



# TECHNICAL CERTIFICATE IN PRACTICAL NURSING (PN) APPLICATION

LIMITED ACCESS HEALTH PROGRAMS: PSVC-PN

JANUARY ADMISSION: Oct 1 – Oct 15

North Campus (Day)

West Campus (Evening)

Location Assigned by Nursing

## IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office no later than 4 p.m. on the deadline date. Once an application packet is submitted, it cannot be amended. Prior to submitting this limited access application to the Admissions and Student Records Office, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

**Reminder:** Please provide a clear, enlarged copy of your driver’s license (must be active and valid) and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist. All materials should be submitted together either by emailing admissions@phsc.edu or via USPS mail to:

PHSC Admissions  
10230 Ridge Road  
New Port Richey, FL 34654

## PLEASE COMPLETE

LAST NAME FIRST NAME MIDDLE NAME

STUDENT ID PHSC STUDENT EMAIL ADDRESS PREVIOUS NAMES

ADDRESS

CITY STATE ZIP CODE

( ) ( ) ( )

HOME PHONE WORK PHONE CELL PHONE

## APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, selection process, and other information concerning the Practical Nursing program at PHSC. I understand that OFFICIAL correspondence will be sent only to my PHSC student email address listed above.

SIGNATURE

DATE

FOR OFFICE USE

FOR COLLEGE STORE USE

DATE STAMP:

	DATE: _____ CASHIER: _____
	RECEIPT NO: _____
	AMOUNT: _____