

# Centra Health

## *School of Practical Nursing*

1901 Tate Springs Road  
Lynchburg, VA 24501-1167

## Application For Admission

**A \$20.00 application fee must be returned with your application.**

It is the policy of the School of Practical Nursing, in compliance with applicable federal, state and local laws, not to discriminate against any applicant or to tolerate harassment because of race, color, religion, age, sex, national origin or ancestry, marital status, veteran's status, physical or mental handicap unrelated in nature and extent to an individual's ability to perform the job, or any other prohibited factor.

Please complete each section on this form. After completion, return to:

Centra Health School of Practical Nursing  
1901 Tate Springs Road, Lynchburg, VA 24501

Print Or Type All Information Below:

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Maiden Name)

Home Address: \_\_\_\_\_  
(Number And Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No State of Legal Residence: \_\_\_\_\_

If "No", type VISA held: \_\_\_\_\_

Person To Be Notified In Case Of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Number And Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Secondary Education: List high schools attended:

Dates		Name Of School	City And State	Diploma Received
From	To			

If you hold a High School Equivalency Certificate (GED), please list:

State in which you received certificate \_\_\_\_\_

Date received      /      /       
(mo.) (year)



Post-Secondary Education: List all colleges, universities, nursing and other schools attended:

Dates		Name Of Institution	City And State	Major	Credentials/ Credits Earned
From	To				

Have you ever taken the college placement test? \_\_\_Yes \_\_\_No

Have you previously applied for admission to this school? \_\_\_Yes \_\_\_No Accepted? \_\_\_Yes \_\_\_No

Attended? \_\_\_Yes \_\_\_No If yes, please list dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

Academic year applying for: \_\_\_\_\_

**Work History:** List all work experiences, both full- and part-time, beginning with the most recent.

Dates		Title of Position	Employer	City And State
From	To			

**Personal Data:** Virginia Board of Nursing Regulations state that any person who has been convicted of a felony or misdemeanor may not be eligible for licensure as a practical nurse in the state. Any person who uses alcohol or drugs excessively may also be ineligible for licensure. (Section 54.1-3007 Code of Virginia).

Have you been convicted of a felony and/or misdemeanor since the age of 18? \_\_\_Yes \_\_\_No

If yes, please give details [offense (s), date (s), sentence (s), etc.]

\_\_\_\_\_

\_\_\_\_\_

Are you engaged in the illegal use of drugs or other substances? \_\_\_Yes \_\_\_No

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Financial Aid Information:**

Will you be applying for financial assistance? \_\_\_\_Yes \_\_\_\_No

Military service history: \_\_\_\_None \_\_\_\_Veteran \_\_\_\_Currently Active

Are you currently eligible for veteran's educational benefits? \_\_\_\_Yes \_\_\_\_No

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**Evaluation of Applicant's Potential and Abilities:**

Give the names and addresses of three persons, not relatives, who know you and can give information about you (for example, you may include a recent teacher, counselor, employer, or clergyman). Enclosed are forms for Evaluation of Applicant's Potential and Abilities. You must fill in your name and address on each form and mail to the persons you have listed as references. Applicants for whom these forms are received are free to determine whether or not they wish to waive their potential right to examine the content of this evaluation. We request, but do not require, that you read and execute the waiver on the front of each form.

1. Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

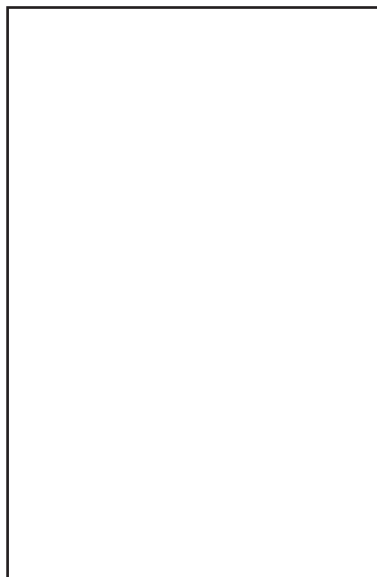
2. Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Attach Photograph



Please attach a recent photograph of yourself for identification purposes.

The Admission, Progression and Retention Committee will review only applicant files that are complete. **It is the applicant's responsibility to ensure that all required documentation is received by the school.**

It is my understanding that I will not be considered for admission to the Centra Health School of Practical Nursing until I have submitted all documents as specified by the school. I further agree to inform the school office of any changes in my plans to attend the School of Practical Nursing, address, and/or legal name.

I understand that withholding information requested in the application or giving false information on any documentation may make me ineligible for admission to/or continuation in the School of Practical Nursing.

If accepted for admission I will authorize Centra Health School of Practical Nursing to conduct a criminal background investigation and drug test. The school will be released from any and all claims arising out of such investigation and testing. I understand that any false statements or omissions in response to the questions relating to convictions may result in refusal to enter the School of Practical Nursing.

**I further understand that an applicant who meets all requirements is not guaranteed admission into the program.**

I certify that all information, statements and documents given are correct and complete.

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Date

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Signature of Applicant

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**Please include a summary of:**

- Your experiences and activities including volunteer and community service
- Your accomplishments that have given you the greatest satisfaction
- Your reasons for selecting nursing as a career
- Any special reasons for desiring to enter this school
- Your plans and aspirations for the future