



Dear Prospective Student,

Thank you for your interest in the Centra Nurse Aide Education Program.

Included in the application packet are: Letter from the Coordinator, Application for Admission, Evaluation of Applicant's Potential and Abilities (3), and Student Handbook.

Refer to the application process in the student handbook for application details. Review the Barrier Crimes List website and the Sworn Disclosure Statement. Signing of the Centra Nurse Aide Education Program application acknowledges your understanding of the restrictions placed on individuals who can work as a Nurse Aide based on the Barrier Crimes and the use of the Sworn Disclosure Statement by certain facilities for employment screening purposes.

It is imperative that the application be filled out completely including three names and the contact information for your references. Incomplete applications will not be considered. Follow the checklist at the end of the application to ensure it is completed properly. **All required information must be mailed to the address listed below and received no later than 4:30 p.m. on the deadline date.** The completed application must be mailed to:

Centra College of Nursing
Nurse Aide Education Program
905 Lakeside Drive, Suite A
Lynchburg, VA 24501

If you have any questions and/or concerns, please do not hesitate to call or email me about the program.

Sincerely,

Valerie Newcomb, RN
Centra Professional Development
Nurse Aide Coordinator
Phone: 434-200-2234
Valerie.newcomb@centrahealth.com



CENTRA
 Centra College of Nursing
 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 of Nursing
Centra Nurse Aide Education Program
 905 Lakeside Drive, Suite A
 Lynchburg, Virginia 24501

No drop off paperwork is accepted; all paperwork needs to be mailed directly to the program and received by 4:30 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.]

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 (http://www.vdh.virginia.gov/OLC/Laws/documents/barrier_crimes_guide.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

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.

CENTRA College of Nursing
Nurse Aide Education Program

Evaluation of Applicant's Potential and Abilities

This applicant has applied for admission to the Centra College of Nursing Nurse Aide Education Program. Your evaluation of the applicant's potential and abilities will be helpful in the selection process. Your comments will be used by the Admission Team of the Centra College of Nursing Nurse Aide Education Program to assist in determining if the applicant meets the criteria for admission to the program. 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 Nurse Aide Education Program is entitled to review this evaluation in his or her file, unless the student has signed a waiver of this right of access. The program does not require a waiver as a condition for admission to or receipt of any other services or benefits from the program. 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 program 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 Nurse Aide Education Program. If you elect to waive your rights of access to and review of this information, please sign your name.

(Date)

(Applicant's Signature)

Please return this form to: Centra College of Nursing
905 Lakeside Drive, Suite A
Lynchburg, Virginia 24501

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 page one 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 program, the applicant will have the right to review this evaluation.

Date: _____ Signature: _____

Position: _____

Address: _____