

**Bedford County Public Schools**

**And**

**Bedford County School of Practical Nursing**

**Application for Admission**

The Bedford County School Board

*For adult applicants a $50.00 application fee must be returned with your application. No refund.*



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

*Bedford County School of Practical Nursing*

*Bedford Science and Technology Center*

*600 Edmund Street*

*Bedford, VA 24523*

The Bedford County School Board does not discriminate on the basis of race, color, national orgin, sex, age, or handicap in its programs, activities, or employment practices as required by Title VI, Title IX and Section 504.



Print or Type All Information Below:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Last First Middle

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

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

Number and Street or P.O. Box Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Citizenship: Yes No

Last 4 Digits of Social Security Number Bedford County/City Resident: Yes No



Person to Be Notified In Case of Emergency:

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

First Last Relationship

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street Cell\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code



**Secondary Education:** List high schools attended. Please include vocational training:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Name of School | City and State | Diploma Received |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 | Credentials/Credits Earned |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 experience, both full and part-time, beginning with the most recent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Company or Firm | Address | Job Title | Phone Number |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Military Service History:** \_\_\_\_None \_\_\_\_Veteran \_\_\_\_Currently Active

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

In the past six months, how many days have you missed from work or school: \_\_\_\_\_\_Days

Reason for absences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer and Community Service:** \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**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 -307 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.] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**References:** Give the names and addresses of three persons, not relatives or friends, who know you and can give information about you (for example, you may include a recent teacher, counselor or employer). Please print three applicant reference forms and have the appropriate person complete and return the form to the School of Nursing.

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

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position or Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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



**Applicant Questionnaire:** Please answer the following questions on the form in your own handwriting.

1. Being successful takes hard work. Tell about a time when you had to work very hard to reach your goals. Be specific about what you achieved.
2. Give an example of a time when you put forth a special effort to understand another person’s situation or dilemma. How did you show sympathy or compassion to that person?
3. Tell about your computer skills, specifically, Word, Excel, Access, and Power Point. How often and in what capacity have you used these programs?
4. Give and example of a time you feel that you “went above and beyond the call of duty” to help out your team/friends/coworkers?



**Affirmation and Signature:**

I hereby formally make application for admission to the Bedford County School of Practical Nursing and assert that the information given in this application is true and accurate to the best of my knowledge. I understand that any misstatement of facts will cause forfeiture of all rights to admission to/ or dismissal from the Bedford County School of Practical Nursing.

***Due to the number of applicants and the limited selection of students, I understand that an applicant who meets requirements is not guaranteed admission into the program.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18 years of age you will need a parent or guardian signature.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed application and required documentation to: Bedford County School of Practical Nursing

Bedford Science and Technology Center

600 Edmund Street

Bedford, Virginia 24523