

**Application Deadline:**

**MAY 1, 2019**

**3:00 PM**

Applications, transcripts, and any requested information must be received in the nursing office by this date.

**VIRGINIA BEACH SCHOOL OF PRACTICAL NURSING**

2925 NORTH LANDING ROAD

VIRGINIA BEACH, VIRGINIA 23456-2499

757-648-5889

**Application for Fall 2019 Classes**

(\*Accepting applications February 15, 2019- May 1, 2019)

*(Type responses in the indicated field or print in black/blue ink)*

**Name:**

**Date:**

\_\_\_\_\_  
(Mr/Mrs) Last, First, Middle Maiden Name

**Address:**

\_\_\_\_\_  
Street City State Zip Code

**COMPLETE SS#:**

\_\_\_\_\_  
- - Phone: Home/Cell (Work): \_\_\_\_\_

**E-mail:**

\_\_\_\_\_

**Have you applied to this program before:**

Yes  No

**If yes, when:**

**DOB:**

\_\_\_\_\_

**Are you a high school graduate?**  Yes  No

**OR GED?**  Yes  No

In addition to this application, an Official high school transcript or official GED which must:

- be received in sealed envelope from granting institution,
- have an official seal,
- include administrator's signature,
- and be in English

All foreign high school transcripts must be evaluated by approved independent transcript evaluation companies and transcript evaluation report must be sent to our office directly and received by our office by the above deadline

**\*\*Application will not be accepted without the required Official High School/GED Transcript/Foreign High School Transcript Evaluation Report \*\***

**HS or GED Institution Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_  
Street City State Zip

**PROFESSIONAL REFERENCES:** List the names and addresses of two professional references who has supervised you in the past three years. (Personal friend/relative is not acceptable.)

| Reference's First and Last Name | Street, City, State & Zip Code | Name of Business | Phone number | Capacity as:   |
|---------------------------------|--------------------------------|------------------|--------------|--|
|                                 |                                |                  |              | <input type="checkbox"/> Instructor<br><input type="checkbox"/> Employer Supervisor<br><input type="checkbox"/> Volunteer Supervisor |
|                                 |                                |                  |              | <input type="checkbox"/> Instructor<br><input type="checkbox"/> Employer Supervisor<br><input type="checkbox"/> Volunteer Supervisor |

**EMPLOYMENT HISTORY:** List chronologically, beginning with the most recent.

| Dates |    | Name & Physical Address (Street, City, State & Zip Code) and Telephone number | Type of Work | Reason for Leaving |
|-------|----|---|--------------|--------------------|
| From  | To |   |              |                    |
|       |    | Supervisor:   |              |                    |
|       |    | Supervisor:   |              |                    |

**I certify that all information included in this application is true to the best of my knowledge. I hereby authorize the School of Practical Nursing to request such information, as necessary, to verify information given by me on the application form.**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Applicant**

**PLEASE NOTE:**

**APPLICATION DEADLINE – MAY 1, 2019 received in nursing office by 3:00 pm**

The following items must be included with application to be considered:

- Completed Application
- Official High School Transcript or Official GED Transcript
- Foreign High School Transcript Evaluation Report if applicable

***\*Applicants will receive notice via e-mail acknowledging receipt of completed application.***