

Dear Applicant:

Please use the following Admission Procedure Checklist when preparing your application to Henrico County – St. Mary's Hospital School of Practical Nursing.

### **ADMISSION PROCEDURE CHECKLIST**

- Fill out the 4-page application completely and legibly.
- Contact your high school/other school to request an official transcript or official copy of your GED certificate and scores, if applicable. You must have received your GED or high school diploma from the United States. Have the transcripts sent directly to you in a sealed envelope (**Do not open**). When you submit the application to Henrico County – St. Mary's Hospital School of Practical Nursing, include the unopened official transcripts with your packet. **DO NOT have the transcripts sent directly to the School of Practical Nursing.**
- Contact each college or university you have attended to request an official transcript. Have the transcripts sent directly to you in a sealed envelope (**Do not open**). When you submit the application to Henrico County – St. Mary's Hospital School of Practical Nursing, include the unopened official transcripts with your packet. **DO NOT have the transcripts sent directly to the School of Practical Nursing.**
- If you are not a U. S. citizen by birth, you must provide immigration or citizenship documentation. You can present the original immigration card or citizenship documentation to the Admissions Office for photocopying or you can send a notarized photocopy of the documents with your application packet.
- Have three (3) people who know you through a work or education setting complete the enclosed Reference Forms. Personal references are not accepted. Provide them with a self-addressed, stamped envelope addressed to you if not being handed directly to you. Have them place the completed recommendation form into the envelope, **seal it and sign across the seal**. The envelope should be returned **to you**. You should submit it (**unopened**) with your completed application.
- Mail or bring completed application packet to:  
Henrico County – St. Mary's Hospital School of Practical Nursing  
7850 Carousel Lane  
Henrico, VA 23294  
Attn: Coordinator, Henrico County - St. Mary's Hospital School of Practical Nursing

The completed application packet, including three references and transcripts, must be received or postmarked by March 1, 2023 to be considered for the class that will begin August 2023. After your completed application has been received, you will be contacted to schedule a date and time for your Test of Essential Academic Skills. Study materials for this test can be found at <https://atitesting.com/Solutions/PreNursingSchool/TEAS.aspx>. You will be notified of your admission status by the beginning of May 2023.

We appreciate your interest in our nursing program. If you have any further questions, please call 804-527-4660, ext. 82004 or 82007.

Specifics related to the nursing program can be found in the brochure located at <https://blogs.henrico.k12.va.us/adulteducation/>

Enclosures



APPLICATION FOR ADMISSION

We are pleased that you are applying for admission to Henrico County – St. Mary's Hospital School of Practical Nursing. We look forward to receiving your application and working with you throughout the admission process. Completed applications and all other required documents should be sent to:

Henrico County – St. Mary's Hospital School of Practical Nursing
7850 Carousel Lane
Henrico, VA 23294
Attn: Coordinator, Henrico County - St. Mary's Hospital School of Practical Nursing

Have you previously applied for admission to our School of Practical Nursing: [ ] Yes [ ] No
If yes, when? \_\_\_\_\_

How did you hear about the Henrico County – St. Mary's Hospital School of Practical Nursing?
[ ] Web Site [ ] High School/College Counselor [ ] Former Graduate
[ ] Flyer [ ] Career/College Fair [ ] Other (please explain)
[ ] Newspaper [ ] Friend/Family \_\_\_\_\_

PLEASE READ CAREFULLY. EACH PARAGRAPH MUST BE READ AND INITIALED. SIGN BELOW.

It is my understanding that I shall not be considered for admission until I have submitted all required information and a fully completed application. I also agree to inform the school of any changes in the following: plans to attend the program; address; legal name. \_\_\_\_\_ Initial

I understand that a false statement or omission of facts and circumstances on this application and/or on other documents related to my qualifications and background may be grounds for not enrolling or for dismissing me from the program after I begin classes. I certify that to the best of my knowledge and belief, all statements are correct, complete, current, and made in good faith and that I will attach information as necessary to meet this disclosure requirement. \_\_\_\_\_ Initial

If enrolled, I understand that I will be subject to and agree to abide by Henrico County Public Schools, Henrico County – St. Mary's Hospital School of Practical Nursing, and all clinical agency partner policies, procedures, rules, and practices. \_\_\_\_\_ Initial

I understand that I may be accepted into a program prior to completion of background and/or reference checks or investigations. If such inquiries, upon completion, establish information that in the opinion of Henrico County – St. Mary's Hospital School of Practical Nursing makes me unqualified, I understand I will be dismissed promptly. \_\_\_\_\_ Initial

I understand that an applicant who meets all requirements is not guaranteed admission into the program. \_\_\_\_\_ Initial

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Henrico County – St. Mary's Hospital School of Practical Nursing provides education opportunities without regard to race, color, religion, sex, age, disability, national origin, veteran status, sexual orientation, or any other status or condition protected by applicable laws, provided that an individual's qualifications meet the criteria established for admission to the School of Practical Nursing.

**Personal Information** .....

\_\_\_\_\_  
FULL NAME (LAST, FIRST, MIDDLE INITIAL, OTHER LAST NAMES)

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
HOME ADDRESS (NUMBER AND STREET)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
HOME NUMBER

\_\_\_\_\_  
CELL NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
EMERGENCY CONTACT TELEPHONE NUMBER

\_\_\_\_\_  
ARE YOU A U.S. CITIZEN?

\_\_\_\_\_  
IF NO, COUNTRY OF CITIZENSHIP

YES  NO

\_\_\_\_\_  
ALIEN REGISTRATION NUMBER (IF APPLICABLE)

\_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY?  
IF YES, PLEASE EXPLAIN IN AN ATTACHED LETTER.

YES  NO Any person who has been convicted of a felony may not be eligible for licensure as an LPN. Consult the laws of your state.

\_\_\_\_\_  
HAVE YOU EVER HELD A PROFESSIONAL LICENSE OR CERTIFICATE?

\_\_\_\_\_  
IF YES, WHAT TYPE? TYPE

\_\_\_\_\_  
STATE

YES  NO

\_\_\_\_\_  
HAS THIS LICENSE EVER BEEN INVESTIGATED OR DISCIPLINED? IF YES, PLEASE EXPLAIN:

YES  NO

**High School History** .....

\_\_\_\_\_  
HIGH SCHOOL LAST ATTENDED

\_\_\_\_\_  
CITY/STATE

\_\_\_\_\_  
DATE OF GRADUATION

\_\_\_\_\_  
DATE OF GED OR EQUIVALENT (IF APPLICABLE)

**Post-Secondary Information**

(LIST ALL FORMAL EDUCATION BEYOND HIGH SCHOOL IN CHRONOLOGICAL ORDER)

NAME OF SCHOOL

CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED

NAME OF SCHOOL

CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED

NAME OF SCHOOL

CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED

NAME OF SCHOOL

CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED

\_\_\_\_\_

**Employment History**

(LIST IN CHRONOLOGICAL ORDER BEGINNING WITH PRESENT EMPLOYMENT)

NAME OF EMPLOYER

CITY/STATE

TITLE OR POSITION

DATE OF EMPLOYMENT (MONTH/YEAR TO MONTH/YEAR)

NAME OF EMPLOYER

CITY/STATE

TITLE OR POSITION

DATE OF EMPLOYMENT (MONTH/YEAR TO MONTH/YEAR)

NAME OF EMPLOYER

CITY/STATE

TITLE OR POSITION

DATE OF EMPLOYMENT (MONTH/YEAR TO MONTH/YEAR)

NAME OF EMPLOYER

CITY/STATE

TITLE OR POSITION

DATE OF EMPLOYMENT (MONTH/YEAR TO MONTH/YEAR)

\_\_\_\_\_

**Applicant's Statement** .....

Please write a brief essay describing yourself, your achievements, your reasons for selecting nursing as a career, your reason for choosing this school, and your aspirations for the future. (If more space is needed, please attach an additional sheet.)

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to and/or continuation in Henrico County – St. Mary's Hospital School of Practical Nursing.

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APPLICANT'S SIGNATURE

DATE

# School of Practical Nursing Reference Form

**Section I (to be completed by applicant)**

**Name of Applicant**

Last	First	MI
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**Social Security number**

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(leave blank only if you do not have a U.S. Social Security number)

**Name of Reference**

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

- I waive my rights to inspect the contents of this recommendation.     I do not waive my rights to inspect the contents of this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Indicate your decision regarding a waiver of the right of access to this reference before giving it to the person who will submit it. You should then give the form to your reference with a self-addressed, stamped envelope. Have him or her place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you and you should return it with your application **unopened**. **Do not return separately.**

**Section II (to be completed by reference)**

Henrico County Public Schools will value your comments on the suitability of this applicant to do college level work and will hold your comments in confidence of the applicant who has signed the above waiver.

How long, and in what capacities, have you known the applicant? \_\_\_\_\_

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and format a solution .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space on the back of this form to elaborate on the applicant's qualifications.

10/17

You can see from the proceeding page that we are greatly interested in obtaining an accurate profile of the applicant's capability for college level study. We realize that check-off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like. Please give any additional comments. We especially appreciate comments on the applicant's intellectual capability, motivation for seeking a certificate in nursing, and likely tenacity in following through with the opportunity for nursing education (e.g., perseverance, work habits, organization). In addition, since the applicant is applying to a professional curriculum, we are interested in your comments about the applicant's significant professional attitude and behavior.

Your overall assessment of the applicant as to his or her ability to complete a nursing certificate:

- |  |   |
|--|---|
| <input type="checkbox"/> Highly recommend              | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend without reservation | <input type="checkbox"/> Do not recommend           |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Your position

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

Please place the completed form in the addressed and stamped envelope provided by the applicant.  
Please be sure to seal the envelope and sign it across the seal before returning it to the applicant.  
Thank you for assisting us with our self-managed application process.



# School of Practical Nursing Reference Form

**Section I (to be completed by applicant)**

**Name of Applicant**

Last	First	MI
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**Social Security number**

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(leave blank if you do not have a U.S. Social Security number)

**Name of Reference**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Good	Average	Poor	Unknown
Intellectual ability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and format a solution .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in applicant's general field .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/innovation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Written communication skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Your overall assessment of the applicant as to his or her ability to complete a nursing certificate:

- |  |   |
|--|---|
| <input type="checkbox"/> Highly recommend              | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend without reservation | <input type="checkbox"/> Do not recommend           |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Your position

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

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**Social Security number**

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Self-reliance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cooperativeness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- |  |   |
|--|---|
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| <input type="checkbox"/> Recommend without reservation | <input type="checkbox"/> Do not recommend           |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Your position

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

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