

MOLLOY COLLEGE

*Division of Continuing Education and Professional Development
Perioperative Training Program Application*

Name _____ Home Phone (____) _____
Address _____ Work Phone (____) _____
City _____ St. _____ Zip _____ E-mail _____
Best time to reach you _____ SSN _____

Basic Nursing Education:

- Diploma
- Associate Degree
- B.S. Degree

Name of School _____ Graduation Date _____
R.N. License # _____ Expiration Date _____
Years of Nursing Experience _____ Area of Practice _____
Current Employer _____

I certify that all information I have provided in this application is true and complete to the best of my knowledge.

Signature _____ Date: _____

A deposit of \$1,000.00 is required. Please make check payable to "Molloy College" and mail to:

*Kathleen Lapkowski, MS, RN
Continuing Education and Professional Development
Molloy College
1000 Hempstead Avenue
Rockville Centre, New York 11571*

Amount Enclosed _____

You may charge my: Visa _____ MasterCard _____ Discover _____

Card # _____ Expiration Date _____

Note: Upon receipt of your application and deposit, and once you have been accepted into the program you will be contacted and provided all the registration materials. The balance is due one week prior to the start of the program. If you have any questions, please call Kathleen Lapkowski, Molloy College at 516-323-3550

Please submit with Registration

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Participant's Biography*

In the space below, please write a brief statement about yourself. We have included some questions that might help you.

- What can you tell us about yourself?
- What are your goals? (Personal or professional)
- Why are you taking this course?
- What will you do when you finish?
- What concerns you most about taking this program?
- What are some of the strengths you bring to this project?