

**RUSSELL COUNTY CAREER & TECHNOLOGY CENTER
SCHOOL OF PRACTICAL NURSING**

**APPLICATION FOR LICENSED
PRACTICAL NURSING PROGRAM**

**304 CAREER TECH DRIVE
POST OFFICE BOX 849
LEBANON, VIRGINIA 24266**

PHONE: (276) 889-6550

REVISED DECEMBER 2012

APPLICANTS ARE REQUIRED TO:

1. Send or submit a transcript of his/her high school and/or college records or a copy of GED scores. Minimum overall academic GPA 2.0 preferred.
2. Submit a copy of immunization record.
3. Send or submit two (2) personal references and a current employment reference (present or past). Please use the attached forms.

Please return the completed application, required information and attached forms no later than **4:00 p.m. on Monday, April 24, 2017**, to:

Karen Harrison, RN/BSN
Director of Nursing
Russell County Career & Technology Center
Post Office Box 849
Lebanon, VA 24266

Or, hand deliver to:

304 Career Tech Drive
Lebanon, Virginia 24266

SELECTED APPLICANTS WILL BE REQUIRED TO COMPLETE THE FOLLOWING:

1. Pre-entrance aptitude tests- all applicants are required to complete this test. Testing will take place on Wednesday, May 3, 2017, beginning promptly at 5:00 P.M. through 8 P.M. Please report to the LPN II classroom, located in building II of the Russell County Career & Technology Center.
2. Physical and Dental Examinations. (only accepted applicants)
3. Personal interview.

All selected applicants are required to pay a \$20.00 Nonrefundable fee for the pre-entrance aptitude test which must be submitted upon return of the application. Please make checks payable to the Russell County Career and Technology Center.

Initials: _____

Date: _____

TUITION:

Tuition for adult students is \$650.00 annually. All students will be responsible for the following expenses: books, uniforms, lab coats, supplies, malpractice insurance, accident insurance and criminal background check.

LENGTH OF COURSE:

The Practical Nursing Program will begin each year on the opening day of the Russell County School System. The Nursing Program is two (2) school years in length, or approximately eighteen (18) months in duration. The first nine (9) months of the program consist of three (3) hours per day of pre-clinical instruction. The remaining nine (9) months will consist of a combination of a full day of clinical experience and/or classroom lecture. Upon completion of the program, the student is awarded a diploma, a nursing pin, and is eligible to take the Practical Nurse Licensing Examination.

ADMISSION PROCEDURE:

1. Submit a complete application form, to include references and transcript of grades or GED scores. Please initial and date the space at the bottom of every page.
2. Upon return of the application, submit the \$20.00 nonrefundable fee for the pre-entrance aptitude test.
3. Report for pre-entrance aptitude test promptly at 5:00 P.M. on Wednesday, May 3, 2017.
4. Selected applicants will be notified by mail of their personal interview appointment.
5. Acceptance will be approved by the admission committee.
6. Physical and dental forms to be submitted AFTER admission to the program.
7. All applicants admitted to the program must submit to a criminal and sex offender background check, as required by the laws of the Commonwealth of Virginia governing Psychiatric Health Care.
8. All applicants admitted to the program must pay the required tuition of \$650.00 annually.

Initials: _____

Date: _____

QUALIFICATIONS:

The Licensed Practical Nurse Program will adhere to a strict policy in regard to both attendance and grades. Students are expected to pass each subject area with a minimum grade of 85 in order to be promoted to the clinical phase. Also, each student must maintain a grade of 85 while in the clinical rotation in order to graduate and take the state board practical nursing examination.

PERSONAL QUALITIES:

Only those students dedicated to the profession of nursing should apply. Licensed Practical Nurses should be patient, tactful, alert and responsible. They must respect the confidentiality of personal information entrusted to them. Good physical, mental, and emotional health, as well as the ability to get along with people, is necessary qualifications.

NATURE OF WORK:

Practical nursing is an integral component of all nursing. It is the vocation in which the individual functions as an essential member of the health care team under the supervision of the physician and/or professional nurse. The LPN assists in assessing, planning, implementing and evaluating nursing care and patient education.

TRENDS AND EARNINGS:

LPN's are very much in demand at the present time. Trends show that new jobs will be created each year as health facilities continue to expand. Opportunities will be excellent for men and women in the nursing field. Usually the LPN earns about 75% of the salary of a registered nurse.

EMPLOYMENT OPPORTUNITIES:

Employment opportunities exist in hospitals, nursing homes, industrial and public clinics, doctor's offices, public health care agencies, welfare and religious organizations, government and military agencies and in private duty.

Initials: _____

Date: _____

COURSE CONTENT FOR PRACTICAL NURSING I:

Personal and Vocational Relationships

Introducing Anatomy and Physiology

Introducing Nursing Fundamentals

Explaining the Normal Life Span

Introducing Food, Nutrition, and Health

Introducing Principles of Medical-Surgical Nursing

Introducing Principles of Pharmacology

COURSE CONTENT FOR PRACTICAL NURSING II:

Applying the Principles of Medical-Surgical Nursing

Applying the Principles of Obstetric Nursing

Applying the Principles of Pediatric Nursing

Applying the Principles of Psychiatric Nursing

Applying the Principles of Geriatric Nursing

Applying the Principles of Advanced Medical-Surgical Nursing

Initial: _____

Date: _____

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POST OFFICE BOX 849
LEBANON, VIRGINIA 24266
(276) 889-6550

DATE: _____

PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: _____
(POST OFFICE BOX OR STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____ (HOME) _____ (WORK)

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____

NUMBER OF CHILDREN: _____ AGE (S) OF CHILDREN: _____

EDUCATION

(Please provide names of schools – if more than one, submit an attachment)

ELEMENTARY: _____ GRADE COMPLETED _____

HIGH SCHOOL: _____ GRADE COMPLETED _____

GED COMPLETION: YEAR _____ SCORE _____

COLLEGE: _____ YEARS COMPLETED _____

DEGREE/CERTIFICATE RECEIVED: _____

OTHER EDUCATION OR SPECIAL TRAINING (INCLUDE MILITARY BACKGROUND):

TYPE: _____ PLACE: _____

TYPE: _____ PLACE: _____

Initials: _____

Date: _____

Explain any nursing experience: _____

Have you ever attended nursing school? YES: _____ NO: _____

If yes, where? _____ How long attended? _____

EMPLOYMENT HISTORY

LIST YOUR PRESENT OR LAST OCCUPATION: _____

EMPLOYER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

GIVE NAMES AND ADDRESSES OF LAST TWO EMPLOYERS, LENGTH OF EMPLOYMENT AND REASON FOR LEAVING.

1. EMPLOYER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

2. EMPLOYER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ SUPERVISOR: _____

Initial: _____

Date: _____

JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

GENERAL BACKGROUND INFORMATION

Have you ever been arrested for a misdemeanor? (If so, explain) _____

Have you ever been arrested for a felony: (If so, explain): _____

Have you ever entered a plea of guilty or been found guilty and convicted of a misdemeanor?
(If so, explain): _____

Have you ever entered a plea of guilty or been found guilty and convicted of a felony? (If so,
explain): _____

Have you ever been subject to the provisions of a protective order issued by any court? (If so,
explain): _____

Have you ever been determined to have been responsible for abuse and/or neglect of any
child or adult by any court or department of social services? (If so, explain): _____

Initials: _____

Date: _____

Have you ever been physically or emotionally dependent upon the use of alcohol, drugs, narcotics, chemicals or any other type of material? (If so, explain): _____

Have you ever been required or advised to be evaluated, diagnosed, advised to seek treatment or hospitalized for chemical dependency? (If so, explain and submit with this application a letter from your licensed treating professional): _____

Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? (If so, explain): _____

Initial: _____

Date: _____

EMERGENCY CONTACT

NAME OF PARENT, LEGAL GUARDIAN OR SPOUSE: _____

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

I AGREE AND UNDERSTAND THAT FALSIFICATION OF ANY PORTION OF THIS APPLICATION IS REASON FOR TERMINATION FROM THE PRACTICAL NURSE PROGRAM.

I HEREBY CERTIFY THAT THE ABOVE-STATED INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. BY SIGNING MY NAME TO THIS APPLICATION, I AGREE AND UNDERSTAND THAT I MAY BE SUBJECTED TO A CRIMINAL AND SEX OFFENDER BACKGROUND CHECK AT ANY TIME DURING THE APPLICATION PROCESS OR DURING MY ATTENDANCE IN THE PROGRAM, IF ADMITTED, BY LAW ENFORCEMENT OR OTHER AGENCIES AUTHORIZED TO CONDUCT SUCH BACKGROUND CHECKS. I IRREVOCABLY GRANT THE RUSSELL COUNTY CAREER & TECHNOLOGY CENTER SCHOOL OF PRACTICAL NURSING MY PERMISSION TO AUTHORIZE SUCH BACKGROUND CHECKS ON MY BEHALF AT ALL TIMES DURING THE APPLICATION PROCESS AND DURING MY ATTENDANCE IN THE NURSING PROGRAM.

SIGNATURE: _____ DATE: _____

As required by Federal Laws and Regulations, the Russell County School System does not discriminate on the basis of sex, race, color, religion, national origin, or handicap conditions in employment or in the educational programs and activities.

Initials: _____

Date: _____

**PERSONAL REFERENCE FOR APPLICANT OF
LICENSED PRACTICAL NURSE PROGRAM**

NAME: _____ **DATE:** _____

ADDRESS: _____

The person listed above has applied for admission to our practical nursing school and has given us your name as a reference. Please provide us with your candid opinion of this applicant's suitability for the duties of practical nursing. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

How long have you known the applicant? _____

In what relationship have you known him/her? _____

What qualities does the applicant have that you believe would contribute to his/her success as a practical nurse? _____

What do you consider to be the applicant's strongest characteristics? _____

If you or a member of your immediate family were advised by a physician to employ a practical nurse, due to a family illness, would you have confidence in this applicant to employ him/her upon completion of the practical nursing program? _____

If not, please explain: _____

Initial: _____

Date: _____

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Initial: _____

Date: _____

**CONFIDENTIAL REFERENCE REQUEST
BY
RUSSELL COUNTY CAREER & TECHNOLOGY CENTER
SCHOOL OF PRACTICAL NURSING**

_____ has indicated that he/she is or was employed by your company. Your evaluation of this individual's work performance would be greatly appreciated. All information will be kept strictly confidential. Your prompt response will benefit the applicant and our facility in evaluating this individual for admission.

I, _____, give permission for you to release the requested information to the Russell County Career & Technology Center School of Practical Nursing.

APPLICANT'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE

The applicant was or is employed by: _____

From: _____ to: _____ Position Held: _____

Initials: _____

Date: _____

**PLEASE CHECK THE APPROPRIATE COLUMN INDICATING YOUR RANKING OF
THE APPLICANT'S PERFORMANCE**

AREA	EXCELLENT	GOOD	AVERAGE	UNSATISFACTORY	N/A
TECHNICAL ABILITY					
ATTENDANCE					
TAKES INSTRUCTION					
APPEARANCE					
VOLUME OF WORK					

Would you re-employ this applicant? Yes _____ No _____

If not, please explain: _____

Additional comments or information which may help in the evaluation of this applicant: _____

This confidential reference was completed by: _____

TITLE: _____

PHONE: _____

DATE: _____

THANK YOU FOR YOUR TIME AND CONSIDERATION IN COMPLETING THIS FORM.

Initials: _____

Dated: _____