

Leicester Public Schools

Office of the Superintendent
1078 Main Street
Leicester, MA 01524

CENTRAL OFFICE USE:

CORI OK:

Expires: _____

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Application for Substitute School Nurse

Name: _____ Phone: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

SSN: ____/____/____ MA Nursing License No.: _____ Area of Certification: _____

If you have a BSN, are you willing to obtain certification as a school nurse? _____

Note: A CPR certificate is required of all Leicester School District nurses and substitute nurses.

Please check your preference:

_____ Grades 9 – 12

_____ Grades 3 – 5

_____ All Grade Levels

_____ Grades 6 – 8

_____ Grades K – 2

Educational Preparation:

High School:

High School name and location	dates of attendance	degree and year received
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College:

College name and location	dates of attendance	degree and year received
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Major Work Experience:

1. _____

Employer name and address	position	dates of service
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2. _____

Employer name and address	position	dates of service
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Memberships in professional organizations:
