

Have you previously applied for admission to this school? Y / N When? _____

Do you have a handicapped or learning disability? Y / N
If yes, please be prepared to explain further during your interview.

What are your educational/career goals? _____

Have you ever worked in a health-related field? If yes, please list which field(s) and give a brief description of your jobs: _____

How did you hear about Care Med Educational Services, LLC? _____

If accepted, I agree to abide by the student policies and procedures in the Student Handbook. I have read the above statement and certify that the information I have provided in this application is complete and true. I understand that any omission or misrepresentation of material fact in this application may result in refusal of, or separation from admission/enrollment. I hereby authorize Care Med Educational Services, LLC to verify my physical condition, references, previous employment, criminal background and educational background.

Applicant's Signature

Date

Check List for LPN Program

- Application and Fee
- Copy of current LNA License
- Copy of drivers license
- Pre-Entrance Exam
- Criminal Record Form
- Health Examination Form
 - Current TB test or chest x-ray
 - Completed immunization record
- References
- Insurance Fee
- High School Transcript