

Orleans/Niagara BOCES  
3181 Saunders Settlement Road  
Sanborn, NY 14132

**ADULT LPN PROGRAM**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City: \_\_\_\_\_ Telephone # \_\_\_\_\_

E-mail \_\_\_\_\_

**Education:** Circle the highest grade you completed: 9 10 11 12

Name & location of the last high school you attended:

\_\_\_\_\_

**Send an official copy of high school transcript if you graduated. If not, please send copy of your GED/TASC.**

Did you graduate? \_\_\_ Yes \_\_\_ No

If not, have you passed a GED/TASC test? \_\_\_ Yes \_\_\_ No

Indicate where and when GED/TASC was obtained: \_\_\_\_\_

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College or Trade School Name & Address	Credits Earned	Degree	Major Area of Study

**Please have official college transcript(s) sent to Sarah Pabon as shown in the mailing information.**

**Work Experience:** List last three positions held:

Employer	Street	City	State	Zip Code

Are you currently working for an 1199 Union facility? \_\_\_Yes \_\_\_ No

**Location Preference:**

\_\_\_ BOCES Orleans, 4232 Shelby Basin Road, Medina

\_\_\_ BOCES Niagara, 3181 Saunders Settlement Road, Sanborn

**Mailing Information**

Sarah Pabon  
Orleans Niagara BOCES  
3181 Saunders Settlement Road  
Sanborn, NY 14132

I certify that all information given is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NYS Licensure Information**

Have you ever been convicted of any felony or misdemeanor? \_\_\_Yes \_\_\_No

Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?

Are criminal charges pending against you in any court?

Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Are charges pending against you in any jurisdiction for any sort of professional misconduct?

Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

If you answered yes to any of these questions, you are advised to consult your lawyer regarding your ability to be licensed by New York State. I acknowledge I have been so advised.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_