



Preferred College of Nursing, LA

3424 Wilshire Blvd., Suite 1100, Los Angeles, CA 90010

Office: (323) 857-5000 Fax: (323) 857-5010

www.pcsla.com

Registration Application

Today's Date / /

APPLICANT INFORMATION			
Last Name	First	M.I.	Maiden Name
Street Address		Apartment/Unit #	
City		State	ZIP
Home Phone	Cell Phone	E-mail Address	@
D.O.B / /	Social Security No. - -	Drivers License No.	State:
Emergency Contact		Emergency Phone	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

EDUCATION			
High School Attended		City	State
From	To	Did You Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diploma <input type="checkbox"/> GED or Its Equivalent
College Attended		City	State
From	To	Did You Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other		City	State
From	To	Did You Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Do you read and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you read at least at a fifth grade level? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL INFORMATION			
Program Applying for:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	Proposed Start Date: / /
Are you interested in receiving financial aid?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever received financial aid at another school?			<input type="checkbox"/> YES <input type="checkbox"/> NO

VIOLATIONS (IF ANY)	
Have you ever been convicted by any court of a crime other than a minor traffic violation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been previously cleared of prior convictions by the California Department of Public Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If you answer "yes" to any of the above, you must supply the following information to the California Department of Public Health, Nurse Assistant and Home Health Aide Certification Unit (Enforcement Unit) P.O. Box 942732, Sacramento, CA 94234-7320 and/or the Board of Vocational Nursing and Psychiatric Technicians at 2535 Capitol Oaks Dr., Sacramento, CA 95833-2945 when applying for the NCLEX-PN Board Examination:</p> <ul style="list-style-type: none"> • Statement of facts, i.e. date(s) and nature of the incident(s) • Disposition of the case (provide court papers) • Current Status • Letters from your probation officer (if applicable) • Letters of recommendation (if applicable) 	



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APPLICANT INFORMATION

Name

Social Security No. (last 4 digits)

PLEASE TELL US WHY YOU SHOULD BE RECOMMENDED FOR ACCEPTANCE

APPLICANT SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

For official use only

SCHOOL ENTRANCE TEST FORM

Scores ____/____/____

Date(s)

ADMISSIONS REPRESENTATIVE RECOMMENDATIONS (FOR OFFICIAL USE ONLY)

Admission Signature

Date