

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

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 an 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