



**DIMAN REGIONAL TECHNICAL INSTITUTE**  
**School of Practical Nursing**  
 1082 Davol Street, 2<sup>nd</sup> Floor, Fall River, Massachusetts 02720  
 Telephone: (508) 672-2970  
 Website: [www.dimanregional.org](http://www.dimanregional.org)



School policy stipulates the address on application will serve to classify student as in/out of district. In district residents may be required to submit verification of address upon receipt of letter of acceptance into the program.

*School Accreditations:* Fully accredited by the Council of Occupational Education (COE) Full Approval Status from the Massachusetts Board of Registration in Nursing. For more information, please visit our website.

**PRINT INFORMATION REQUESTED, ANSWER ALL QUESTIONS**

Full Name: \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial) (Maiden Name)

Last 4 digits of Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (Street/P.O. Box) (City) (State) (Zip)

Residential Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ Work Tel. #: \_\_\_\_\_

**Education:** To complete the application, an official high school transcript indicating graduation with MCAS certification or a GED/HISET score sheet or an Official College Transcript for a degree obtained in the United States must be received. Applicants who received their high school education outside of the United States must submit an evaluation certificate from the Center for Educational Documentation (CED), or any approved Foreign Degree Credit Equivalency Agency. Documentation may be sent directly to us, or, if the applicant submits the documentation directly to us, it must be in a sealed agency envelope.

**High School/College:** \_\_\_\_\_  
 (Name) (City) (State) (Date Left) (Grade Completed)

**Have you requested your official high school/college transcript?** \_\_\_\_\_ **Date requested:** \_\_\_\_\_

**Have you taken the TEAS Test?** \_\_\_\_\_ **If yes, please list date** \_\_\_\_\_ **Location** \_\_\_\_\_

**First-Time Higher Education Student:**      **YES**      **NO**

Have you ever enrolled in courses for credit and recognized by the institution as seeking a degree, certificate, or other formal reward? \_\_\_\_\_ If yes, list college(s) \_\_\_\_\_

\*\*\**Educational Certificates may accompany application*

Have you ever attended a School of Practical Nursing?      **YES**      **NO**  
 Where? \_\_\_\_\_  
 (Date Entered) (Date Left)

Address \_\_\_\_\_  
 (City) (State) (Country) (Zip)

Reason the course was not completed: \_\_\_\_\_

## WORK EXPERIENCE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Are you or any member of your immediate family an active military member, U.S. Veteran or a survivor of a U.S. Veteran? \_\_\_\_ YES \_\_\_\_ NO**

**ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$25.00 NON-REFUNDABLE APPLICATION FEE**

**AND CAN BE SUBMITTED IN PERSON OR BY MAIL - FAXED APPLICATIONS WILL NOT BE ACCEPTED!**

Signature of Applicant: \_\_\_\_\_

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

Which Program are you applying for?  Full-time Day  Part-time Day  Part-time Evening

### **Essay must include both topics:**

- Your reason for wanting to become a practical nurse.
- Your reason for applying to this school of Practical Nursing.

*(Your essay **must** be word processed on a separate sheet otherwise will not be accepted. Be sure to include your name and date on the essay.)*

For office use only:

Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Fee: \_\_\_\_\_

Transcript: \_\_\_\_\_ Essay: \_\_\_\_\_ Pre-Adm. Testing: \_\_\_\_\_

Interview: \_\_\_\_\_ References: \_\_\_\_\_ Action: \_\_\_\_\_