



ROPHEM
School of Nursing

PRACTICAL NURSING APPLICATION

STUDENT NAME: _____

Please Return Required Documents to:

Rophem School of Nursing
11300 4th Street N, Suite 130
St. Petersburg, FL 33716
(727) 656 - 0077 | rophem.health@gmail.com

PROGRAM APPLICATION

An application fee of \$150 is due upon submission of this application. Payments can be made in person or online through cash, card (Visa, Mastercard, Discover, etc.), or by check made payable to “Rophem Nursing Education” or “Rophem School of Nursing”.

PROGRAM INFORMATION

Program of Choice: Practical Nursing

Enrollment Status: Full-Time Enrollment Period: Daytime

Intended Start: July 2021 October 2021 January 2022 April 2022

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle: _____

Email Address: _____ DOB: ___/___/___

Cell Phone: (____) ____-____ Other: (____) ____-____ SSN: ____-____-____

Address: _____

City: _____ State: _____ Zip: _____

Do you agree to receive text messages from Rophem School of Nursing? Yes No

DEMOGRAPHIC INFORMATION

Gender: Female Male Non-binary Prefer not to disclose

Citizenship: U.S. Citizen Legal Resident

Ethnicity/Race (optional)

Are you Hispanic, Latino, or of Spanish origin? Yes No

How would you describe yourself? White Black or African American Asian

Native/Indigenous Native Hawaiian or Other Pacific Islander Alaska Native

Other (please specify): _____

MILITARY HISTORY

Are you currently on active military duty? Yes No

Are you a veteran of the U.S. Armed Forces? Yes No

If yes, please provide dates of service: From ____/____/____ to ____/____/____ or Present

EDUCATIONAL BACKGROUND

Do you have a high school diploma? Yes No

If you do not have a high school diploma, do you have a GED? Yes No

EMPLOYMENT EXPERIENCE

Do you plan on being employed while attending Rophem School of Nursing? Yes No

If yes, how many hours per week? _____

Employer: _____ Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: From ____/____/____ to ____/____/____ or Present

Supervisor: _____ Position Held: _____

Reason for leaving (if not currently employed): _____

DISCIPLINARY HISTORY

Have you ever been convicted of a criminal offense, regardless of the adjudication? Yes No

If yes, please explain: _____

Are you currently under pending charges for a criminal offense? Yes No

If yes, please explain: _____

Have you ever had any action taken against your professional license or certification? Yes No

OTHER INFORMATION

How did you hear about Rophem School of Nursing? Google Facebook Friend

Rophem Website Other: _____ Referral: _____

APPLICATION AGREEMENT

****Please read the following information carefully before submitting****

I agree that the information given is complete and accurate to the best of my knowledge. I understand that I may be denied acceptance into or dismissed from Rophem School of Nursing for failure to fully and accurately disclose all facts relating to this application.

If admitted, I pledge to follow and comply with all rules and regulations of Rophem School of Nursing and its affiliated clinical agencies.

I have read and understood this application and agree that if I wish to cancel this application, I must do so by mailing or emailing a written notice to Rophem School of Nursing no later than midnight on the fifth business day after initially signing and submitting this application.

EQUAL OPPORTUNITY ADMISSION STATEMENT

Regardless of individual characteristics, Rophem School of Nursing’s faculty, staff, and employees will not discriminate against any applicant on the basis of race, gender, age, skin color, disability, religion, sex or sexual identity, national origin, or other category protected by applicable federal, state, or local law.

Applicant Name: _____ Date: _____

Applicant Signature: _____