**Danville Community College *Nursing Application Entry: Spring 2023 Applying for: \_\_\_\_\_\_\_\_ RN \_\_\_\_\_\_\_\_ LPN \_\_\_\_\_\_\_***

(If you wish to be considered for both theRN & LPN programs, please indicate first choice.)

**If applying for readmission, please complete readmission form**

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT INFORMATION | | | |
| Last Name: | First Name: | MI: | Date: |
| Street Address | | Apt. # | |
| City: | County: | State: | Zip: |
| Home Phone: | Work Phone: | Cell Phone: | |
| VCCS Email address: @email.vccs.edu | | SS #: | |
| VCCS Student ID: | Alternate Email address: | | |

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 school: |  |  |  |  |  |
| High School graduate  Name of school: |  |  |  |  |  |
| GED Completion |  |  |  |  |  |
| College Name: |  |  |  |  |  |
| College Name: |  |  |  |  |  |
| College Name: |  |  |  |  |  |
| Have you ever enrolled in a nursing program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what school and what year? If yes, was it the RN or LPN level? | | | | | |

Please list classes in which you are **currently enrolled**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**An official sealed transcript must be submitted from your high school and any college attended outside of the VCCS system with your application. Transcripts and a copy of your Kaplan entrance score must be emailed to the Nursing Department at** [**nursing@danville.edu**](mailto:nursing@danville.edu)**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

­­­­­­­­­­­­­­­­­Before being admitted into the program, an applicant must have a high school diploma or GED. All applicants must have completed prerequisites with a grade of “C” or higher. Due to limited seats, all applicants are **not** guaranteed acceptance into the program even if all prerequisites have been met.

Prerequisites for the **RN** Program include ENG 111, BIO 141, NUR 135, SDV 100, and PSY 230. Applicants must also demonstrate proficiency in mathematics with *evidence of completion of HS Algebra I and Algebra II with a grade of “C” or better within the past five years OR Completion of MDE 10 OR Completion of MTH 154 or higher with a grade of “C” or better*

Prerequisites for the **PN** Program include ENG 111, BIO 141, BIO 142, and NUR 135.

No student shall be under the influence of, use, consume, possess, purchase, sell, dispense, distribute, manufacture, or display any illegal drugs or alcoholic beverages while on duty. No students shall violate any federal or state criminal drug statute at any time. No student shall perform duties under the influence of prescription drugs which may affect the student’s ability to perform safely or effectively prior to gaining approval from his/her instructor.

DCC has the right to random drug screen at any time. The Nursing Program drug screens at random points.

\*\*\*Certain criminal convictions may prevent licensure as a nurse or certification as a nurse aide in Virginia. Criminal convictions may also prohibit employment in certain health care settings. Students convicted of any felony or any misdemeanor involving moral turpitude/barrier crimes do not qualify for the Nursing Program at DCC. The clinical facilities will not allow students to complete clinical hours and students will not be able to meet the Virginia Board of Nursing requirements of direct clinical hours, nor meet the credit requirement for graduation. Any student entering the program who has committed illegal offenses other than minor traffic violations should discuss these matters with the program head for clarification.

If you are applying for readmission to the Nursing Program, you must complete the Request for Re-entry form.

Re-entry must be within 12 months of exiting the program.

I understand that by signing this application that the information contained in it is true. If found to have provided false information, my application will be cancelled or if already in the program, I will be dismissed.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After completing this application, send it to [nursing@danville.edu](mailto:nursing@danville.edu) along with other required documents.

After submitting the application, note the date. It is the student’s responsibility to verify the date of application and all submitted documents.

*Danville Community College promotes and maintains educational and employment opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin, or other non-merit factors. Danville Community College prohibits sexual harassment including sexual violence.*