

Application Deadline:

MAY 1, 2020

By 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 2020 Classes

(*Accepting applications February 17, 2020 - May 1, 2020)

(Type or print in black/blue ink)

Name:

(Mr/Mrs) Last First Middle Maiden Name

Address

Street City State Zip Code

COMPLETE SS#:

_____-_____-_____
Phone: Cell (Work):

E-mail:

Have you applied to this program before: Yes No If yes, when: _____

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 and/or transcripts not in English, 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.) **All information requested must be completed – otherwise application is considered incomplete.**

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

EMPLOYMENT HISTORY: List chronologically, beginning with the most recent. **All information requested must be completed – otherwise application is considered incomplete.**

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, 2020 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
- High School Transcript Evaluation Report (if HS transcript not in English and/or not from U.S. HS)

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