

**Monmouth County Vocational School District
Practical Nursing Program
105 Neptune Blvd.
Neptune, NJ 07753
PHONE: 732-431-7245
FAX: 732-897-1676**

Basic Skills Qualifying Test – Application Form

Please print information clearly and sign the bottom of the page.

Name: Last _____ First _____

Address: Street _____

Town _____ State _____ Zip Code _____

Are you a Monmouth County resident? Yes _____ No _____

Phone #: Home# _____ Cell# _____

Date of Birth: _____ Sex: Male _____ Female _____ Other _____

Citizenship: U.S. _____ Other: (indicate country) _____

Have you ever attended another nursing program? Yes: _____ No: _____

Have you ever attended this Practical Nursing Program? Yes: _____ No: _____

Are you a High School Graduate: Yes: _____ No: _____

Is this the first time you are taking the Basic Skills Qualifying Test for the Monmouth County Practical Nursing Program?

Yes: _____ No: _____

Completion of this application will place you on the roster for the Basic Skills Test. **(No money is due at this time.)** Once a test date has been confirmed you will receive a notification letter of the date, time and place. The bottom portion of that letter **must** be returned with a check or money order payable to **MCVSD** in the amount of \$65 (Non-refundable) for the test fee. There is a \$35.00 bank fee that will be charged for any returned checks. Thank you for your interest in the Practical Nursing Program.

I certify that statements and data on this application are correct to the best of my knowledge.

Signature _____ Date: _____

The Monmouth County Vocational School District does not discriminate on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional, or sexual orientation, gender, religion, disability or socioeconomic status.