APPLICATION FEE: $20.00 made payable to Reynolds Memorial Hospital, Inc.
Enclosed with completed application form.

Application For Entrance To The B. M. Spurr School Of Practical Nursing

B. M. Spurr School of Practical Nursing
800 Wheeling Avenue
Glen Dale, West Virginia 26038

For Office Use Only
Application received _____
Application Fee Paid _____
References Sent _____
References Received (1) (2) (3) _____
H.S. or GED _____
College Transcript _____
NET Scheduled _____
_____
Interview Scheduled _____
Physical Scheduled _____
Repeat Lab/X-ray _____
Accept/Reject _____
Registration Fee Paid _____

1. Name _____
Last First Middle

2. Address _____
Street and Number

_____
City State County Zip

3. Telephone number _____ 4. Social Security Number _____

5. Education:

a. High School attended _____

Date of Diploma _____ If you did not finish the 12th grade, did you take the GED Exam?

If yes give date _____

b. Request high school/GED transcript be sent to the B. M. Spurr School of Practical Nursing. Yes____ No___

c. If you have ever attended any school of nursing or college give the following information:

Name of School or College _____

City and State _____ Date of Entrance _____

Date of Leaving _____ Reason _____

Transcript of record to be sent to the B. M. Spurr School has ( ) has not ( ) been requested.

d. Name used while attending school if other than one listed above (maiden) _____

6. If you have been employed give the following information beginning with the most recent employers:

_____

Your employer Name of firm Date and reason for leaving

_____

Your employer Name of firm Date and reason for leaving

_____

NOTE: The B. M. Spurr School of Practical Nursing exists to educate students, who meet the admission criteria, without discrimination, in regard to age, religion, creed, ethnic origin, marital status, race, gender/sex or disability which does not interfere with attainment of program objectives.

7. Give the first and last name and current address of three persons, **not relatives or friends**, for personal references, such as school teachers, counselors, employers.

NAME ADDRESS (street, box number, zip code)

_____

_____

_____

8. Where did you first learn about the B. M. Spurr School of Practical Nursing?

9. Will it be necessary for you to apply for financial aid?

10. State reasons for being interested in practical nursing?

11. List the activities and hobbies you most enjoy.

12. What are your future plans?

13. Have you ever been convicted of a **crime**?_____

NOTE: Chapter 30, Article 7A, Section 10, Code of West Virginia. Disciplinary proceedings; grounds for discipline, states... The board shall have the right, in accordance with rules and regulations...to refuse to admit an applicant for the licensure examination..., and also to revoke or suspend any license to practice practical nursing, or to otherwise discipline a licensee upon satisfactory proof that the person; (1) is guilty of fraud or deceit in procuring or attempting to procure a license to practice practical nursing; or (2) is convicted of a felony or misdemeanor; or (3) is habitually intemperate or is addicted to the use of habit-forming drugs; or (4) mentally incompetent; or (5) is guilty of professional misconduct as defined by the Board; or (6) who practices or attempts to practice without a license or who willfully or repeatedly violates any of the provisions of this article.

DATE _____ SIGNATURE _____

Revised: 5/81, 9/90, 3/93, 3/94, 3/96, 4/98, 4/00, 4/01,
Reviewed: 2/82, 8/85, 8/87,