

BSTC Nursing Assistant Application-High School Program

Instructors: Mrs. Jennifer Thornhill BSN, RN
Mrs. Brittany Bobbitt BSN, RN

- ❖ Completed application form and **THREE** teacher references must be submitted to Bedford Science and Technology Center Attn: Tara M. Smith (Date will be announced according to guidance requirements)
- ❖ Applicants must have a desire to work with the elderly and disabled individuals and will be required to perform basic needs care for the patients as training has been received.
- ❖ Applicants must understand that this program requires physical ability to lift and turn patients.
- ❖ Applicants must also be able to complete their role as a nursing assistant student at local medical facilities during class hours at predetermined times during the week.
- ❖ Program approved uniforms are required and purchased through the school: The students will be required to purchase these uniforms for participation in the clinical setting.
- ❖ Upon successful completion of the course the student will be eligible to be tested for certification by the Virginia Board of Nursing.
- ❖ Applicants must sign a Sworn Disclosure Statement according to the VA State Board of Nursing for a history of any criminal convictions or pending charges. A school history of behavior issues and/or admittance to Alternative School facilities may prevent admittance to the program. Each case will be reviewed individually.

Please use black or blue ink.

PLEASE COMPLETE THE FORM BELOW AND RETURN TO MRS. JENNIFER THORNHILL OR THE BSTC SCHOOL COUNSELOR.

First Name	Middle Name	Last Name	Base School
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Address	City/county	State	Zip
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Parent(s)/Guardian(s) Name(s)	Base School Guidance Counselor
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PLEASE CONTINUE TO COMPLETE THE FORM BELOW.

Home Phone #

Mobil Phone # (if available)

Student E-mail address (if available)

Parent E-mail address (if available)

Number of school days absent last year: _____

If extensive # of days missed you may list any reasons for absences below:

References (List three teachers to whom you gave reference forms.)

1. _____
2. _____
3. _____

➤ **Please include the school and subject taught**

PLEASE COMPLETE THE FOLLOWING FIVE (5) QUESTIONS:

1. Describe your experiences in working with the elderly and or disabled. Please explain why you wish to work in this area.

QUESTIONS CONTINUED:

2. List the important character qualities you feel are necessary for the person working in a health care career.

3. Please give examples of how you possess some of these qualities. It may be how people describe you or it can be due to situations you may have personally experienced.

4. Please explain why you wish to take this course and what you hope to achieve from this course.

5. How do you resolve conflicts with family, friends, or classmates? Please give an example.

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

BSTC Nursing Assistant Course Teacher Reference

Instructors: Jennifer Thornhill, BSN, RN
Brittany Bobbitt, BSN, RN

Email: jennifer.thornhill@bedford.k12.va.us
brittany.bobbitt@bedford.k12.va.us

BSTC: 540-586-3933

STUDENT'S NAME: _____

Using a scale of 1 (weakest) to 5 (strongest), please rate this student applicant in the following areas. You may select U for unknown if you are not sure how to respond to a category.

PROFESSIONALISM	1	2	3	4	5	U
DEPENDABILITY	1	2	3	4	5	U
TEACHABILITY	1	2	3	4	5	U
CRITICAL THINKING	1	2	3	4	5	U
DILIGENCE	1	2	3	4	5	U
ORGANIZATION	1	2	3	4	5	U
MOTIVATION/ADAPTABILITY	1	2	3	4	5	U
ATTENDANCE	1	2	3	4	5	U

YOUR NAME: _____ **SUBJECT** _____ **SCHOOL** _____

Would you recommend this student for this Nursing Assistant program in which they would be responsible for the care and *safety* of the elderly and disabled? _____

Explain: _____

COMMENTS: _____

THANK YOU FOR YOUR TIME! PLEASE RETURN TO BSTC BY COURIER TO: MRS. JENNIFER THORNHILL OR THE BSTC SCHOOL COUNSELOR.