

8. Please provide information about your health-related employment. Include any paid positions you have held in the health care field. Attach letters of proof of employment. (A letter from Human Resources with your job title and dates of employment on letterhead is sufficient). (Print out from HR database will not be accepted.)

Name of Employer	City and State	Dates of employment (mo/yr)	Position Held	Supervisor and Phone Number

9. List all other employment. Include any paid positions you have held that were not listed above.

Name of Employer	City and State	Dates of employment (mo/yr)	Position Held	Supervisor and Phone Number

10. Please list your volunteer experience. Include any practicums or on-the-job training.

Name of Employer	City and State	Dates of employment (mo/yr)	Position Held	Supervisor and Phone Number

13. Satisfactory progress through the Practical Nursing Program requires regular attendance in class and clinical, as well as study time outside of class. Clinical hours may include evenings and weekends. Are you willing to commit to the prescribed hours and course study?

14. Optional Data (for statistical purposes only)

Ethnic Background

Black non-Hispanic Asian or Pacific Island Hispanic

White non-Hispanic Native American Other

Gender:

Male Female

15. Note: To be licensed as a Practical Nurse in the state of Utah, the application must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony, treated for mental illness or substance abuse should discuss their eligibility with the Utah State Board of Nursing (801-530-6628). Acceptance and completion of the OWATC Practical Nursing Program does not assure eligibility to sit for the practical nursing licensure exam. The Utah State Board of Nursing makes the final decisions on issue of license to practice nursing in the state of Utah.

I do hereby certify the statements in this application are true and complete to the best of my knowledge. I understand that falsifying information on this application may be grounds for dismissal.

Signed _____ Date _____

“Diversity encompasses acceptance and respect which means understanding that each individual is unique, and recognizing and appreciating our individual differences.”

In compliance with the American with Disabilities Act, persons needing auxiliary communicate aids and services should call the Office of Diversity at (801)627-8452(TDD number (801)627-8308), allowing at least 48 hour advance notice.