

**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

Please send money order made out to School of Practical Nursing (No Checks)	Please Print	NOTICE: (30.00) non-refundable fee must accompany this application	
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 _____		As required by federal laws and regulations, the Suffolk Public Schools Sentara Obici Hospital School of Practical Nursing does not discriminate on the basis of age, religion, creed, ethnic, marital status, race, sex, or handicap which does not interfere with attainment of program status.	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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). _____ _____			
<i>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.</i>			
_____ Applicant’s Signature			_____ Date

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			

FOR OFFICE USE: 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: _____
Date Received	Address: _____ City, State, Zip: _____ Phone: _____
Date Sent	(2) Personal Reference Name: _____ Address: _____
Date Received	City, State, Zip: _____ Phone _____
Date Sent	(3) Supervisor/Teacher/Counselor Name: _____ Address: _____
Date Received	City, State, Zip: _____ Phone: _____