



Practical Nursing Program Rockbridge Area



**Application Packet
2012 - 2013**



P O Box 1000
Clifton Forge, VA 24422-1000
540-863-2827
www.dslcc.edu

Thank you for your interest in the Practical Nursing Program that DSLCC offers each year in the Rockbridge area.

To be considered for admission into the next class, please read this entire *Application Packet* and follow the steps that are outlined for all applicants.

There is also an *Information Packet* with details about the curriculum, courses and costs. It is important for all applicants to review this document as well. For any questions about the program, please call (540) 458-3299.

ALL MATERIALS MUST BE ON FILE at the DSLCC Rockbridge Regional Center by 5:00 pm on Thursday, April 1, 2012.

Bring or mail all completed materials to:

Practical Nursing Program
DSLCC Rockbridge Regional Center
35 Vista Links Drive
Buena Vista, VA 24416

Again, thank you for considering Dabney S. Lancaster Community College!

DSLCC...It's All About Where You're Going!

Dabney S. Lancaster Community College
Practical Nursing Program – Rockbridge Area
Application Packet
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Institutional Policy for Equal Opportunity

It is the policy of Dabney S. Lancaster Community College to promote equal opportunity in educational programs and activities, admission and employment without regard to race, creed, gender, national origin, disability or any other non-merit factor. For more information, contact the office of the Vice President for Instruction, Student Services and Research at 540-863-2850.

Admissions Checklist

| | <u>Deadline</u> | <u>Cost</u> |
|--|-----------------|-----------------------|
| Prospective Students complete the following steps: | | |
| <input type="checkbox"/> Complete an Application for Admission to Dabney S. Lancaster Community College (on line preferred; paper enclosed.) | ASAP | No Cost |
| <input type="checkbox"/> Have official transcripts sent from high school(s) or other colleges you have attended. | ASAP | Varies by institution |
| <input type="checkbox"/> Complete an Application for the Practical Nursing Program (enclosed) | ASAP | No Cost |
| <input type="checkbox"/> File Free Application for Federal Student Aid (www.fafsa.ed.gov .) | ASAP | No Cost |
| <input type="checkbox"/> Take the required pre-admission examination and score above 50 th percentile. | TBA | \$40.00* |
| <input type="checkbox"/> Have three (3) references send letters directly to the Practical Nursing Program (form enclosed) | ASAP | No Cost |
| <input type="checkbox"/> Wait to be contacted for personal interview with the Director. | | |
| <input type="checkbox"/> Receive letter of contingent admission or denial into the program. | | |

Students with Conditional Acceptance:

| | | |
|---|------|----------|
| <input type="checkbox"/> Arrange for health assessment screening. | ASAP | Varies |
| <input type="checkbox"/> Take urine drug screening test. | ASAP | \$50.00* |
| <input type="checkbox"/> Undergo criminal background check. | ASAP | \$50.00* |

Students with Final Acceptance complete the following steps before program begins:

| | | |
|--|------|--------------------|
| <input type="checkbox"/> Return Statement of Intent to enroll in the program. (enclosed) | ASAP | No Cost |
| <input type="checkbox"/> Register for classes at DSLCC (main campus or Rockbridge Regional Center.) Pay or secure financial aid. | | Varies by semester |
| <input type="checkbox"/> Purchase textbooks and other selected items at DSLCC Rockbridge Regional Center in Buena Vista. | | Varies by semester |

NOTE: All applications and supporting documents should be mailed directly to:
 Penny Fauber, Director
 Practical Nursing Program
 Dabney S. Lancaster Community College -Rockbridge Regional Center
 35 Vista Links Drive
 Buena Vista, VA 24416

*“Please note that costs for items such as supplies, equipment, uniforms, etc. are provided for the convenience of students who may wish to develop a budget for program-related expenses. The figures are only estimates and are subject to change without notice. DSLCC is not responsible for any increases in the figures listed.”

| | |
|---------------------|--|
| For Office Use Only | |
| Empl. ID _____ | |
| IS _____ OS _____ | |
| Staff Initial _____ | |
| Date _____ | |



APPLICATION FOR ADMISSION

Please Note: In compliance with the Sex Offender and Crimes Against Minors Registry, a portion of this information will be submitted to the Virginia State Police.

1. Name: _____
First Full Middle Last

2. Social Security Number: _____ - _____ - _____

See privacy statement, which can be obtained in the Admissions Office.

3. Former name: _____
First Full Middle Last

4. Date of birth: _____ / _____ / _____
(Month) (Day) (Year)

5. Have you previously attended, applied for admission to, or been employed by any Virginia Community College?
 _____ Yes _____ No **If yes, SIS ID (Empl ID), if known:** _____

6. In what type of class will you be enrolling? _____ Credit classes _____ Non-credit/CEU classes

7. What college do you plan to attend? _____ (if applicable)

8. Prefix: _____ Mr. _____ Miss _____ Ms. _____ Mrs. _____ Dr.

9. Suffix: _____ Jr. _____ Sr. _____ II _____ III _____ IV _____ V _____ Esq. _____ Ph.D. _____ DVM

10. What term will you begin classes? 20____ Term: _____ Fall (Aug-Dec) _____ Spring (Jan-May) _____ Summer (May-Aug)

11. Phone (include area code): (_____) _____ - _____

12. Mailing address: _____
(Street) (City) (State) (ZIP) (Country, if not USA)

13. County, City, State or Country of Residence: _____

Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.

14. Email address: _____

This address will be your unofficial e-mail address; you will be assigned an official e-mail address after your application has been entered in the Student Information System.

15. Business phone (if employed): (____) _____ - _____ extension: _____

16. Employer (if employed): _____

17. Gender: _____ Male _____ Female

18. Is English your native language? _____ Yes _____ No

19. **U.S. Citizen Status:** _____ Native _____ Naturalized _____ Alien Permanent _____ Alien Temporary _____ Not reported or Not living in the U.S.

Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa. "Alien Permanent", "Alien Temporary" or "Not reported or Not living in the US" applicants must complete the remainder of the question on Citizen Status.

Country of Citizenship? _____ **Permanent Status:** _____ Resident Alien _____ Asylee _____ Refugee A#: _____

Visa Type: _____ Visa Expiration Date: _____
(Month) (Day) (Year)

If you chose "Not reported or Not living in the US," what Visa Status are you requesting? _____

20. Ethnic group: ___ White ___ Black/African American ___ Hispanic/Latino ___ Asian ___ American Indian/Alaska Native ___ Native Hawaiian/Other Pacific Islander

21. Military information: ___ No Military Service ___ Spouse ___ Dependent ___ Active duty ___ Active reserves ___ Inactive reserves ___ Retired ___ Veteran/VA Ineligible ___ Veteran Branch: _____

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-credit", please sign and date the application. If you wish to be considered for in-state tuition rates, certain contract rates, or are planning to apply for Senior Citizen benefits, you must also complete the Application for In-State Tuition.

22. Secondary Education Type: ___ High School ___ GED Program ___ Home Schooling
Secondary Education: School or Agency Name: _____
Located in: _____
City/County State Country
GED or High School Graduation Date: _____ Anticipated Graduation Date: _____
mm/yy mm/yy
Non-Graduate: Highest grade completed: _____ Date completed: _____
mm/yy
Type of high school diploma or certificate: ___ General ___ Other ___ Don't Know

Please use the following types of diplomas or certificates: General Diploma (Includes: Advanced Studies, Standard, Modified Standard, or GED), Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

23. Do you plan to pursue a degree, certificate, or diploma? ___ Yes ___ No
If yes, then identify your plan of study (refer to the college's list of plans): _____
(Financial Aid students must check yes and enroll in an approved plan of study). (Include specialization/sub-plan, if applicable).

If No, give reason for taking classes: **(Check only one)**
___ Upgrading current job skills ___ Developing skills for new job ___ Exploring career options
___ Pursuing personal interest or general knowledge ___ Currently pursuing degree at another college (transient/visitor)
___ Planning to pursue a degree at another college (non-degree/transfer)

High School Applicants Only: ___ Dual Enrollment ___ Principal Permission ___ Dual Enrollment/Principal Permission

24. Colleges/Universities attended. If you have taken any college classes, please list all colleges attended with most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

| College or University | City, State/Country (if not USA) | Dates Enrolled | Degrees |
|-----------------------|----------------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |

25. Are you eligible to enroll at the last college attended? ___ Yes ___ No
26. What campus do you plan to attend? _____ (If College has more than one campus, indicate the campus you plan to attend).
27. Do you want to apply for in-state tuition rates? ___ Yes ___ No
Selecting NO will cause you to be charged higher out-of-state tuition rates.
Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.
Please contact the college admissions office if you have any questions.

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ **Date:** _____

Parent/Legal Guardian's Signature: _____ **Date:** _____
(If under 18 years of age)

This institution promotes and maintains educational 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. Employer, date of birth, sex, and race information are used for research, reporting and management of student records.

Application for In-state Tuition

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.
Please contact the college admissions office if you have any questions.

1. Applicant's Name: _____ Date of birth: ____/____/____
(First) (Full Middle) (Last) (mm) (dd) (yy)

Applicant's Social Security Number: _____

- 2. Please choose the domicile on which you want to base your eligibility for in-state tuition:
() Parent's Domicile: Choose this option if you receive over half of your financial support or you are claimed as a tax dependent by your parents.
() Legal Guardian's Domicile: Choose this option if you are under the custody of a court-appointed legal guardian.
() Spouse's Domicile: Choose this option if you are married and want to claim eligibility for in-state tuition based on your spouse's domicile.
() Your Domicile: Choose this option if you want to claim eligibility for in-state tuition based on your own domicile.

If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.

- () I am a veteran or active duty member of the U.S. Armed Forces.
() I have legal dependents other than my spouse.
() I am a ward of the court or was a ward of the court until age 18.
() I am enrolled in graduate school.
() I am married.
() Both of my parents are deceased and I have no adoptive or legal guardian.
() I can present clear and convincing evidence that I am financially self-sufficient.

3. Provide the name of the person upon whom you are basing your domicile: _____
(First) (Middle) (Last)

- 4. Answer the following questions. For the entire 12 months prior to the term in which you enroll, will the person listed above:
continuously lived in and continue to live in Virginia? () Yes () No
filed a tax return or paid income taxes to Virginia? () Yes () No Income () Income in another state
been a United States citizen? () Yes () No
If "No", been a permanent alien resident? () Yes () No If "Yes", provide the A#: _____
been registered to vote in Virginia? () Yes () Not Registered to Vote () Registered in another state
held a valid Virginia driver's license or Virginia DMV ID? () Yes () No license or ID () Licensed in another state
owned or operated a motor vehicle registered in Virginia? () Yes () No Vehicle () Registered in another state
lived outside of Virginia, but worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income in this Commonwealth? () Yes () No
filed a tax return or paid income taxes to a state other than Virginia? () Yes () No If yes, paid or filed in what state? _____

- 5. Is the person listed above on active duty with the military? () Yes () No
If yes, provide the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state:
State: _____ Effective Date: _____ (mm/dd/yy)
Is the person listed above stationed in Virginia pursuant to orders? () Yes () No
If yes, provide the reporting date listed on the orders to Virginia. _____ (mm/dd/yy)
If yes, will the spouse of the person listed above have resided in Virginia, earned at least the equivalent of a full-time wage salary and paid income taxes to Virginia for one year prior to the start of the term in which you will enroll? () Yes () No

6. Has the person listed above retired or been discharged from the military? () Yes () No
If yes, provide the retirement or discharge date. _____ (mm/dd/yy)

- 7. Is the spouse of the person listed above on active duty with the military? () Yes () No
If yes, provide the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state:
State: _____ Effective Date: _____ (mm/dd/yy)
Is the spouse of the person listed above stationed in Virginia pursuant to orders? () Yes () No
If yes, provide the reporting date listed on the orders to Virginia. _____ (mm/dd/yy)
If yes, will the person listed above have resided in Virginia, earned at least the equivalent of a full-time wage salary and paid income taxes to Virginia for one year prior to the start of the term in which you will enroll? () Yes () No

8. Has the spouse of the person listed above retired or been discharged from the military? () Yes () No
If yes, provide the retirement or discharge date. _____ (mm/dd/yy)

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent, Legal Guardian or Spouse

Date



**Application for Admission
Practical Nursing Program – Rockbridge Area**

Date of Application _____

Name _____
Last First Middle/Maiden

Current Address _____
Street

_____ City State Zip

Phone Number _____
Home Cell Work

Email _____

How long have you lived at current address? _____

If living at current address for less than two years, list other address

_____ From (mo/yr) To (mo/yr) Address City State

Birth Date _____ Social Security Number _____

References: Only professional persons or previous employers are to be used. No family members or personal friends. If you have previously been enrolled in a nursing program, one of the references must be from a former nursing instructor. **Please ask each reference to send a letter directly to the Practical Nursing Program Director.**

| Name | Complete Address and Phone # | Occupation |
|-------|------------------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever applied to this nursing school before? Yes ____ No ____

If yes, when? _____

Reason for not attending? _____

Do you have any experience in nursing? Yes _____ No _____

If yes, what experience do you have? _____

The following information is required by the laws of the Commonwealth of Virginia.

Have you ever been convicted, pled guilty to, or pled no contest to the violation of any federal, state, or local law which constituted a felony or misdemeanor, excluding traffic violations, but including driving while intoxicated?

Yes ____ No ____

Have you ever had action taken against you or been denied a certification of a license in a health-related field?

Yes ____ No ____

Explain any yes answers below:

Please note: A criminal background check will be done on each applicant by the Department of Social Services and the Virginia State Board of Nursing.

Education

Type Name of School City State From To Graduate? _____

High School _____

Trade/Vocational _____

GED _____

College _____

Nursing _____

Dabney S. Lancaster Community College
Practical Nursing Program in the Rockbridge Area

Pre-Entrance Examinations for Prospective Students
Seeking Admission into the 2012 Program

Candidates must select one of the three examination sessions:

| | | | |
|----------|------------------|----------------------|---------------------------|
| Saturday | January 7, 2012 | Check-In at 8:30 am | Testing Begins at 9:00 am |
| Thursday | February 9, 2012 | Check-In at 3:30 pm | Testing Begins at 4:00 pm |
| Thursday | March 8, 2012 | Check-in at 12:30 pm | Testing Begins at 1:00 pm |

- Location of all three testing sessions will be the DSLCC Rockbridge Regional Center on Vista Links Drive in Buena Vista. Vista Links Drive is right off of Midland Trail (U.S. Route 60), a short distance east of Food Lion/CVS. Examinees should follow signs to the Vista Links Golf Course.
- Examinees must arrive early (30 minutes) to be ready to begin the test session on time—this includes registration, payment (if appropriate) and logging in to a computer to be ready for the actual testing session.
- Individuals should check in at the RRC Front Desk upon arrival for further instructions and the number of the room where the testing will be held.
- Information on how to make the required payment in the amount of \$40.00 will be made available at a later time. No individual will be allowed to test without first making payment.
- Room will be reserved for exam with a computer for each individual.
- Directions and assistance will be provided by a college representative who will be with the examinees for each session.
- The test will begin promptly and no one will be allowed to enter the session late. This is critical so the proctor can determine the exact number of examinees and ensure that all individuals have the courtesy of a quiet, professional setting with no interruptions or distractions occurring from late arrivals.
- The online format of the examination will be used.
- A proctor will assist examinees with getting online and providing the test code information necessary to begin.

- The testing process is expected to take approximately three hours so test examinees should plan their day/evening accordingly.
- There is at least one break scheduled during the session.
- The proctor will remain in the room for the entire session.
- After the examination is over, the proctor will provide information on the process of getting test results and taking the next step(s) in the application process.
- Those who learn later that they did not meet the minimum score required of all applicants may retest at an upcoming session by repeating the entire process of registering and paying for the examination. If an applicant selects test session number three, he or she will have no opportunity to retest.
- Individuals who plan to attend one of the three test sessions should arrive early. Applicants must submit both a completed *DSLCC Application for Admission* and a completed *Application for Admission--Practical Nursing Program* when they arrive; this must be done so that the College can begin a student record with the necessary data on each applicant. This information is kept confidential and used only for the assessment of each applicant's suitability for admission to the Practical Nursing Program. You cannot take the test without first submitting these two documents.
- In the event of inclement weather, power outage, or any other emergency that can have an impact on the testing session(s), check before traveling to the Center. Watch for information posted on the home page of the College's web site at www.dslcc.edu or call 540/261-1211 for a recorded message.



Practical Nursing Program

REFERENCE (1)

Section 1 (to be completed by applicant)

The following information must correspond to the information submitted on your Practical Nursing Program application. Give this form to your reference along with an envelope addressed to ***Dabney S. Lancaster Community College, Practical Nursing Program, Rockbridge Regional Center, 35 Vista Links Drive, Buena Vista, VA 24416.*** The reference form must be sent from the person completing the reference and returned directly to the director.

| Last Name | First Name | Middle/Maiden Name |
|-----------|------------|--------------------|
|-----------|------------|--------------------|

Name of Reference _____

The Family Education Rights and Privacy Act of 1974 guarantees students' access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicants wish regarding this recommendation.

_____ *I waive my right to inspect the contents of this recommendation*

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

Section 2 (to be completed by reference person)

The Practical Nursing Program will value your comments on the suitability of this applicant to do the assigned work associated with practical nursing and will hold your comments in confidence if the applicant has signed the above waiver.

For how long and in what capacity have you known the applicant? _____

Please rate the following traits to the best of your ability for this applicant.

| AREA | SUPERIOR | GOOD | AVERAGE | POOR | UNKNOWN |
|----------------------------------|----------|------|---------|------|---------|
| Intellectual Ability | | | | | |
| Ability to analyze a problem | | | | | |
| Self-reliance | | | | | |
| Leadership | | | | | |
| Personal grooming | | | | | |
| Motivation | | | | | |
| Self-discipline | | | | | |
| Ability to get along with others | | | | | |
| Oral communication skills | | | | | |
| Written communication skills | | | | | |
| Reliability | | | | | |

RECOMMENDATION

We are very interested in obtaining an accurate profile of this applicant's ability for the Practical Nursing Program. We realize that check-off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments.

Your overall assessment of the applicant of his/her ability to complete nursing school is:

___ Highly recommend ___ Recommend with reservation ___ Do not recommend

Signature _____ Date _____

_____ Print Name

Institution/Job _____

Your Position _____ Phone # _____



Practical Nursing Program

REFERENCE (2)

Section 1 (to be completed by applicant)

The following information must correspond to the information submitted on your practical nursing program application. Give this form to your reference along with an envelope addressed to ***Dabney S. Lancaster Community College, Practical Nursing Program, Rockbridge Regional Center, 35 Vista Links Drive, Buena Vista, VA 24416.*** The reference form must be sent from the person completing the reference and returned directly to the director.

| Last Name | First Name | Middle/Maiden Name |
|-----------|------------|--------------------|
|-----------|------------|--------------------|

Name of Reference _____

The Family Education Rights and Privacy Act of 1974 guarantees students' access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicants wish regarding this recommendation.

_____ *I waive my right to inspect the contents of this recommendation*

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

Section 2 (to be completed by reference person)

The Practical Nursing Program will value your comments on the suitability of this applicant to do the assigned work associated with practical nursing and will hold your comments in confidence if the applicant has signed the above waiver.

For how long and in what capacity have you known the applicant? _____

Please rate the following traits to the best of your ability for this applicant.

| AREA | SUPERIOR | GOOD | AVERAGE | POOR | UNKNOWN |
|----------------------------------|----------|------|---------|------|---------|
| Intellectual Ability | | | | | |
| Ability to analyze a problem | | | | | |
| Self-reliance | | | | | |
| Leadership | | | | | |
| Personal grooming | | | | | |
| Motivation | | | | | |
| Self-discipline | | | | | |
| Ability to get along with others | | | | | |
| Oral communication skills | | | | | |
| Written communication skills | | | | | |
| Reliability | | | | | |

RECOMMENDATION

We are very interested in obtaining an accurate profile of this applicant's ability for the practical nursing program. We realize that check-off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments.

Your overall assessment of the applicant to his/her ability to complete nursing school is:

___ Highly recommend ___ Recommend with reservation ___ Do not recommend

Signature _____ Date _____

_____ Print Name

Institution/Job _____

Your Position _____ Phone # _____

Reference (1)



Practical Nursing Program

REFERENCE (3)

Section 1 (to be completed by applicant)

The following information must correspond to the information submitted on your practical nursing program application. Give this form to your reference along with an envelope addressed to ***Dabney S. Lancaster Community College, Practical Nursing Program, Rockbridge Regional Center, 35 Vista Links Drive, Buena Vista, VA 24416.*** The reference form must be sent from the person completing the reference and returned directly to the director.

| Last Name | First Name | Middle/Maiden Name |
|-----------|------------|--------------------|
|-----------|------------|--------------------|

Name of Reference _____

The Family Education Rights and Privacy Act of 1974 guarantees students' access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicants wish regarding this recommendation.

_____ *I waive my right to inspect the contents of this recommendation*

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

Section 2 (to be completed by reference person)

The Practical Nursing Program will value your comments on the suitability of this applicant to do the assigned work associated with practical nursing and will hold your comments in confidence if the applicant has signed the above waiver.

For how long and in what capacity have you known the applicant? _____

Please rate the following traits to the best of your ability for this applicant.

| AREA | SUPERIOR | GOOD | AVERAGE | POOR | UNKNOWN |
|----------------------------------|----------|------|---------|------|---------|
| Intellectual Ability | | | | | |
| Ability to analyze a problem | | | | | |
| Self-reliance | | | | | |
| Leadership | | | | | |
| Personal grooming | | | | | |
| Motivation | | | | | |
| Self-discipline | | | | | |
| Ability to get along with others | | | | | |
| Oral communication skills | | | | | |
| Written communication skills | | | | | |
| Reliability | | | | | |

RECOMMENDATION

We are very interested in obtaining an accurate profile of this applicant's ability for the practical nursing program. We realize that check-off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments.

Your overall assessment of the applicant to his/her ability to complete nursing school is:

___ Highly recommend ___ Recommend with reservation ___ Do not recommend

Signature _____ Date _____

_____ Print Name

Institution/Job _____

Your Position _____ Phone # _____

Practical Nursing Program

Statement of Intent

This form must be completed and returned immediately after you receive an offer of acceptance or you will forfeit your place in the upcoming program.

_____ Yes, I do accept admission to the Practical Nursing Program for 2012 - 2013.

(Please note that signing this document indicates that you are accepting admission into the Practical Nursing Program for the upcoming program year. Students who complete this program do not have automatic admission into the LPN to RN program; individuals who may be interested in applying for admission to bridge from LPN to RN must follow the steps outlined for all other applicants seeking admission. Graduates of the Practical Nursing Program will not be granted automatic admission nor given special consideration for entry into the RN (ADN) program.)

_____ No, I do not accept admission to the Practical Nursing Program for 2012 - 2013.

(Please note that applicants who are offered admission into the program and reject their spot will not be granted automatic admission into the program for the following year. The individual would need to repeat the entire process for admission if they are interested in enrolling at a future date. If the applicant has paid tuition and fees and/or purchased textbooks and decides not to attend, he or she may receive a refund if the proper procedure(s) is followed within the deadlines imposed by DSLCC. After the deadline, no full or partial refunds will be issued.)

Signature

Date

Printed Name

Important Contact Information

DSLCC Main Campus

Transcripts
Lorrie Wilhelm Ferguson
Registrar
540-863-2823

Bookstore
540-863-2908

Student Services
540-863-2815

Financial Aid Office
540-863-2821

Library
540-863-2864

DSLCC Rockbridge Regional Center

35 Vista Links Drive
Buena Vista VA 24416
540-261-1211

Penny Fauber, Director
Practical Nursing Program
Carilion Stonewall Jackson Hospital
One Health Circle
Lexington, VA 24450
540-458-3299

Gloria Smitka, Faculty
Rockbridge Regional Center
35 Vista Links Drive
Buena Vista, VA 24416
540-863-2842