

MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM
1050 Westminster Street
Fitchburg, MA 01420
978-345-9200, ext. 5107

2022 - 2023 APPLICATION FOR ADMISSION

Process for Application for Admission to the PN Program
DUE NO LATER THAN 4:00P.M. ON MAY 6, 2022

- ** Complete this application form and submit with a **non-refundable \$50 application fee.**
(money order, *official* bank check, charge card accepted **PERSONAL CHECKS NOT ACCEPTED**)
- ** Successfully complete the required TEAS entrance exam Monty Tech criteria scores between 9/1/21-6/1/22.
- ** Have three (3) reference forms completed and sent directly to the school, Attn: Practical Nursing Program.
- ** Have official sealed transcript from High School or GED agency mailed directly to Monty Tech by May 2, 2022
If high school education is from outside the U.S., please visit the Center for Educational Documentation online www.cedevaluations.com or call 617-338-7171.
May take up to 30 days--please start this process early!
All transcripts are to be sent directly to the school, Attn: Practical Nursing Program.
- ** Please include an updated Resume with your application.

An interview with the Director of the program will be scheduled only after the above requirements** have been met and all paperwork received. All interviews will be completed by June 3, 2022.

It is the responsibility of the applicant to determine that the application process is complete.

Part I: General Information: Please print clearly

Name _____
(Last name) (First name) (Middle initial)

Other last name under which records may appear _____

Address _____

City, State, Zip Code _____

Mailing address (if different from above)

Phone (_____) _____

Email _____

CPR certification: yes ____ no ____ Expiration date _____

High School (where obtained)_____

GED (where obtained) _____

Post High School or GED education (Colleges or schools attended): (please list, including dates attended and request an **OFFICIAL** College transcript sent to LPN Program):

Part II: Please complete your work and personal experiences:

Current employer:

What is/are your responsibilities?

How long have you been employed here?

Past employment: Please list your past work experiences. Include the employer's name, your responsibilities, and length of time employed:

Community or other volunteer activities:

Part III:

In the space below, in 250 words or less, please discuss why YOU believe that you should become a Licensed Practical Nurse and why the Monty Tech Practical Nursing Program should admit you to their program.

Admission policy for the postsecondary practical nursing program can be found on the Montachusett RVTS website www.montytech.net Click on our LPN Emblem.

Part IV: References

Please list the names, addresses, and phone numbers of three (3) persons who will provide a reference for you. One must be a current or past employer; **none** may be from friends or family members.

Provide these persons with a hard copy of the reference form (online) on which **you have written your name and signed the waiver release statement.** **Ask them to return it directly to the PN Program, Monty Tech, 1050 Westminster Street, Fitchburg, MA 01420.**

Name

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:



To the best of my knowledge, I have completed this application accurately and truthfully.

_____ Date

_____ Signature of applicant

Optional information: This information will not be used as a condition of admission. It is used for equal Opportunity purposes only. Please check:

White, non-Hispanic _____ White Hispanic _____ Non-white Hispanic _____ Asian _____
Native American _____ Black, non-Hispanic _____ Other (please specify) _____
Sex: Male _____ Female _____

Montachusett Regional admits students and makes available to them its advantages, privileges and courses of study without regard to race, ethnicity, color, sex, gender identity, sexual orientation, religion, national origin, or disability.