



# North Broward Technical Center, Inc.

1871 W. Hillsboro Boulevard • Deerfield Beach • Florida 33442

Phone (954) 427-8830 • Fax (954) 427-8836

WWW.NBTECHCENTER.COM

## Student Application Form

APPLICANT INFORMATION				
Pre Title:	First Name:	Middle Name:	Last Name:	Post Title:
Maiden Name or Other Name (If Applicable):			Date: / /	
Mailing Address:			Apt. Suite:	
City:	State:		Zip Code:	
Local Address (if applicable):			Apt. Suite:	
City:	State:		Zip Code:	
E-mail Address:	Day Phone: ( ) -		Work Phone: ( ) -	
Date of Birth (You must be 18 years or older to apply): ___/___/___	Social Security #: _____/_____/_____			
How were you referred to North Broward Technical Center, Inc.? <input type="checkbox"/> Radio <input type="checkbox"/> School Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (List): _____				
Have you taken classes at other institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, where?				
Please check the program you are applying for:				
Practical Nursing Program* <input type="checkbox"/> Day – 52 weeks (Approximately) <input type="checkbox"/> Evening – 70 weeks (Approximately)				
Nursing Program** <input type="checkbox"/> Day – 77 weeks (Approximately) <input type="checkbox"/> Evening – 108 weeks (Approximately) <input type="checkbox"/> Weekends – 77 weeks (Approximately)				
*The Practical Nursing Program requires 1,350 hours of combined classroom, lab and clinical time.				
**The Nursing Program requires 1,616 contact hours of combined classroom, lab and clinical time. Student must complete 72 credits including prerequisite courses.				
Have you ever applied to North Broward Technical Center, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide:   Start Date: / / End Date: / /	
If yes, please explain reason for departure:				
If admitted, are you willing to submit to and pass a controlled substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Selecting yes does not automatically disqualify you from being a contender; however, the information obtained on the conviction will be used in the review process.</i>				
If yes, briefly describe the nature of the conviction:				



# Student Application Form Entrance Essay

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Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_

***Explain in at least 300 words why you would like to become a Licensed Practical Nurse or Registered Nurse. You may include personal stories/experiences that led you to this decision. All information will be kept strictly confidential.***

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**TO BE COMPLETED BY SCHOOL OFFICIAL**

Essay received:     /     /		Signature:	
Essay reviewed:     /     /		Signature:	
Score [5 being the highest]: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			Other Score:
Notes/Additional Information:			
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Notified:     /     /		Notified by:
Administrator full review:     /     /		Print Name:	
		Signature:	