



VIRGINIA BEACH CITY PUBLIC SCHOOLS  
 VIRGINIA BEACH TECHNICAL AND CAREER EDUCATION CENTER  
**VIRGINIA BEACH SCHOOL OF PRACTICAL NURSING**  
 2925 NORTH LANDING ROAD  
 VIRGINIA BEACH, VIRGINIA 23456-2499  
 757.648.5889

**PLEASE NOTE:**  
**APPLICATION**  
**DEADLINE –**  
**MAY 1, 2010**  
**Applications must be**  
**received in the**  
**nursing office by this**  
**date!**

**APPLICATION**

*(Type responses in the indicated fields and then print)*

*PLEASE SIGN AND DATE ON THE BACK; APPLICATIONS NOT SIGNED WILL NOT BE CONSIDERED.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Mr/Mrs) Last, First, Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip Code

SS#: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_ Have you applied to this program before:  Yes  No If yes, when: \_\_\_\_\_

Are you a high school graduate?  Yes  No **OR** GED?  Yes  No *(Please attach an official transcript or GED record)*

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Other education or training:

<u>Name of School</u>	<u>City &amp; State</u>	<u>Certificate/Degree Earned</u>	<u>Dates of Attendance</u>

List experience in health care, if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your reasons for wishing to enter practical nursing? (Attach a typed essay, be sure to put your name on the essay, minimum 175 words and maximum 325 words, double spaced, 12 pt font, 1" margins.)  
**\*\*APPLICATION WILL NOT BE ACCEPTED WITHOUT THE REQUIRED ESSAY)**

**PERSONAL REFERENCES:** List the names and addresses of three (3) persons, who have known you during the past five years.

<u>Name</u>	<u>Address (Street, City, State &amp; Zip Code)</u>	<u>Telephone</u>

**EMPLOYMENT HISTORY:** List chronologically, beginning with the most recent.

Dates		Name & Address (Street, City, State & Zip Code)	Type of Work	Reason for Leaving
From	To			
		Supervisor:		
		Supervisor:		
		Supervisor:		

**I certify that all information included in this application is true to the best of my knowledge. I hereby authorize the School of Practical Nursing to request such information, as necessary, to verify information given by me on the application form.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**PLEASE BE SURE YOU ATTACH YOUR TRANSCRIPT/GED RECORD – YOU WILL RECEIVE NOTICE VIA U.S. MAIL REGARDING THE REVISED PSYCHOLOGICAL SERVICES BUREAU APTITUDE FOR PRACTICAL NURSING EXAM.**