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

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

*Adult Nurse Aide Program  
Attn: Cindy Smith, LPN  
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.

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**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

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**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:

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**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.]

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**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:

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2. Name: \_\_\_\_\_ Position or

Title: \_\_\_\_\_

Address:

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3. Name: \_\_\_\_\_ Position or

Title: \_\_\_\_\_

Address:

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**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