

Centra College  
905 Lakeside Drive Suite A  
Lynchburg, VA 24501

434.200.3070  
CentraCollege.edu

Dear Prospective Student,

Thank you for your interest in the Centra College Nurse Aide Program.

Included in the application packet are the Application for Admission and the Evaluation of Applicant's Potential and Abilities.

Please refer to the application process in the student handbook for application details. Applicants must also review the Barrier Crimes list website and the Sworn Disclosure Statement. Once an applicant signs the Centra College Nurse Aide Program application this acknowledges your understanding of the restrictions placed on individuals who can work as a Nurse Aide based on the Barrier Crimes and the use of the Sworn Disclosure Statement by certain facilities for employment screening purposes.

It is imperative that the application be filled out completely including the name and the contact information for your reference. Incomplete applications will not be considered. Follow the checklist at the end of the application to ensure it is completed properly.

**All required information must be received at the address listed below no later than 3:00 p.m. on the deadline date.**

The completed application can be mailed to:

Centra College  
Nurse Aide Program  
905 Lakeside Drive, Suite A  
Lynchburg, VA 24501

If you have any questions and/or concerns, please do not hesitate to call or email me about the program.

Sincerely,

Valerie Newcomb, MSN-Ed, RN  
Centra College Nurse Aide Coordinator  
Phone: 434-200-2234  
valerie.newcomb@centrahealth.com

# Centra College

## Nurse Aide Program

### Application for Admission

It is the policy of the Centra College Nurse Aide Program, in compliance with applicable federal, state and local laws, not to discriminate against any applicant or to tolerate harassment because of race, color, religion, age, sex, national origin or ancestry, genetic make-up, marital status, veteran's status, physical or mental handicap unrelated in nature and extent to an individual's ability to fulfill the requirements of the program, or any other prohibited factor.

Please complete each section on this form. After completion, return to:

**Centra College**  
**Attn: Nurse Aide Program**  
905 Lakeside Drive, Suite A  
Lynchburg, Virginia 24501

**All required information must be received at the address listed above no later than 3:00 p.m. on the deadline date.**

**Print (black ink) or Type All Information Below:**

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Preferred Pronouns: \_\_\_\_\_

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Maiden Name)

Home Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_

Are you a United States (US) citizen?  Yes  No

Are you currently authorized to attend an education program such as the Centra College Nurse Aide Program in the United States?  Yes  No

Would you be interested in distance (online) education for the didactic (classroom) portion of this course?  Yes  No

**Person to Be Notified In Case Of Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Secondary Education:** List high school(s) attended:

| Dates |    | Name of School | City and State | Diploma Received |
|-------|----|----------------|----------------|------------------|
| From  | To |                |                |                  |
|       |    |                |                |                  |
|       |    |                |                |                  |

If you hold a High School Equivalency Certificate (GED), please list:

State in which you received certificate: \_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

**Post-Secondary Education:** List all colleges, universities, nursing and other schools attended:

| Dates |    | Name of Institution | City and State | Major | Credentials/<br>Credits Earned |
|-------|----|---------------------|----------------|-------|--------------------------------|
| From  | To |                     |                |       |                                |
|       |    |                     |                |       |                                |
|       |    |                     |                |       |                                |
|       |    |                     |                |       |                                |
|       |    |                     |                |       |                                |

**Personal Data:** Virginia Board of Nursing Regulations **18VAC90-25-20-B-3** state that each student applying to or enrolled in any nurse aide education program shall be given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment.

\*A sworn disclosure statement regarding **Section 32.1-126.01** of the code of Virginia and the website for the list of Barrier Crimes is included in this application.

\*Any person who has been convicted of a felony or misdemeanor may not be eligible for licensure as a certified nurse aide in the state. Any person who uses alcohol or drugs excessively may also be ineligible for licensure. (**Section 54.1-3007** Code of Virginia)

Have you been convicted of a felony and/or misdemeanor since the age of 18?  Yes  No

If yes, please give details [offense(s), date(s), sentence(s), etc.]

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**Evaluation of Applicant’s Potential and Abilities:**

Give the name and address of one person, not a relative, who knows you and can give information about you (for example, you may include a recent teacher, academic counselor, or employer). Enclosed is a form for Evaluation of Applicant’s Potential and Abilities. **You must fill in your name and address on the form and mail to the person you have listed as a reference.** Applicants for whom these forms are received are free to determine whether or not they wish to waive their potential right to examine the content of this evaluation. We request, but do not require, that you read and execute the waiver on the front of each form.

Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Only applicant files that are complete will be reviewed or considered for admission. **It is the applicant’s responsibility to ensure that all required documentation is received by the Centra College Nurse Aide Program Coordinator.**

It is my understanding that I will not be considered for admission to the Centra College Nurse Aide Program until I have submitted all documents as specified by the Program. I further agree to inform the program coordinator of any changes in my plans to attend the Centra College Nurse Aide Program, address and/or legal name.

I understand that withholding information requested in the application or giving false information on any documentation may make me ineligible for admission to/or continuation in the Centra College Nurse Aide Program.

I understand that by signing this application I acknowledge receipt of and an understanding of the Barrier Crimes List and Student Catalog and Handbook.

If accepted for admission, I will authorize the Centra College Nurse Aide Program to conduct a criminal background investigation and drug test. The Program will be released from any and all claims arising out of such investigation and testing. I understand that any false statements or omissions in response to the questions relating to convictions may result in refusal to admit me to the Centra College Nurse Aide Program. I understand that any background check will comply with the Fair Credit Reporting Act.

**I further understand that an applicant who meets all requirements is not guaranteed admission into the program.**

I understand and agree that this is not an application for employment with Centra. I further understand and agree that Centra does not guarantee me a job if I complete this Program and that I will not be paid for attending the Program.

(I certify that all information, statements and documents given are correct and complete.

\_\_\_\_\_  
Date

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

**Please attach a summary of:**

1. Your experiences and activities including volunteer and community service
2. Your accomplishments that have given you the greatest satisfaction
3. Your reasons for desiring to enter this program
4. Your plans and aspirations for the future

(Summary must be typed using size 11 font, single spaced and no more than one page)

## SWORN DISCLOSURE STATEMENT

To the Applicant:

Section 32.1-126.01 of the Code of Virginia requires that any person desiring work at a Nursing Facility provide the hiring facility with a sworn disclosure or affirmation disclosing any criminal convictions or pending criminal charges, whether within or without the Commonwealth of Virginia.

The law prohibits licensed Nursing Facilities from hiring any individuals convicted of the following: murder, abduction for immoral purposes, assaults and bodily wounding, arson, pandering, crimes against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, abuse or neglect of an incapacitated adult. However, applicants convicted of one misdemeanor crime not involving abuse or moral turpitude may be hired provided five years has elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty upon conviction of Class I misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

|           |            |               |                   |
|-----------|------------|---------------|-------------------|
| Last Name | First Name | Middle/Maiden | Social Security # |
|           |            |               |                   |
| Address   | City       | State         | Zip               |
|           |            |               |                   |

Have you ever been convicted of or have any pending charges whether within or without the Commonwealth of Virginia?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, Please Explain.

I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment by this facility. I understand that all information on this form is subject to verification.

  
  

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_  
Date

To ensure the application is complete, **initial each item** when completed and enclosed with application.

1. \_\_\_\_\_ Fill out Application for Admission completely
2. \_\_\_\_\_ Fill out, sign, and date Sworn Disclosure Statement
3. \_\_\_\_\_ Read list of Barrier Crimes:  
<https://www.vdh.virginia.gov/content/uploads/sites/96/2016/07/Barrier-Crimes.pdf>
4. \_\_\_\_\_ Read Student Catalog and Handbook  
[www.centracollege.edu](http://www.centracollege.edu) → “Applications, Forms, Calendar, and Student Handbook”
5. \_\_\_\_\_ Mail or give the reference form to the person named on your application
6. \_\_\_\_\_ Request an official copy of your high school transcript or a passing GED official score report  
**Mail to:**  
Centra College  
Attn: Nurse Aide Program  
905 Lakeside Drive, Suite A  
Lynchburg, Virginia 24501
7. \_\_\_\_\_ Attach your one-page typed summary of the criteria listed on page 3 of this application
8. \_\_\_\_\_ Sign and date the Application for Admission

**This application will be considered incomplete if you have not  
placed your initials beside each item above!  
Incomplete applications will NOT be considered for admission into  
the program.  
Applications will not be kept on file over 60 days.**

## Centra College Nurse Aide Program

### Evaluation of Applicant's Potential and Abilities

This applicant has applied for admission to the Centra College Nurse Aide Program. Your evaluation of the applicant's potential and abilities will be helpful in the selection process. Your comments will be used by the Admission Team of the Centra College Nurse Aide Program to assist in determining if the applicant meets the criteria for admission to the program. Please complete and return promptly.

Name of Applicant: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Pursuant to federal law, a student admitted to the Centra College Nurse Aide Program is entitled to review this evaluation in his or her file, unless the student has signed a waiver of this right of access. The program does not require a waiver as a condition for admission to or receipt of any other services or benefits from the program. Applicants submitting a name of an individual for a letter of recommendation, therefore, are free to determine whether or not they wish to waive their right to examine such evaluations.

#### Waiver

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student in this program and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the Centra College Nurse Aide Program. If you elect to waive your rights of access to and review of this information, please sign your name.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

**Please return this form to:**

**Centra College**  
Nurse Aide Program  
905 Lakeside Drive, Suite A  
Lynchburg, Virginia 24501

**Evaluation of Applicant's Potential and Abilities**

How well do you know this applicant?

- Not very well     
  Fairly well known     
  Well known     
  Very well known

**Please indicate your impression of the applicant in the following categories:**

**Intelligence:** Intellectual curiosity, Quickness to grasp information, Natural ability

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Initiative:** Willing to attempt new ideas, Initiates action on own, Energetic, Motivated

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Reliability:** Dependable, Good judgment, Honest, Ability to get along without supervision

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Cooperation:** Ability to get along with others, Willingness to help others, Ability to collaborate, Tactful

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Adaptability:** Flexible, Resourceful, Resilient

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Emotional Control:** Poised, Good temperament, Takes things in stride

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Communication Skills:** Ability to express ideas/thoughts, Ability to comprehend verbal and written directions

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

**Work Habits:** Follows through, Accurate

- Unknown     
  Below average     
  Average     
  Above average     
  Outstanding  
 Comments: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the applicant's signature appears at the end of the paragraph identified as "Waiver" on page one of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls in the program, the applicant will have the right to review this evaluation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_





## Consent to Release Information Through Interviews, Print/Digital Media, Photographs, Video Production, Radio, and Television

|   |  |
|---|--|
| Printed Name                                  |  |
| Address<br>(street, city,<br>state, zip code) |  |
| Telephone                                     |  |
| Email address                                 |  |

I give Centra College and others officially working on behalf of Centra, consent and permission for an interview and/or photograph(s), still or film, for purposes of publication in newspapers, magazines, or other printed or digital media, or for broadcast by means of video, radio, television, billboard, or internet transmission. I relieve and agree not to hold Centra College, or others working on behalf of the College, liable for the interviewing and photographing, and subsequent publication or broadcasting. I understand that the interviewing and photographing are being carried out with my consent, and I assume all responsibility for my consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## COVID-19 ACKNOWLEDGEMENT OF RISK FORM

As a participant in the *(Nurse Aide Program)* at *(Centra College)* associated with *(Centra Health, Inc. and Central Virginia Community College)* scheduled from January 1, 2023 to December 31, 2023, I accept the following conditions of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to slips and falls, needle pricks, and contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic of respiratory disease that spreads from person-to-person. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher risk of developing serious COVID-19 illness. Additionally, healthcare workers caring for patients with COVID-19 have a higher risk of exposure. I understand that the clinical facility may have patients recovering from COVID-19.

Symptoms of COVID-19 include, but are not limited to, fever, cough, and shortness of breath. Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If I feel sick, I agree not to go to the clinical facility and that I will stay home for the period of time recommended by the Centers for Disease Control and Prevention (the “CDC”), which is typically two weeks, but may be longer if I am still symptomatic or contagious. During this period of quarantine, I may leave the house to receive medical attention if necessary.

Additionally, while participating in the program, I agree to take all necessary precautions recommended by the CDC to prevent the spread of COVID-19.

I agree to abide by any and all specific requests by the College and the clinical facility for my safety and the safety of others, as well as any and all of the College’s and the clinical facility’s rules and policies applicable to all activities related to this program. I understand that the College and the clinical facility reserve the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness which may occur as a result of my participation or arising from my participation in this program, unless any such personal injury or illness is directly due to the negligence of the College and/or the clinical facility. I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with Centra College, at which time my visits to or participation in the program will cease.

***I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.***

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*Student’s Signature*

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*Date*

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*Student’s Printed Full Name*