

Sentara College of Health Sciences

APPLICATION FOR COLLEGE ADMISSION – 2012-2013

Bachelor of Science in Nursing Program

THE SENTARA COLLEGE OF HEALTH SCIENCES SEEKS TO ADMIT QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY PROVIDED THE APPLICANT IS QUALIFIED TO PERFORM THE TASKS NECESSARY TO MEET THE REQUIREMENTS OF THE PROGRAM WITH OR WITHOUT REASONABLE ACCOMMODATION.

APPLICATION PROCEDURE: Please refer to the Bachelor of Science in Nursing Program Admission section in the College catalog or at www.sentara.edu for specific information regarding admission requirements at www.sentara.edu.

Application Deadline for Traditional BSN and LPN to BSN for Aug. 2012: 10-21-2011.

Application Deadline for RN to BSN for Jan. 2012: 8-1-2011.

Application Deadline for RN to BSN for Jan. 2013: 8-1-2012.

I. PROGRAM TO WHICH YOU ARE APPLYING

Bachelor of Science in Nursing Degree

Traditional BSN ___Aug. 2012

LPN to BSN

RN to BSN ___Jan. 2012 ___Jan. 2013

Readmit Student

Have you taken nursing courses at another school? Yes No

Are you seeking Advanced Placement?

Yes No

Campus Location:

Chesapeake

Hampton

For Traditional BSN Applicants Only: Are you currently a C.N.A.? Yes No

If you answered no and are applying to our Nurse Aide Course, please indicate which course date you are applying for: ___Fall 2011 ___Spring 2012. (For Traditional BSN August 2012 applicants only) This application will serve for your Traditional BSN application and your Nurse Aide application. Only one administrative fee of \$50.00 is required.

Are you currently a Care Partner and completed the Care Partner coursework at Sentara College of Health Sciences?

Yes No

If you answered yes, are you interested in the Care Partner to Nurse Aide Course at the College? Yes No
(Only Care Partners trained at the College are eligible to complete the C.P. to N.A. Course)

CP to NA and NA Courses are only offered at the Chesapeake Campus.

II. APPLICANT INFORMATION

Mr.

Mrs.

Miss

Ms.

Name: _____
Last First Middle All Previous Last Names

Permanent Address:

Number and Street

City

State

Zip Code

Social Security Number: _____ **Date Of Birth:** _____ **E-Mail Address:** _____

Telephone: Primary (_____) _____ Secondary (_____) _____

Military Service History: None Veteran Currently Active

Are you eligible for Veterans' educational benefits? Yes No

Criminal History: If you answer yes to any of the following, please contact Student Services before submitting the application.

Have you ever been convicted of a crime other than a traffic offense? Yes No

If yes, please list state, and or county offense/offenses, and dates: _____

Do you have criminal charges pending? Yes No

Citizenship: Are you a U.S. Citizen? Yes No If no, are you a Permanent Resident? Yes No

Language: Is English your first language? Yes No

If you answered "No" above: Have you taken the TOEFL (Test of English as a Foreign Language) examination? Yes No

How did you *first* learn of Sentara College of Health Sciences? _____

Have you previously attended or applied to Sentara College of Health Sciences or

Sentara School of Health Professions?

Yes No

If yes, which Program/Course?

Years attended _____ or Year applied _____

III. HIGH SCHOOL EDUCATION

Verification of completion of High School or equivalent. Select your verification of high school:

- High School GED Home School

IV. TRANSFER CREDITS FOR BACHELOR OF SCIENCE IN NURSING DEGREE

Traditional BSN and LPN to BSN Applicants:

In order to be eligible to apply, you must have 30 credits of the below general education courses completed to include 3 of the 4 sciences but not to include the art and history. You must have EITHER a cumulative G.P.A. of 3.0 on a 4.0 scale on all college transcripts OR a 3.0 G.P.A. on the general education courses listed below.

RN to BSN Applicants:

In order to be eligible to apply, you must have 25 credits of the below general education courses completed to include 3 of the 4 sciences but not to include the art and history. You must have EITHER a PREFERRED cumulative G.P.A. of 2.5 on a 4.0 scale on all college transcripts OR a PREFERRED 2.5 G.P.A. on the general education courses listed below.

COLLEGE COURSES	Semester Credits Required	Completed (check)	Not Completed - (indicate month & year you plan to complete)
Human Anatomy & Physiology I w/lab*	4	<input type="checkbox"/>	
Human Anatomy & Physiology II w/lab*	4	<input type="checkbox"/>	
Introduction to Microbiology w/lab*	4	<input type="checkbox"/>	
College Chemistry w/lab*	4	<input type="checkbox"/>	
College Composition I	3	<input type="checkbox"/>	
College Composition II	3	<input type="checkbox"/>	
Math Statistics	3	<input type="checkbox"/>	
Ethics Elective (Social, Health, Bio, or Medical)	3	<input type="checkbox"/>	
Introduction to Psychology	3	<input type="checkbox"/>	
Developmental Psychology	3	<input type="checkbox"/>	
Introduction to Sociology	3	<input type="checkbox"/>	
Principles of Public Speaking	3	<input type="checkbox"/>	
Fine Art Elective	3	<input type="checkbox"/>	
History Elective	3	<input type="checkbox"/>	

V. READ CAREFULLY BEFORE SIGNING

Send or deliver your completed application form, along with all required documentation with this section and a \$50.00 administrative processing fee to: Student Services, Sentara College of Health Sciences, Crossways I, Suite 105, 1441 Crossways Blvd., Chesapeake, VA 23320. Checks should be made payable to Sentara.

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work as listed on this application and attachments. I also understand that the administrative processing fee is non-refundable. **If my application is incomplete I will have 10 business days to correct or my application will be withdrawn with no refund. If I do not include my \$50.00 administrative fee, my application will be returned.**

I understand that submitting the application does not guarantee admission to the College and there are additional admission requirements that must be completed before an admission decision can be rendered. I understand it is my responsibility to ensure the College receives all required documentation and follow the admission requirements to the College and the Nursing Program. Admission to the College does not guarantee admission to the Nursing Program. All applicants will be notified of their admission decision by mail.

By signing below, I authorize Sentara College of Health Sciences to verify my criminal history through Castle Branch, Inc. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have concerns about your criminal history, please contact Student Services before submitting your application. Administrative fees are non-refundable.

Applicant's Signature: _____ Date: _____