

This application is for 2020 only

Rappahannock Community College

Application: Nursing Programs

For Entry in **2020**

Application Due Date: February 28, 4pm

Date of application submission _____

If applying for guaranteed admission, check here: Guaranteed Admission

If you are **not** applying for guaranteed admission, select the programs to which you would like to apply (you may select more than one):

Practical Nursing (PN) PN to ADN Transition (PN to ADN only)

Associate Degree in Nursing (ADN)

READ CAREFULLY: Per VCCS Policy 6.0.5, admission consideration is given to qualified applicants who are residents of the political subdivisions supporting the College and residents of those localities. Since enrollments are restricted for the nursing programs, admission consideration will be given to residents of the RCC service area first. Contact your nursing advisor for questions. _____ Initials

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 enrolled in a nursing program? No ___ Yes ___ If yes, what program and when? What was the reason for not completing?		
Campus Choice: _____ Warsaw _____ Glenns			
Note: Students may choose one home campus, but it is <u>not</u> guaranteed. Students must be flexible in the event that course and clinical scheduling dictates a change in a campus location. Campus locations are not guaranteed. Campus assignment may change each semester, depending on program space _____ 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.

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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					
College Name*					
College Name*					

*Please include any additional colleges you have attended on the back of this application.

Training/Certificates	Y/N	Currently Practicing	Last Date of Practice	License or Certificate #
Certified Nurse Aide**		___Yes ___No		
LPN/LVN**		___Yes ___No		

**Attach a copy of your license to your application.

CHECKLIST FOR COMPLETE APPLICATION	INITIALS
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.	
I have attended a general information session. If yes, initial in space, if no, state NO.	
I have met with a nursing advisor. If yes, initial in space, if no, state NO	
All official transcripts from each college and high school I have attended have been hand delivered by me in sealed envelopes to my nursing program advisor or mailed directly by my college to Admission and Records. RCC transcripts do not need to be official.	
I have been placed in the pre-Nursing Career Studies Certificate or pre-Practical Careers Studies Certificate by college advisors and I know who my nursing advisor is. Indicate which program in space.	
I have completed the Kaplan Admission Test within the last 3 years and the results are included with this application.	
I have a cumulative GPA of 2.0 (PN Program) in all coursework or 2.5 (Advanced Placement LP to ADN or ADN) or higher in the five prerequisite courses. .	
If applying under Guaranteed Admission, I have a 3.0 in all curricular courses with no repeat attempts in any curricular course.	
I have completed all pre-application requirements listed in the application package for my selected program(s).	
I certify that I do not have any conduct violations from RCC or any other college attended and/or I understand that the Admissions Committee will verify	
I certify I have completed the pre-requisite courses for the program(s) selected with a grade of "C" or higher.	

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READ ONLY: Criminal Background Check Statement—A criminal background check and drug screen are required for admission to the nursing program(s) as required by our clinical affiliates. If you have a criminal conviction you should contact <https://www.castlebranch.com/> to determine if your conviction will prevent you from enrolling in this program. **Initial** _____

READ ONLY: Student Accommodations Statement—Nursing programs are 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 a nursing program. Your success is contingent upon your ability to fulfill the core competencies of the program.
Initial _____

IMPORTANT NOTE: All prospective students are required to be eligible to participate in all clinical facilities where we are contracted to provide clinical supervision. *Students who are not eligible for rehire in any facility may be excluded from clinical experiences, and thus may forfeit their seats in the nursing program.* Please complete the following:

I am a current employee, in good standing, in a healthcare facility in the following systems: Sentara, Riverside, Bon Secours or Mary Washington	Yes	No	If yes, what facility?	
I am a former employee in a healthcare facility from the above-listed systems	Yes	No	If yes, what facilities? List all	
As a former employee, I left in good standing and am eligible for rehire.	Yes	No	If you are unsure, you MUST contact your former employer for verification	

After completion of this application and attachment of all transcripts, make an appointment with a nursing advisor. You cannot turn this package in until you have a nursing advisor signature below.

Nursing Advisor _____ Date: _____

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 nursing program with supporting documentation related to my application if I am requested to do so. I further understand that submitting this application does not guarantee admission to a nursing program.

Signature _____ **Date** _____