
**Bedford Science and Technology Center
Adult Nurse Aide Program
Application for Admission**

Please complete each section on this form. After completion, return to:

*Adult Nurse Aide Program
Bedford Science and Technology
Center
600 Edmund Street
Bedford, VA 24523
540-586-3933*

The Bedford County School Board does not discriminate on the basis of race, color, national origin, sex, age, or handicap in its programs, activities, or employment practices as required by Title VI, Title IX and Section 504.

Print in black/blue ink or Type All Information Below:

Date: _____ e-Mail Address: _____

Name: _____
 Last First Middle

Present Address: _____ Phone: Home _____
 Number and Street Cell _____

Work _____

City State Zip Code

Mailing Address: _____ P.O. Box Number _____
 Number and Street or

City State Zip Code

U.S. Citizenship: Yes No
Bedford County/City Resident: Yes No

Person to Be Notified In Case of Emergency:

Name: _____
 First Last Relationship

Address: _____ Phone: Home _____
 Number and Street Cell _____

Work _____

City

State

Zip Code

Secondary Education: List high schools attended. Please include vocational training:

Dates	Name of School	City and State	Diploma Received

If you hold a High School Equivalency Certificate (GED), please list:

State in which you received certificate _____

Date received ____/____/____

Post Secondary Education: List all colleges, universities, nursing and other schools attended:

Dates	Name of Institution	City and State	Credentials/Credits Earned

Have you previously applied for admission to this school? ___Yes___No Accepted:___Yes___No

Attended: ___Yes___No If yes, please list dates: ____/____/____ ____/____/____

Academic year applying for: _____

Work History: List all work experience, both full and part-time, beginning with the most recent.

Dates	Company or Firm	Address	Job Title	Phone Number

Military Service History: ___None___Veteran___Currently Active

In the past six months, how many days have you missed from work or school: _____Days

Reason for absences:

Volunteer and Community Service: ___Yes___No

If yes, please explain:

Personal Data: Virginia Board of Nursing Regulations state that any person who has been convicted of a felony or misdemeanor may not be eligible for licensure as a practical nurse in the state. Any person who uses alcohol or drugs excessively may also be ineligible for licensure. (Section 54.1 -307 Code of Virginia)

Have you been convicted of a felony and/or misdemeanor since the age of 18? ____ Yes ____ No

Please see the attached Barrier Crime Information

If yes, please give details [offense(s), date(s), Sentence(s) etc.]

References: Give the names and addresses of three persons, not relatives or friends, who know you and can give information about you (for example, you may include a recent teacher, counselor or employer). Please print three applicant reference forms and have the appropriate person complete and return the form to the Adult Nurse Aide program.

1. Name: _____ Position or

Title: _____

Address:

2. Name: _____ Position or

Title: _____

Address:

3. Name: _____ Position or

Title: _____

Address:

Affirmation and Signature:

I hereby formally make application for admission to the Bedford Science and Technology Centers Adult Nurse Aide Program and assert that the information given in this application is true and accurate to the best of my knowledge. I understand that any misstatement of facts will cause forfeiture of all rights to admission to/ or dismissal from the Bedford Science and Technology Centers Adult Nurse Aide Program.

Due to the number of applicants and the limited selection of students, I understand that an applicant who meets requirements is not guaranteed admission into the program.

Date: _____ Signature of Applicant:

Send completed application and required documentation to:

Adult Nurse Aide Program
Bedford Science and Technology Center
600 Edmund Street
Bedford, Virginia 24523