

# Sentara College of Health Sciences

## APPLICATION FOR ADMISSION

APPLICATION PROCEDURE: Please refer to the appropriate Admission Process section at [sentara.edu](http://sentara.edu) for specific information regarding admissions requirements. Failure to do so may result in application withdrawal and application processing fee forfeiture.

If the program you are applying to requires transcripts, please submit official or unofficial copies with the application. Official copies will be needed prior to program start. MENP applicants will receive instructions about how to submit a 300-word essay and two letters of reference.

You may mail your application, \$85 non-refundable application processing fee and any application materials to:

**Sentara College of Health Sciences, 1441 Crossways Boulevard, Suite 105, Chesapeake, Virginia 23320**

Checks should be made payable to Sentara.

### I. PROGRAM TO WHICH YOU ARE APPLYING (please check only one)

BACHELOR'S DEGREE PROGRAMS	ASSOCIATE DEGREE PROGRAMS	MASTER'S DEGREE PROGRAMS
<input type="checkbox"/> Bachelor of Science in Nursing (BSN)  RN to BSN (Please check one) <input type="checkbox"/> Full Time RN to BSN <input type="checkbox"/> Part Time RN to BSN  Are you a second degree seeking student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your degree a: <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate of Science/Art	<input type="checkbox"/> Surgical Technology (ST)  Cardiovascular Technology (CVT) (Select up to <u>two</u> specialties, please indicate your top selection by placing a "1" in the space provided)  <input type="checkbox"/> Adult Echocardiography ____ <input type="checkbox"/> Cardiac Electrophysiology ____ <input type="checkbox"/> Invasive Cardiovascular Technology ____ <input type="checkbox"/> Non-invasive Vascular Study ____	<input type="checkbox"/> MSN - Clinical Nurse Leader  <input type="checkbox"/> MSN - Entry to Nursing Practice  <b>CERTIFICATE PROGRAMS</b> <input type="checkbox"/> Monitor Surveillance  <input type="checkbox"/> Patient Care Technician

Please indicate the desired program start date: Month \_\_\_\_\_ Year \_\_\_\_\_  
(refer to [www.sentara.edu](http://www.sentara.edu) for start dates)

Are you seeking advanced placement? <input type="checkbox"/> Yes <input type="checkbox"/> No (Degree programs only. Refer to the online catalog for advanced placement criteria.)	For BSN applicants: Have you taken nursing courses previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you seeking admission as a transfer student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you seeking readmission? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### II. APPLICANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ Last First Middle All Previous Last Names
<b>Permanent Address:</b> _____ Number and Street City State Zip Code
<b>Date of Birth:</b> _____ <b>Social Security Number:</b> _____ <b>Email Address:</b> _____
<b>Telephone:</b> Primary _____ Secondary _____
<b>Military Service History:</b> <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Currently Active Are you eligible for Veteran's Educational Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Criminal History:</b> If you answer yes to any of the following, please contact Enrollment Services before submitting the application. Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list state _____ and/or county _____, offense(s) _____, and date(s) _____. If another, please list state _____ and/or county _____, offense(s) _____, and date(s) _____. Do you have any criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list state _____ and/or county _____, offense(s) _____, and date(s) _____.  <i>Please note: There are some misdemeanor convictions that may impact admission. These are reviewed on a case by case basis.</i>
<b>Citizenship:</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Sentara College can only accept U.S. Citizens or Permanent Residents.</i>
<b>Language:</b> Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you taken the TOEFL (Test of English as a Foreign Language) examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer no, please see <a href="http://www.sentara.edu/TOEFL">www.sentara.edu/TOEFL</a> for more information.</i>

### III. HIGH SCHOOL EDUCATION

To the best of my knowledge, I have graduated from a high school or high school equivalent program (e.g. home school) that was approved by a governing or state authority:  Yes  No

Name of School: \_\_\_\_\_ City, State of School: \_\_\_\_\_

Graduation Month and Year: \_\_\_\_\_

### IV. ADDITIONAL QUESTIONS

Are you a Sentara Employee?  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 or course? \_\_\_\_\_ Years Attended \_\_\_\_\_ or Year Applied \_\_\_\_\_

### V. COMPUTER SKILLS

Yes I certify I have basic computer skills, including the ability to send/receive emails, use a browser to navigate and search the web, the ability to download and upload documents, and use a word processing program.

### VI. FINAL REVIEW

Yes By submitting my application I certify that I have read and understand all admission requirements of the program or course for which I am applying, and understand that if I do not meet the requirements for admission my application may be withdrawn with no refund of the \$85 application processing fee.

Yes I also understand that submitting my application does not guarantee admission into any Sentara College of Health Sciences program 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 to follow the admission requirements to be reviewed for full admission into my chosen program. All applicants will be notified of their admission decision via email. Furthermore, applicants selected for admission will be required to pay a non-refundable processing fee and complete additional admission requirements prior to enrollment at the College.

### VII. READ CAREFULLY BEFORE SIGNING

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 (as attested above), and completed, in good standing, additional coursework as listed on this application and attachments.

By signing below, I authorize Sentara College of Health Sciences to verify my criminal history and National Sex Offender Registry through Castle Branch, Inc. The College also reserves the right to charge an additional fee if a more extensive background check is required. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have any concerns about your criminal history, please contact Enrollment Services before submitting your application.

Sentara College of Health Sciences does not discriminate against employees, students, or applicants on the basis of race, color, gender, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation in accordance with the requirements of Title VI of the Civil Rights Act, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and all other applicable rules and regulations. Any questions concerning any of these regulations should be directed to the HR Manager at 757-827-2303.

Yes I understand that my \$85 application processing fee is non-refundable.

Yes I also understand that if my application is incomplete, I will have 45 days or until the application deadline, whichever comes first, to provide the College with the outstanding paperwork to complete my application or my application will be withdrawn with no refund.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**S E N T A R A<sup>®</sup>**

College of Health Sciences

**Applicant Demographic Survey**

Directions: Please fill out the below information. All fields are required. The College uses the information for statistical reporting purposes only. Your information will remain confidential and does not influence any admission decision.

**Name under which you applied:** \_\_\_\_\_

**Last 4 of SSN:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Gender ID:**             Male             Female

**Marital Status:**     Single             Married             Divorced             Widowed

**What is the highest level of education you have completed? (Mark only one)**

- High School Diploma or GED
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree

**Race:**

- American Indian/Alaskan Native
- Asian
- Black/Non-Hispanic
- Hispanic/Latino
- Pacific Islander/Hawaiian
- White
- Two or more
- Other