

Western Suffolk BOCES
Postsecondary Health Careers
152 Laurel Hill Road, Northport, NY 11768
(631) 261-3721

Admissions Application

Please Type – Application will be kept on file for one year. Submit your application via email to: **admissions@wsboces.org**.

Program of Application:

Practical Nursing (Day) ☐ Practical Nursing (Evening) ☐ Surgical Technology ☐
Diagnostic Medical Sonography ☐ Radiologic Technology ☐

Name: _____
Last Name First Name Middle Name

Other name under which school or work record would be recorded: _____

Home Address: _____ **City:** _____ **Zip:** _____

DOB: _____ **Telephone:** _____ **Email:** _____

Pre-Entrance TEAS Examination Date: _____

Education: Please send all official transcripts to Western Suffolk BOCES Health Careers, 152 Laurel Hill Road, Northport NY 11768

Institution	Name	Address	Credential/ Degree	Year Graduated
High School				
Colleges/Universities				
Technical Programs				
Other				

Foreign educated students should contact (631)261-3721 for more information on obtaining a transcript evaluation.

Work Experience: (List most recent first)				
Job Title	Employer Name	Address	Position Held	Dates Employed
1.				
2.				
3.				

References: (Non-Relative) Two Business or Academic, One Personal				
Name	Title	Company	Email	Relationship to Applicant
1.				
2.				
3.				

I certify that all of the information submitted on this application is correct.

I have advised the school of any past criminal record, history of substance abuse, proven patient abuse or other conditions that would potentially impact upon my performance in the clinical setting.

I understand that the \$100 application fee is non-refundable.

Signature: _____ **Date:** _____

Non-Discrimination Notice

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