

ADDENDUM TO THE PRACTICAL NURSING APPLICATION

Print Name: _____

OPTIONAL: Data provided below is voluntary and not required for the application process. The following data will be used to assist in State and Federal data collection and reporting. Please return this form with your application.

____ **I CHOOSE NOT TO COMPLETE THIS FORM**

Signature

Date

INVITATION TO SELF-IDENTIFY

DOB: _____

Gender: _____ Male _____ Female

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

____ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

____ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

____ **Black or African American:** a person having origins in any of the black racial groups of Africa.

____ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

____ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.