



S.S. # (Last four digits) \_\_\_\_\_

D.O.B (MM/DD/YYYY) \_\_\_\_\_

**OAKLAND UNIVERSITY SCHOOL OF NURSING CONTINUING EDUCATION  
APPLICATION FOR PATIENT CARE TECHNICIAN PROGRAM**

**Personal Information:**

To be completed by applicant. Please print clearly.

Last Name	First Name, Middle Initial	Maiden/Surname
Street Address		
City	State	Zip Code
Cell Phone Number	Home Telephone Number	Email Address
Emergency Contact	Telephone Number	Relationship to Applicant

**Education Background:**

Did you graduate from high school or earn your GED?  Yes  No

Please list in reverse chronological order any previous school, training programs, or colleges attended.

Institution	Program of Study	Graduate Date

**Employment Background:**

Please list in reverse chronological order any current employment as well as previous employers.

Employer	Position	Location	Dates Employed

Are you a U.S. Citizen?  Yes  No - If no, do you have a Permanent Resident Card:  Yes  No

If you have a Permanent Resident Card please bring original card at time of submitting application along with your original visa card and passport.

What is your country of birth and country of citizenship? \_\_\_\_\_  
(Country of Birth) (Country of Citizenship)

**PLEASE READ BEFORE SIGNING**

I certify that all of the information set forth in this application and supporting materials is complete and accurate. If admitted, I agree to observe all of the rules and regulations of Oakland University. I understand that admission to the university is conditioned upon the accuracy of the information that I have provided on this application. Falsification or misrepresentation of the information or inaccurate information constitutes grounds for dismissal from Oakland University.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

THIS INFORMATION IS VOLUNTARY. TO FULFILL FEDERAL AND STATE REPORTING REQUIREMENTS THE SCHOOL OF NURSING IS REQUIRED TO ASK FOR THIS DATA. THE INFORMATION WILL NOT BE USED IN THE SCHOOL OF NURSING ADMISSION PROCESS.

Birth Day: \_\_\_\_\_  
Month Day Year

Gender (Check One): Male  Female

Racial/Ethnic Background (If your background is multi-cultural, indicate the category with which you most identify):

\_\_\_\_\_ White/NON Hispanic      \_\_\_\_\_ Asian/Pacific Islander      \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Black/NON Hispanic      \_\_\_\_\_ Native American/Alaskan Native      \_\_\_\_\_ Other (Please Specify)  
 \_\_\_\_\_

Oakland University, as an equal opportunity and affirmative action institution, is committed to compliance with federal state laws prohibiting discrimination, including title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 and section 504 of the Rehabilitation Act of 1973. It is the policy of Oakland University that there shall be no discrimination on the basis of race, sex, color, religion, national origin or ancestry, age, marital status, handicap, veteran status or other prohibited factors in employment, admissions or other activities.

**Student Eligibility Requirements**

<b>Eligibility Requirements – COMPLETE STEPS 1-3</b>	<b>Record on File Y/N</b>	<b>OU Staff Initial &amp; Date</b>
<b>Step #1</b>		
Completed Application		
Goal Statement: One Page (See pg. 3)		
High School Diploma or GED (Copy)		
College Transcripts/Technical School Transcripts (Official Only)		
<b>Step #2</b>		
Criminal Background Check ( <b>\$10.00</b> ) ( <a href="http://apps.michigan.gov/ichat/home.aspx">http://apps.michigan.gov/ichat/home.aspx</a> )		
<b>Step #3 –</b>		
Influenza Vaccine		
TB Skin Test		
Health Assessment		
Titers (See <b>Clinical Health Requirements Clearance Form</b> )		
10 Panel Urine Drug Screen		

\*\*For additional information please refer to <http://wwwp.oakland.edu/nursing/continuing-education/LPN/>

## **Goal Statement**

Please discuss briefly why you would like to become a Patient Care Technician and how you plan to contribute to the nursing profession (500 word count, must be professional and typed). **(Please include a copy with the Application Package)**

### **Forward Completed Application Package to:**

Oakland University School of Nursing & Continuing Education  
Patient Care Technician Program  
Attn: Admissions Department  
1360 Oakman Blvd – 2<sup>nd</sup> Floor  
Detroit, MI 48238