

LPN Nursing Program

Health Worker Retraining Initiative (HWRI)

Application Process

Check off list

Date: _____

First time submitting documents

_____ Yes _____ No

Name: _____
Last

First

Please check off each box as information is gathered.

ALL BOXES MUST BE CHECKED OFF.

LPN/HWRI Application (submitted online)	
A valid NYS Picture ID (can not be a passport)	
High school diploma or GED	
Proof of health care experience (please check one). Information you submit for this section must appear on your application under the health care employment history. _____ 2 health care pay stubs (company name must appear) _____ W-2 – health care (white out SS# on copy) _____ Letter from current (or former) health care employer (on company letterhead) stating your position and length of employment.	
Proof of address (please check one) (Must match address on NYS Picture ID) _____ Current utility bill _____ W-2 (white out SS# on copy) _____ Other (explain) _____	
Proof of phone number (home or cell) – The address on this bill must match address on NYS Picture ID and the phone number must appear on the bill.	
If you have been accepted into school, please submit your acceptance and orientation letters.	
If you have been accepted into school, please submit a copy of your CNET testing application.	

You can either mail, fax or email this form and all the required documents to:

LPN Program
c/o Southern New York Association
39 Broadway – Suite 1710
New York, NY 10006
Fax: 212-968-7710
Email: nursing@snya.org

NOTES: (To be completed by the LPN program staff only)
