southern Westchester BOCES Practical Nursing Program. Below are the pre-admission guidelines:

- SW BOCES offers a required Practical Nursing Information Session that provides important Program information. Attendance at one Information Session is mandatory prior to submitting your completed Practical Nursing Application. There is a \$10 Registration Fee for this Session. To register for an Information Session, go to our website at: [adulted.swboces.org](http://adulted.swboces.org). Register early, seats are limited.
- To enroll in a C-NET/PNAT Preparation Course, go to our website at [adulted.swboces.org](http://adulted.swboces.org)
- The *Pre-Nursing Assessment-PN Study Guide*, which will help prepare you for our PN Program Entrance Exam, can be purchased from our office. If you are enrolling in the PN Preparation Course, do not purchase the Study Guide as this will be included in the Prep Course tuition.
- For Financial Aid information, call Ms. Ayers at 914-592-0849, Ext. 3152, or see our Financial Aid packet on our website [adulted.swboces.org](http://adulted.swboces.org)
- For more information or questions about our PN Program, call Ms. Dos Santos at 914.592.0849, Ext. 3168.

We are here to help you and hope to see you soon!

The SWBOCES Practical Nursing Program Staff

**SW BOCES CENTER FOR ADULT & COMMUNITY SERVICES  
2020 PRACTICAL NURSING PROGRAM APPLICATION  
FILING DEADLINE: APRIL 15, 2020**

**PLEASE COMPLETE ALL OF THE FOLLOWING  
INCOMPLETE APPLICATIONS ARE NOT ACCEPTED**

TODAY'S DATE \_\_\_\_\_ I UNDERSTAND THAT ONLY FULL-TIME DAY CLASSES ARE BEING OFFERED

SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_  MALE  FEMALE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME # CELL # WORK #

EXAM DATE REQUESTED: \_\_\_\_\_

Refer to our website for test dates and times at: [adulted.swboces.org](http://adulted.swboces.org), Click on "PN Program".

PN PREP CLASS STUDENTS PLEASE CHECK HERE  (Prep students will have their own exam dates)

**EDUCATION** - List below all Schools and Career Training Programs attended, starting with High School.

NAME/LOCATION OF SCHOOL	DATES ATTENDED	DEGREE/CERTIFICATE/CREDITS

**EMPLOYMENT** - List below your work experience starting with your current position.

NAME/LOCATION OF EMPLOYER	DATES OF EMPLOYMENT	JOB HELD

ARE YOU A U.S. CITIZEN? YES  NO  If NO, you must answer the following questions:

ARE YOU A PERMANENT RESIDENT? YES  NO

If YES, enter your permanent RESIDENT CARD NUMBER: \_\_\_\_\_

WERE YOU PREVIOUSLY ACCEPTED OR ENROLLED IN THE SOUTHERN WESTCHESTER BOCES PRACTICAL NURSING PROGRAM, OR ANY OTHER PRACTICAL NURSING PROGRAM? YES  NO

IF YES, PLEASE DESCRIBE WHY YOU LEFT: \_\_\_\_\_

### PRE-ADMISSION STATEMENT

#### PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I CERTIFY THAT ALL INFORMATION I HAVE GIVEN IN THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. (ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF SWBOCES AND WILL NOT BE RETURNED).

I ACKNOWLEDGE THAT I AM ONLY PERMITTED TO TAKE THE C-NET/P-NAT EXAM ONCE PER YEAR.

I UNDERSTAND THAT OMISSIONS AND MISSTATEMENTS IN THIS APPLICATION MAY BE GROUNDS FOR REJECTION OR DISMISSAL, AND THAT MY ACCEPTANCE IS SUBJECT TO VERIFICATION OF REFERENCES.

I ALSO UNDERSTAND THAT ADMISSION TO THE SOUTHERN WESTCHESTER BOCES PRACTICAL NURSING PROGRAM IS CONDITIONED UPON MY ABILITY TO ESTABLISH EMPLOYMENT ELIGIBILITY UNDER THE IMMIGRATION REFORM & CONTROL ACT OF 1986.

I AM AWARE IF NOT A CITIZEN, A PERMANENT RESIDENT CARD WITH A CURRENT USCIS NUMBER IS REQUIRED BY FEDERAL LAW AND THE REGULATIONS OF THE COMMISSIONER OF EDUCATION (8 NYCRR 59.4)

I AM AWARE THAT THE \$10 INFORMATION SESSION FEE AND THE \$155 APPLICATION FEE ARE NON-REFUNDABLE.

I AM AWARE THAT FINAL ACCEPTANCE DECISION IS BASED ON C-NET/P-NAT EXAM SCORES, AND APPLICATION.

I UNDERSTAND BY SUCCESSFULLY COMPLETING THE SOUTHERN WESTCHESTER BOCES PRACTICAL NURSING PROGRAM I CAN EARN A PRACTICAL NURSING LICENSE BY PASSING THE NATIONAL COUNCIL LICENSING PRACTICAL NURSING EXAM (NCLEX-PN). *STUDENTS ARE ULTIMATELY RESPONSIBLE FOR KNOWING ANY REGISTRATION OR LICENSURE REQUIREMENTS IN THE STATE IN WHICH THEY SEEK LICENSURE. NOTE: INDIVIDUALS WITH A HISTORY OF A MISDEMEANOR AND/OR FELONY CONVICTION MAY NOT BE ELIGIBLE FOR PARTICIPATION IN CLINICAL ROTATIONS OR NEW YORK STATE LICENSURE. THREE HUNDRED (300) HOURS OF CLINICAL EXPERIENCE ARE REQUIRED FOR COMPLETION OF THE SWBOCES PRACTICAL NURSING PROGRAM. PLEASE REFER TO THE NEW YORK STATE EDUCATION DEPARTMENT OFFICE OF THE PROFESSIONS [www.op.nysed.gov](http://www.op.nysed.gov)*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

#### SWBOCES NON-DISCRIMINATION POLICY

The Southern Westchester Board of Cooperative Educational Services, its officers and employees, does not discriminate against any individuals, including but not limited to students, employees or applicants on the basis of race, color, national origin, ethnicity, religion, creed, sex, gender (including gender identity and gender expression), sexual orientation, disability, age, citizenship status, marital status, partner status, genetic information, predisposing genetic characteristics, weight, military status or service, political affiliation, or domestic violence victim status. This policy of nondiscrimination includes access by students to educational programs; counseling services for students; course offerings and student activities; recruitment, appointment and promotion of employees; and employment pay and benefits. This policy also provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding this policy should be directed to the Compliance Officers at Southern Westchester BOCES, 17 Berkley Drive, Rye Brook, NY 10573. (914) 937-3820.

#### Civil Rights Compliance Officers

Suzanne Doherty, Director, Human Resources  
17 Berkley Drive, Rye Brook, NY 10573  
914.937.3820 [complianceofficer@swboces.org](mailto:complianceofficer@swboces.org)

Stephen Tibbetts, Assistant Superintendent for Business & Administrative Services  
17 Berkley Drive, Rye Brook, NY 10573  
914.937.3820 [complianceofficer@swboces.org](mailto:complianceofficer@swboces.org)

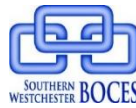
**TITLE IX AND SECTION 504:** Any citizen, student or employee who feels that s/he or her/his rights under Title VI, VII, IX/ EEO, Section 504/Americans with Disabilities Act (ADA) or the Boy Scouts of America Equal Access Act have been violated by the BOCES or its officials should direct all complaints to the Compliance Officer at Southern Westchester BOCES, 17 Berkley Drive, Rye Brook, NY 10573. 914.937.3820.

*Students who require instructional accommodations are requested to contact a Vocational Advisor as soon as possible, but not less than 30 days prior to the beginning of the semester. Southern Westchester BOCES needs a minimum of 30 days to arrange for reasonable accommodations if so required. Please contact the office at 914.592-0849 to reach our Vocational Advisors.*

#### Section 504/ADS Coordinator

Thomas R. Briggs, Director, Facilities & Operations  
17 Berkley Drive, Rye Brook, NY 10573 914.937.3820 [tbriggs@swboces.org](mailto:tbriggs@swboces.org)

Complaints can also be filed with: US Dept. of Education, Office of Civil Rights  
32 Old Slip, 26<sup>th</sup> Floor, NY, NY 10005-2500 P 647.428.3800; F 646.428.3843  
Email: [ocrnewyork@ed.gov](mailto:ocrnewyork@ed.gov)



## CENTER FOR ADULT & COMMUNITY SERVICES

450 Mamaroneck Avenue 2<sup>nd</sup> Floor  
Harrison, New York 10528  
(914) 592-0849 · fax (914) 592-1325

### APPLICATION DEADLINE APRIL 15, 2020

#### 2020 – 2021 PN Exam and Admission Process

This Checklist must be included with your PN Application

- 1. **Attended Mandatory “PN Information Session” on: (Enter Date):** \_\_\_\_\_
  - 2. **Completed and Signed Application**
  - 3. **Non Refundable Application Fee of \$155 Payable by credit/debit card, bank check or money order**  
(personal checks and/or cash are not accepted)
  - 4. **Two Valid and Current, Non-Expired, Forms of Photo Identification**
  - 5. **Social Security Card (*original must be presented to front office staff*)**
  - 6. **HS Diploma Requirement – *\*must present one of the following:***
    - a) **Official US HS Transcript - with official school seal, in a closed envelope & indicating a graduation date**  
*\*Note: SWBOCES will not accept online/distance learning diplomas or diplomas not issued thru a State Education Dept.*
    - b) **Official GED/HSE – *must present original*** - copy will be made to include with application. Official copies may be obtained at: <http://www.acces.nysed.gov/common/acces/files/hse/attachmeth.pdf>
- Note:** The New York State High School Equivalency Diploma Based on Earned College Credit is awarded to candidates who have completed 24 credits as a recognized candidate for a degree or a certificate at an approved institution. Use the following webpage to access Attachment J if you have 24 college credits but do not have a High School Diploma: <http://www.acces.nysed.gov/common/acces/files/hse/attachmentJ.pdf>
- c) **Original Evaluated Foreign HS Diploma** – foreign diplomas must be evaluated by an acceptable certifying body, and certified in writing to be equivalent to a US High School Diploma (copy will be made to include with application). **The Official Foreign High School Transcript must also be submitted.**  
Foreign HS Diploma Evaluation Organizations include but are not limited to:
    - World Education Services, [www.wes.org](http://www.wes.org) (800) 937-3895
    - Globe Language Services, Inc., [www.globelanguage.com](http://www.globelanguage.com), (212) 227-1994
    - Evaluation Services, [www.evaluationsservice.net](http://www.evaluationsservice.net), (847) 477-8569
- 7. **Two Original Professional Letters of Reference** – on professional letterhead, signed, dated and presented in a sealed envelope. (Copies and/or Employment verification letters are not acceptable)
  - 8. **Current, Non-Expired, Permanent Resident Card** – when applicable
  - 9. **Completion of FAFSA form, if applicable, <http://fafsa.gov>**

**“I understand that to be eligible for acceptance into the SW BOCES PN Program, all of the required information must be complete, valid and on file. I further understand that to be eligible for the N-CLEX examination, I must have on file one of the following: Official US HS Transcript, Official GED/HSE diploma, or a Foreign HS Evaluation equivalent to a US HS diploma. I further understand that no application monies will be refunded due to my inability to obtain such documentation prior to my registered entrance exam test date.”**

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**Applicant Signature**

**Applicant Name (Print)**

**Date**

*All documents submitted become the property of SWBOCES and cannot be returned*

January, 2020