# **APPLICATION FOR ADMISSION**



TYLER COUNTY HOSPITAL

ATTN: LVN SCHOOL

SCHOOL OF VOCATIONAL NURSING

1100 W. BLUFF

2025

WOODVILLE, TEXAS 75979

The following Items must be returned with the application

Application completed and legible Copy of High School Diploma, transcript showing graduation or GED Essay Topic - What has inspired me to pursue nursing. Guidelines - Must be 1 - 2 pages double spaced. May be handwritten but must be legible May be typed - Font - Times New Roman or Calibri MESI or TEAS scores (Must be within a year of application) OR HESI Fee \$50 (If taking HESI at our facility) Application Fee \$10 TYLER COUNTY HOSPITAL

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2025

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1100 W. BLUFF WOODVILLE, TEXAS 75979

**Instructions**: Please fill out with black ink in your own handwriting. All documents submitted to the school become part of the official files.

## **STUDENT INFORMATION**

Legal Name - Must be the exact name that appears on state issued ID

Last		First		Midd	e		Suffix
Date of Birth	/	/	/ Social Security Number				
Phone number			Alternate number			-	
Email address <i>Print carefully, distinguis</i> Mailing Address	hing bet	tween capital and	lower case letter	rs, numbers, das	hes and under	 scores.	
No. and Street Physical Address - If dif	ferent j		City dress	County		State	Zip
No. and Street Emergency Contact Info	ormatio		<sup>City</sup> lative <u>not</u> living	County g with you		State	Zip
No. and Street			County	State	Zip	Phone	
EDUCATION / HEALTH CARE EXPERIENCE   Secondary: Image: High School Diploma   Post-secondary: Image: College or University			oma	GED Home Schooled			Schooled
Name and Location of S	School:						
Dates Attended (MM/Y	′R:	From	/	То	/		
Type of Diploma/Degree: Field of Study:							
Graduated:		YES 🗌 NO					
Certifications:		CNA	Current:	Yes / No	Exp Date:		/
		СМА	Current:	Yes / No	Exp Date:		/
		Phlebotomist	Current:	Yes / No	Exp Date:		/



## TYLER COUNTY HOSPITAL SCHOOL OF VOCATIONAL NURSING APPLICATION

#### EMPLOYMENT HISTORY: Name, address, and phone number of last three employers and dates of employment.

Employer	Dates of Employment	to
Address	Job Duties	
Job Title		
Employer	Dates of Employment	to
Address	Job Duties	
Job Title		
Employer	Dates of Employment	to
Address	Job Duties	
Job Title		

#### AUTHORIZATION

Your signature below confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

			/	/	
Signature of Applicant		Da	te		
For Office use Only					
Date application was received:	/				
Date testing letter was mailed:	/				
BON Background:	/				
Testing Date:	/				
TCH Background:	/				
Interview Date:	/ /				