



CENTRA  
 Centra College  
 Nurse Aide Education Program

## Application for Admission

It is the policy of the Centra Nurse Aide Education Program, 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, genetic make-up, marital status, veteran's status, physical or mental handicap unrelated in nature and extent to an individual's ability to fulfill the requirements of the program, or any other prohibited factor.

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

**Centra College**  
**Centra Nurse Aide Education Program**  
 905 Lakeside Drive, Suite A  
 Lynchburg, Virginia 24501

**All required information must be received at the address listed above no later than 3:00 p.m. on the deadline date.**

**Print Or Type All Information Below:**

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

Date of Birth: \_\_\_\_\_

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

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

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

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_

Are you currently authorized to attend an education program such as the Centra Nurse Aide Education Program in the United States?  Yes  No

Are you a United States (US) citizen?  Yes  No

**Person to Be Notified In Case Of Emergency:**

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

Address: \_\_\_\_\_  
(Number and Street)

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

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**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 \_\_\_\_/\_\_\_\_

**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				

**Personal Data:** Virginia Board of Nursing Regulations **18VAC90-25-20-B-3** state that each student applying to or enrolled in any nurse aide education program shall be given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment.

\*A sworn disclosure statement regarding **Section 32.1-126.01** of the code of Virginia and the website for the list of Barrier Crimes is included in this application.

\*Any person who has been convicted of a felony or misdemeanor may not be eligible for licensure as a certified nurse aide 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.]

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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, academic counselor, or employer). 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: \_\_\_\_\_

Only applicant files that are complete will be reviewed or considered for admission. **It is the applicant's responsibility to ensure that all required documentation is received by the Nurse Aide Education Program Coordinator.**

It is my understanding that I will not be considered for admission to the Centra Nurse Aide Education Program until I have submitted all documents as specified by the Program. I further agree to inform the program coordinator of any changes in my plans to attend the Centra Nurse Aide Education Program, 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 Centra Nurse Aide Education Program.

I understand that by signing this application I acknowledge receipt of and an understanding of the Barrier Crimes List and Student Catalog and Handbook.

If accepted for admission, I will authorize the Centra Nurse Aide Education Program to conduct a criminal background investigation and drug test. The Program 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 admit me to the Centra Nurse Aide Education Program. I understand that any background check will comply with the Fair Credit Reporting Act.

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

I understand and agree that this is not an application for employment with Centra. I further understand and agree that Centra does not guarantee me a job if I complete this Program and that I will not be paid for attending the Program.

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

**Please attach a summary of:**

1. Your experiences and activities including volunteer and community service
2. Your accomplishments that have given you the greatest satisfaction
3. Your reasons for desiring to enter this program
4. Your plans and aspirations for the future

(Summary must be typed using size 11 font, single spaced and no more than one page)

## SWORN DISCLOSURE STATEMENT

To the Applicant:

Section 32.1-126.01 of the Code of Virginia requires that any person desiring work at a Nursing Facility provide the hiring facility with a sworn disclosure or affirmation disclosing any criminal convictions or pending criminal charges, whether within or without the Commonwealth of Virginia.

The law prohibits licensed Nursing Facilities from hiring any individuals convicted of the following: murder, abduction for immoral purposes, assaults and bodily wounding, arson, pandering, crimes against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, abuse or neglect of an incapacitated adult. However, applicants convicted of one misdemeanor crime not involving abuse or moral turpitude may be hired provided five years has elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty upon conviction of Class I misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Last Name	First Name	Middle/Maiden	Social Security #
Address	City	State	Zip

<p>Have you ever been convicted of or have any pending charges whether within or without the Commonwealth of Virginia?</p> <p>_____ Yes _____ No If yes, Please Explain.</p>          
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<p>I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment by this facility. I understand that all information on this form is subject to verification.</p>	
_____ Applicant's Signature	_____ Date

To ensure the application is complete, **initial each item** when completed and enclosed with application.

1. \_\_\_\_\_ Fill out Application completely
2. \_\_\_\_\_ Fill out, sign and date Sworn Disclosure Statement
3. \_\_\_\_\_ Read list of Barrier Crimes  
(<https://www.vdh.virginia.gov/content/uploads/sites/96/2016/07/Barrier-Crimes.pdf>)
4. \_\_\_\_\_ Read Student Catalog and Handbook
5. \_\_\_\_\_ Mail or give the three (3) reference forms to the persons named on your application
6. \_\_\_\_\_ Request an official copy of your High School Transcript or a passing GED official score report

**can be mailed to:**

**Centra Nurse Aide Education Program**

905 Lakeside Drive  
Lynchburg, Virginia 24501

7. \_\_\_\_\_ Attach your one-page typed summary of the criteria listed on the bottom of page 3 of this application
8. \_\_\_\_\_ Sign and date the application

**This application will be considered incomplete if you have not placed your initials beside each item above! Incomplete applications will NOT be considered for admission into the program. Applications will not be kept on file over 60 days.**