

**FAYETTE INSTITUTE OF TECHNOLOGY**  
**School of Practical Nursing**  
Instructions to Complete Application Process

**Personal Information Form**

Complete information requested. It is required that you have health insurance while participating in the School of Practical Nursing program.

**Personal**

Complete an interview of an LPN and information requested. (as stated on back page of application form.)

**Education**

Complete information requested. All official grade transcripts should be mailed from the facility to:

FIT-LPN Program  
300 West Oyler Ave.  
Oak Hill, WV 25901

**Employment Experience/History**

Complete the information requested in order starting from your most recent employer.

**References**

List two references including their complete names and addresses. There must be a PO Box or Street Address listed. Family or friends **will not** be considered references. Examples of references are work supervisors, high school teachers, or college professors. There are two Reference and Recommendation forms enclosed. Please complete the top part and sign. Have the remainder of the forms completed by your referenced people and either return it with your application or have them mail to us on the address at the top of the form. (If not already on file)

**Criminal Background**

A mandatory Criminal Background check will be completed on admission to the LPN program. This will be done after the interviews, prior to the first day of school. You will receive more information on Orientation Day.

**APPLICATION****FAYETTE INSTITUTE OF TECHNOLOGY  
SCHOOL OF PRACTICAL NURSING**

LPN Coordinator  
 300 West Oylar Avenue,  
 Oak Hill, WV 25901  
 (304) 469-2911

\$25 Non Refundable  
 application fee,  
 check made payable  
 to: FIT SPN

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

Name: \_\_\_\_\_  
 (Last) (First) (MI) (Maiden)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EDUCATION:**

(A copy of official high school and college transcripts or GED must be sent to FIT from the college or school.)

From what High School or GED Center did you graduate? \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

List all technical centers, colleges, universities and any other education or training, including all Health Occupation Training, (CNA, EMT, MS. etc.) attended:

Name	Date Enrolled	Degree	Completion Date

Have you ever worked in a health care facility? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, names of Institutions and your title and dates of employment:

---



---

**EMPLOYMENT EXPERIENCE/HISTORY**

\*\*Please start with present or most recent employer

Employer/Supervisor	Address	Phone	Title	Dates Employed

**LIST TWO REFERENCES with complete names and addresses.**

Acceptable examples: Work supervisors, high school teachers, and/or college professors.

**FAMILY/FRIENDS will NOT be accepted as references. Must send two letters of reference.**

Name	Address	Phone	Position

**REQUIRED:** Please attach your interview of an LPN. Include: Name and contact information, place of employment, job description, shift, and rate of pay.

FIT practical nursing students must submit to drug and alcohol screenings as part of their admissions physicals and at random at the discretion of the nursing facility or school administration.

All students are required to have a CPR and First Aide certification card.

Have you ever been convicted of a felony or misdemeanor, or pled guilty or no contest to a criminal charge? Yes\_\_\_\_\_ No\_\_\_\_\_

A mandatory criminal background check is required for admission to the LPN program. Please be advised the state LPN Board may refuse to admit an applicant to the licensure exam who has been convicted of a felony or misdemeanor, is habitually intemperate or addicted to habit forming drugs, or is mentally incompetent (9.1.3 – 10 CSR, Policies Regulating Licensure.)

I voluntarily give the Fayette Institute of Technology School of Practical Nursing permission to make a thorough investigation of my past employment, references and all other facts stated above. I authorize and release from liability or responsibility all people, schools, companies and municipalities supplying any information regarding me whether or not it is a matter of record.

By signing this, I authorize the release of all documentation compiled by any agency pertaining to me to the West Virginia State Board of Examiners for Licensed Practical Nurses or its agent. The said release includes records in existence at this date, as well as those compiled at any future date.

I understand that all documents received by the Fayette Institute of Technology in connection with this application for admission becomes the property of the Fayette Institute of Technology. Under no circumstances will they be duplicated, returned to the applicant, or forwarded to any other agency or college or university.

I understand that falsification of any information prior to admission or after admission to the Fayette Institute of Technology School of Practical Nursing program will result in denial of admission to the program or immediate termination from the program.

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

OFFICE USE ONLY:

ATI EXAM DATE	EXAM SCORE	INTERVIEW DATE	INTERVIEW SCORE

**FAYETTE INSTITUTE OF TECHNOLOGY  
SCHOOL OF PRACTICAL NURSING**

LPN Coordinator  
300 West Oyler Avenue,  
Oak Hill, WV 25901  
(304) 469-2911

**REFERENCE AND RECOMMENDATION FORM**

NAME OF APPLICANT:

\_\_\_\_\_

Last

First

Middle

Maiden

ADDRESS: \_\_\_\_\_

Street or P. O. Box

City

State

Zip

\_\_\_\_\_

Applicant's signature

Date

How long have you known this applicant? \_\_\_\_\_

In what capacity do you know the applicant?     Employer     Teacher     Minister

What is the applicant's strongest characteristic? \_\_\_\_\_

What is the applicant's weakest characteristic? \_\_\_\_\_

Please rate the following characteristics on a 1-5 scale with 1 being poor and 5 being excellent:						
	Poor	Fair	Average	Very Good	Excellent	Comments
Initiative	1	2	3	4	5	
Integrity/Reliability	1	2	3	4	5	
Dependability	1	2	3	4	5	
Resourcefulness	1	2	3	4	5	
Self-Control	1	2	3	4	5	
Cooperativeness	1	2	3	4	5	

Would you recommend this applicant for the LPN Program?     Yes     No

Reason for recommendation:

---

---

---

---

---

---

---

---

Date

Print Name

Signature

Address

Position/Title

Daytime Phone Number

**FAYETTE INSTITUTE OF TECHNOLOGY  
SCHOOL OF PRACTICAL NURSING**

LPN Coordinator  
300 West Oyler Avenue,  
Oak Hill, WV 25901  
(304) 469-2911

**REFERENCE AND RECOMMENDATION FORM**

NAME OF APPLICANT:

\_\_\_\_\_

Last                      First                      Middle                      Maiden

ADDRESS: \_\_\_\_\_

Street or P. O. Box                      City                      State                      Zip

\_\_\_\_\_

Applicant's signature                      Date

How long have you known this applicant? \_\_\_\_\_

In what capacity do you know the applicant?     Employer     Teacher     Minister

What is the applicant's strongest characteristic? \_\_\_\_\_

What is the applicant's weakest characteristic? \_\_\_\_\_

Please rate the following characteristics on a 1-5 scale with 1 being poor and 5 being excellent:						
	Poor	Fair	Average	Very Good	Excellent	Comments
Initiative	1	2	3	4	5	
Integrity/Reliability	1	2	3	4	5	
Dependability	1	2	3	4	5	
Resourcefulness	1	2	3	4	5	
Self-Control	1	2	3	4	5	
Cooperativeness	1	2	3	4	5	

Would you recommend this applicant for the LPN Program?     Yes     No

Reason for recommendation:

---

---

---

---

---

---

---

---

Date \_\_\_\_\_

Print Name

Signature \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_