

PITC INSTITUTE

140 South Easton Rd., Glenside, PA 19038 Phone: (215) 576-5650 Fax: (215) 576-5652

Web-Site: www.pitc.edu E-Mail: info@pitc.edu

Admissions Application

Date: _____

1. Full Name: _____
Last First Middle Former/Prevoius Last Name

2. Social Security Number: _____

*3. Gender: Male Female

*4. Ethnic background: Caucasian African-American Latino Asian American Indian
Or Alaskan Other

*Provision of this information is voluntary and will not affect consideration of your application. The response is used solely for compliance with civil rights laws.

5. Permanent Address (This address will be used for all correspondence)

Street Apartment

City State Zip code

6. Telephone: _____
Home Work Cell

7. Date of Birth: _____ E-Mail: _____

8. Citizenship: USA Other (specify country): _____

Green Card # _____ What type of visa do you presently hold? _____

9. If you claim Pennsylvania as your legal residence, how long have you lived continuously in Pennsylvania?
_____.

10. Do your parent(s) live in Pennsylvania? Yes No

11. Mother's Name _____
Last First
Home Address _____
(If different from yours) Street City State Zip code

12. Father's Name _____
Last First
Home Address _____
(If different from yours) Street City State Zip code

13. Did you graguate from High School? Yes No Year of Graduation _____

If yes, then give name and address of High School _____

14. Do you have a GED? Yes No

15. Please list all colleges that you have attended or are attending.
List the most recent college first and give attendance dates.

College: _____ City/State: _____ From: _____ To: _____

16. Do you have a bachelor's degree? Yes No If yes, please name your major: _____

17. Spouse's info: name: _____ Address: _____
Telephone no: _____ Email: _____

18. Indicate any significant activities and/or achievements in or outside school.

19. List any current or recent jobs including full time, part time, and/or summer work.

20. Where did you hear about us? _____

21. Emergency Contacts:

(i) Name: _____ Relation: _____ Telephone: _____
Address: _____ Email: _____

(ii) Name: _____ Relation: _____ Telephone: _____
Address: _____ Email: _____

22. Are you a member of the U.S. Armed Forces? Yes No

23. Are you eligible for Military Tuition Assistance Benefits? Yes No

24. Are you eligible for any CareerLink/TAA funds? Yes No

25. Will you be applying for federal financial aid? Yes No

26. Will you be receiving tuition reimbursement from your company/job? Yes No

I understand that any information and documents provided to PITC for the admission process will be discarded unless the student is admitted to the school. School is not responsible for keeping the documents I have provided to the school. I understand that I should provide only photocopies and not the original of any documents provided to the school. I further understand that the student loan is based on my credit history or the credit history of my co-signer, and I may not be able to get any loan if the credit history is not acceptable to the financing institution. However, the \$50 application fee and any testing fee is non-refundable in all cases.

PITC Institute's Practical Nurse Program is in Provisional Status by PA Board of Nursing (BON) since November 19, 2013, due to NCLEX pass rate being below 80% (our score was 78.69%) from October 1, 2012 to Sep. 30, 2013 examination year. According to the BON regulations, "A period of 2 years will be the maximum time period allowed for the correction of deficiencies that returns the program to compliance with the Board's regulations. A program may petition the Board for extension of the maximum period and Board may, by majority vote, extend the period for good cause demonstration by the program."

PENNSYLVANIA BOARD OF NURSING LAWS REGARDING A CONVICTED PERSON

The board 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 relating to a controlled substance in a court of law of the United States or any other state, territory or country unless:

At least ten (10) years have elapsed from the date of conviction; the applicant satisfactorily demonstrates to the board that he has made significant progress in personal rehabilitation since the conviction such that licensure of the application 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 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.

How did you hear about us? (Please circle):

- 1. Online search (Google, Yahoo, Bing, Etc.)
- 2. Friend/Word of Mouth
- 3. Metro
- 4. Employment Weekly
- 5. Career Link
- 6. Radio Station (Wired 96.5, Power 99, Mega 1310am)
- 7. Russian Newspaper
- 8. Flyer (where): _____
- 9. Russian Newspaper
- 10. Al Dia
- 11. Other: _____



X _____
Applicant's Signature Date

Form revision date: 8/26/13