



CENTRA

College of Nursing

905 Lakeside Drive, Suite A
Lynchburg, VA 24501

Application for Admission

A **\$50.00** application fee must be returned with your application.

(No cash. Payment must be by check, money order, debit or credit card)

It is the policy of the Centra College of 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, 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 of Nursing

905 Lakeside Drive, Suite A, Lynchburg, Virginia 24501

Preferred month of Admission: August January

Check program of choice:

Online RN to BSN

RN Lic.# _____

State ____ Centra Employee Y N

Associate Degree in Nursing Program

Advanced Placement (LPN to RN)

VA Medical Center Employee Y N

Practical Nursing Certificate

**Due to limited space, applicants cannot apply to multiple programs at the same time.*

Print or type all information below:

Date: _____ Social Security No.: _____

Name: _____

(First Name)

(Middle Name)

(Last Name)

(Maiden)

Home Address: _____

(Number And Street)

(City)

(State)

(Zip Code)

(Email Address)

Telephone Number: Home: __(__)____ Cell: __(__)____ Date of Birth: _____

State of Legal Residence: _____

Are you currently authorized to attend an education program such as the Centra College of Nursing in the United States?

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 Institution	City and State	Diploma Received Yes / No
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				

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

Dates		Employer	City and State	Full / Part Time	Job Title / Position	Supervisor
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 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 a list of Barrier Crimes included in this application.

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

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 admissions. It is the applicant's responsibility to ensure that all required documentation is received by the college.

It is my understanding that I will not be considered for admission to the Centra College of Nursing until I have submitted all documents as specified by the college. I further agree to inform the college office of any changes in my plans to attend the Centra College of 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 Centra College of Nursing.

I understand that by signing this application I acknowledge receipt of and understanding of the Barrier Crimes List. I also acknowledge that I have an understanding of the process for accessing the Catalog and Student Handbook online and an understanding of the contents of the Catalog and Student Handbook.

If accepted for admission, I will authorize the Centra College of Nursing to conduct a criminal background investigation and drug test. The college 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 question relating to convictions may result in refusal to enter the Centra College of Nursing. I understand that any background check will comply with the Fair Credit Reporting Act.

I further understand that an applicant who meets the 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:

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

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

1. _____ Fill out application completely
2. _____ Read list of Barrier Crimes (http://www.vdh.virginia.gov/OLC/Laws/documents/barrier_crimes_guide.pdf)
3. _____ Read Catalog and Student Handbook
4. _____ Fill out, sign and date Sworn Disclosure Statement
5. _____ Include check or money order made out to Centra for \$50.00 (application fee)
6. _____ Mail or give the three (3) reference forms to the persons named on your application
7. _____ Request the following: Official High School Transcript or passing GED official score report, Official College Transcripts from all colleges attended, and HESI-A2 completed exam scores and send to:

Centra College of Nursing
905 Lakeside Drive, Suite A, Lynchburg, Virginia 24501

8. _____ Sign and date the application

If applicable:

9. _____ Requesting transfer from another nursing program: Letter of recommendation from the Dean of school of nursing which you attended

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.



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Sworn Disclosure Statement

State Code	Offense
53.1 - 203	Felonies by prisoners Equivalent offense in another state

90-55/QFHC-029

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 neglect or moral turpitude may be hired provided five years have 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 #
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Address	City	State	Zip
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Have you ever been convicted of or have any pending charges whether within or without the Commonwealth of Virginia?

Yes (If yes, explain below) No

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

Applicant's Signature

Date



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Evaluation of Applicant's Potential and Abilities

This applicant has applied for admission to the Centra College of Nursing. Your evaluation of the applicant's potential and abilities will be helpful in the selection process. Your comments will be used by the Admission and Retention Committee of the Centra College of Nursing to assist in determining if the applicant meets the criteria for admission to the college. Please complete and return promptly.

Name of Applicant: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Pursuant to federal law, a student admitted to the Centra College of Nursing is entitled to review this evaluation in his or her file, unless the student has signed a waiver of this right of access. The college does not require a waiver as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the college. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their right to examine such evaluations.

Waiver

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student in this college and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the Centra College of Nursing. If you elect to waive your rights of access to and review of this information, please sign your name.

(Date)

(Applicant's Signature)

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Evaluation of Applicant's Potential and Abilities

How well do you know this applicant?

- Not very well Fairly well known Well known Very well known

Please indicate your impression of the applicant in the following categories:

Intelligence: Intellectual curiosity, Quickness to grasp information, Natural ability

- Unknown Below average Average Above average Outstanding

Comments: _____

Initiative: Willing to attempt new ideas, Initiates action on own, Energetic, Motivated

- Unknown Below average Average Above average Outstanding

Comments: _____

Reliability: Dependable, Good judgment, Honest, Ability to get along without supervision

- Unknown Below average Average Above average Outstanding

Comments: _____

Cooperation: Ability to get along with others, Willingness to help others, Ability to collaborate, Tactful

- Unknown Below average Average Above average Outstanding

Comments: _____

Adaptability: Flexible, Resourceful, Resilient

- Unknown Below average Average Above average Outstanding

Comments: _____

Emotional Control: Poised, Good temperament, Takes things in stride

- Unknown Below average Average Above average Outstanding

Comments: _____

Communication Skills: Ability to express ideas/thoughts, Ability to comprehend verbal and written directions

- Unknown Below average Average Above average Outstanding

Comments: _____

Work Habits: Follows through, Accurate

- Unknown Below average Average Above average Outstanding

Comments: _____

Additional Comments:

If the applicant's signature appears at the end of the paragraph identified as "Waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls in the college, the applicant will have the right to review this evaluation.

Date: _____ Signature: _____

Position: _____

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