

**SUFFOLK PUBLIC SCHOOLS SENTARA OBICI HOSPITAL
SCHOOL OF PRACTICAL NURSING**

**P.O. Box 1100
Suffolk, VA 23439-1100**

**(757) 934-4827 (Office)
(757) 934-4835 (Fax)**



<http://www.sentara.com/obicilpnschool>

APPLICATION FOR ADMISSION

No Checks: Money order made out to School of Practical Nursing	Please Print	Notice: (\$30.00) non-refundable fee must accompany this application
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Social Security Number:		E-Mail Address:	
Last Name:		First Name:	Middle Name:
Street Address:	City:	State:	Zip Code:

Home Telephone:	Citizen of the U.S. ? ___ Yes ___ No
Work Telephone:	If No – Do you have a Green Card?
Cell Telephone:	Attach Copy

Have you previously applied for admission to this school? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	Do you have an Associate’s Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major: _____
Have you ever attended this school? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	Do you have a Bachelor’s Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major: _____

Are you a Certified Nurse Aide? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Medical Assistant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an EMT? Other _____	Suffolk Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies. Kevin L. Alston Assistant Superintendent of Administrative Service 100 N. Main Street P.O. Box 1549 Suffolk, VA 23434 Phone: (757) 925-6750 Email: kevinlston@spsk12.net
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Have you ever been convicted of any crime (felony or misdemeanor) or have you ever pled guilty, not guilty or nolo contendere to having violated any federal, state or local law, including convictions for driving under the influence, but excluding traffic violations? Yes No. If yes, **ENCLOSE** written comments stating charge, date, and disposition. (a conviction record will not necessarily be a bar to admission to the school depending on such factors as your age at the time of crime, and the nature of the crime in relation to a career in nursing).

EDUCATION: GED: Date of GED _____ Attach Certificate

High School Graduate No _____ Yes _____ Date of Graduation _____

High School Last Attended _____

City/State/Zip _____

Identify all formal education beyond high school. List in order of most recent first.			
Name of School	Address/City/State/Zip	Dates Attended	Major

Employment: List work experiences for the past 10 years, beginning with the most recent.				
Dates		Position Held	Employer/Company	Employer Address
From	To			

REFERENCES: Provide name and complete address of: (1) Most recent employer, (2) Personal reference (not a relative), and (3) A recent supervisor, teacher or counselor.	
Date Sent	(1) Employer: _____ Contact Person: _____ Address: _____ City, State, Zip: _____ Phone: _____
Date Received	
Date Sent	(2) Personal Reference Name: _____ Address: _____ City, State, Zip: _____ Phone _____
Date Received	
Date Sent	(3) Supervisor/Teacher/Counselor Name: _____ Address: _____ City, State, Zip: _____ Phone: _____
Date Received	

In signing this application, I affirm that all the information given on this application is correct. Failure to disclose accurate information on the application may result in termination from the program.

Applicant's Signature

Date