



**Emerald Coast Technical College  
Practical Nursing Program**

<b>College or University:</b>					

**LICENSES & CERTIFICATION**

<b>Type</b>	<b>Issued by Which State or Agency?</b>	<b>License/Cert. Number</b>	<b>Date Issued/Expired</b>

**CONTACT INFORMATION**

Please provide information about three people who will always know where to locate you:

	Name	Mailing Address	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**HEALTH RELATED WORK EXPERIENCE and/or VOLUNTEER EXPERIENCE**

**1. Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
                     Street & Number                      City                      State

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
   Mo./Yr.                      Mo./Yr.

Reason for Leaving: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**2. Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
                     Street & Number                      City                      State

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
   Mo./Yr.                      Mo./Yr.

Reason for Leaving: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**3. Employer** \_\_\_\_\_

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Practical Nursing Program**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street & Number City State

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Nature of your Job Duties: \_\_\_\_\_  
Mo./Yr. Mo./Yr.

Reason for Leaving: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**\*Use additional sheets if necessary**

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**PLEASE READ AND SIGN THE FOLLOWING**

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, omission, or falsification of information is cause for denial of admission to the program. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the programs in the Health Sciences Division. I further understand that background checks and drug screening are routinely required at most clinical facilities prior to the student being allowed clinical placement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**RETURN APPLICATION TO:**  
Emerald Coast Technical College  
761 N. 20th Street  
DeFuniak Springs, FL 32433

**IN CASE OF EMERGENCY NOTIFY:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Emerald Coast Technical College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status.

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