

**SALINE COUNTY CAREER CENTER  
PRACTICAL NURSING PROGRAM APPLICATION**

2295 South HWY 65  
MARSHALL MO 65340  
660-631-8781 Office  
(PLEASE PRINT)

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Applicant Last Name	First Name	Middle	Maiden
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Address	City	State	Zip
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Home Phone	Work Phone	Other
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Cell Phone	Email Address
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Do you give permission for us to use cell number for text & phone communication?  No)  Yes)

Do you have a High School Diploma?  No)  Yes) Date \_\_\_\_\_ State \_\_\_\_\_

Name & Address of High School \_\_\_\_\_

Do you have a GED?  No)  Yes) Date \_\_\_\_\_ State \_\_\_\_\_ Certificate \_\_\_\_\_

***The Missouri State Board of Nursing determines eligibility for a license. Section 335.066, RSMo, lists reasons for which you may be denied a nursing license.***

***TOEFL Score: International students, students who have English as a second language or who do not speak English as a primary language at home are required to take the International Student examination prior to the application deadline (International and ESL applicants are required to have a minimum score of 100 on the Test of English as a Foreign Language (TOEFL) (internet based). Overall composite score must be a 90.***

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I hereby certify that my answers to all questions herein are true and complete:

Saline County Career Center has my permission to communicate with present and past employers, (except as indicated previously) and the schools I have attended, in determining my qualifications for acceptance.

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Applicant Signature	Date
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Have you ever been enrolled in any nursing program before? \_\_\_\_No) \_\_\_\_Yes)

IF yes, Location \_\_\_\_\_ Date \_\_\_\_\_

Reason for not completing: \_\_\_\_\_

**POST SECONDARY EDUCATION**  
(Colleges/Universities/Trade & Vocational Schools)

*List in order starting with the most recent educational institution attended.*

School	Address	Dates attended	Degree

**EMPLOYMENT HISTORY**

*List in order starting with the most recent employer.*

Name/Address of employer	Date employed	Supervisor's name/title	Your title/ reason for leaving

Please indicate any employer that you do not wish to have contacted at this time and why: \_\_\_\_\_

The Marshall School District does not discriminate on the basis of race, color, national origin, gender, age, pregnancy-related or disabling condition in admission or access to, or treatment, of/or employment in its programs and activities. Any person having inquiries concerning compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, the Pregnancy Discrimination Act and Section 504 of the Rehabilitation Act of 1973, is directed to contact: Superintendent, Marshall Public Schools, 860 W Vest, Marshall, MO 65340 (660) 886-7414.