

**Best Care Training Institute**  
**68 South Harrison Street**  
**East Orange, NJ 07018**  
**Phone: (973) 673-3900 Fax: (973) 673-0597**

**Application For Admission**                      **Day** \_\_\_\_ **Evening** \_\_\_\_  
**LPN PROGRAM**

**Please Print or Type**

<b>Last Name</b> _____	<b>First Name:</b> _____ <b>M.I.</b> _____
<b>Social Security#:</b> ____ - ____ - ____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	
(Street)	(Apt#)

<b>Home Telephone#:</b> _____	<b>Business Tel#:</b> _____
<b>Do you Drive? Driver's License#:</b> _____	
<b>YES ( ) NO ( ) Expiration Date:</b> _____	

<b>Have you ever been convicted of a felony? Yes ( ) No ( )</b>	
<b>Circle Correct Answer</b>	
<b>How did you learn about this program?</b>	
<b>Friend</b>	<b>Newspaper</b>
<b>Mail</b>	<b>Radio</b>
<b>Other/Specify:</b> _____	
<b>Date High School Completed</b> / /	<b>Currently Employed?</b> Yes ( ) No ( )

**In Case of Emergency Notify:**

<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Home Telephone#:</b> _____	<b>Business Tel#:</b> _____

**Application must be submitted with a money order of \$50.00 (Non-Refundable)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**