

# Rappahannock Community College

## Application: Career Studies Certificate Program, Nurse Aide

For Entry in \_\_\_\_\_ (Semester) of \_\_\_\_\_ (Year)

APPLICANT INFORMATION			
Last Name	First Name	MI	Date
Physical Street Address		Apt #	
City	County	State	Zip
Mailing Address		Apt #	
City	County	State	Zip
Home Phone	Work Phone	Cellular Phone	
VCCS Email address	Alternate Email Address		
VCCS Student ID	Have you ever applied to this program before? No _____ Yes _____ If yes, when?		
Campus Choice: _____ Warsaw _____ Glens _____ Kilmarnock _____ New Kent			
Note: Students may choose one home campus, but must be flexible in the event that course and clinical scheduling dictates a change in campus location. Similarly, space may be available in courses or clinical sites at or near the opposite campus necessitating faculty placement there. Campus locations are honored as your first choice, but not guaranteed. _____ Initial that you have read and understood this statement.			

**Please list all of your academic history in the spaces below and include any and all degrees or certificates earned.**

ACADEMIC HISTORY	FROM	TO	Last year attended	GRAD (Y/N)	Degree if applicable
Currently in High School Name of HS:					
High School graduate Name of HS:					
GED Completion					
Vocational School Name					
College Name					
College Name					
Have you taken or are you planning to take an approved 3-credit course to complete your Careers Studies Certificate? _____ Yes _____ No, If yes, what course and when will you take it?					
Have you ever enrolled in a Nurse Aide course before? _____ Yes _____ No. If yes, what program and when?					

**Please list any and all training and certifications you have completed. Put N/A if you have not completed any.**

Training/Certificates	Currently Practicing	Last Date of Practice	License or Certificate #
	____ Yes _____ No		
	____ Yes _____ No		
	____ Yes _____ No		

**Have the appropriate counselor sign this application stating you have been appropriately advised regarding this nurse aide program.**

	<b>Name</b>	<b>Signature</b>
<b>RCC Counselor/Career Coach</b>		
<b>Nursing Advisor</b>		
<b>Virginia Employment Commission Counselor</b>		
<b>OnRamp Counselor</b>		
<b>PluggedIN Counselor</b>		

<b>CHECKLIST FOR COMPLETE APPLICATION</b>	<b>INITIALS</b>	
I am enrolled as a student at Rappahannock Community College. If separated from RCC for more than 3 years, a new college application is required.		
I have completed all required college testing (VPT MTH & ENG) and developmental course work, if applicable. Candidates for the NA program must place into ENF 2 at a minimum.		
Evidence of: (See Additional Requirements Page on website). <i>Some of these may be completed during the first part of NUR 27 &amp; NUR 29</i>	YES Initial below	NO Initial below
1. Negative 2-step TB testing if you have never been tested, annual TST otherwise Positive TST in the past requires verification of a clear chest x-ray by your healthcare provider		
2. Hepatitis-B series completion		
3. Evidence of 2 MMR vaccines or the presence of titers proving immunity		
4. Tetanus booster (td or Tdap vaccination) within the past 10 years		
5. Lab results showing immunity to varicella (chicken pox) or vaccination series		
6. Tetanus Toxoid Vaccination (TDAP) within the last 10 years		
7. American Heart Association CPR for the Healthcare Provider		
8. Seasonal influenza vaccine must be taken during flu season		

**READ ONLY: Criminal Background Check Statement**—A criminal background check and drug screen are required for you to progress to the clinical portion of the Nurse Aide Program as required by our clinical affiliates. If you have a criminal conviction you should contact [www.castlebranch.com](http://www.castlebranch.com) to determine if your conviction will prevent you from completing this program. Initial \_\_\_\_\_ **Once you are entered in the program, you will receive instructions for completing this requirement.**

**READ ONLY: Student Accommodations Statement**—The Nurse Aide Program is committed to the policies set forth by RCC regarding disabilities and reasonable accommodations. If you require special services or accommodations, you should contact the RCC Disability Services Counselor on either campus for an appointment at least 2 weeks prior to the beginning of classes if you are accepted into the Nurse Aide Program. Your success is contingent upon your ability to fulfill the core competencies of the program.  
Initial \_\_\_\_\_

**I certify under penalty of disciplinary action up to and including automatic withdrawal from the nursing program, that all of the information is complete and accurate. I agree to supply the nurse aide program with supporting documentation related to my application, if I am requested to do so. I further understand that submission of this application does not guarantee admission to the nurse aide program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_