Procedures for Requesting a Practical Nursing Application

1. Now that you have submitted the online form and opened the link to the nursing application file, please print out the form and other documents and follow the instructions below:

2. **Print the entire file consisting of:**
   a. **Instructions** for completing the application
   b. The **application**
   c. Your **3 letters of recommendation forms**
   d. **Testing ticket**

3. Once the 3 letters of recommendation forms and application are completed:
   a. High School Students ask your guidance counselor for an **official transcript with an attendance report**.
   b. Adult Applicants request an official transcript from your HS or GED be sent to Mrs. Tammy Dean at 8909 Euclid Ave, Manassas, VA 20111. Or, you may have the transcript sent to you, just don’t open the envelope because that would turn an official transcript into an unofficial transcript. **If you are an international student, please download the instruction sheet on how to get your transcript translated, this must be down before 15 March.**

4. Mail your package to Ms. Tammy Dean, 8909 Euclid Ave, Manassas, VA 20111, **NO LATER THAN 15 MARCH 2016**, or give to your guidance counselor for them to submit through interoffice mail **PLEASE CHECK WITH YOUR COUNSELOR ON WHAT PROCESS THEY WOULD LIKE YOU TO DO.**

5. Once your application is complete, and you send it in, **please make certain you call 571-598-3907 the following week to verify receipt of your complete packet.**

6. Next, **follow the directions on your admission testing ticket**, you will need to bring $25(exact change) for the cost of the test, #2 pencils, and a 4 function calculator. You may also bring a dictionary this is optional. Please bring something to drink and snack on, there will not be a lunch break!!
Dear Prospective Practical Nursing Student:

Thank you for inquiring about the School of Practical Nursing. Hopefully, you have downloaded your application and 3 letters of recommendation forms. The applicant is responsible for submitting a complete application packet (application form; 3 sealed references; official sealed high school transcript or college transcript (only if graduated from college), if a HS student your attendance record must accompany your transcript) to the School of Nursing no later than March 15, 2017.

To apply for admission, fill out the application and complete the short essay on the back of the application form. For the references, select people who know you well, preferably teachers, employers, family doctor, pastor, or nurses (no family members or current high school friends). Give one of the enclosed reference forms to each person and have them return the completed form to you in a sealed envelope and forward onto the School of Nursing no later than March 15, 2017.

Have your high school send an official, sealed transcript of your current grades and attendance record directly to you or me. DO NOT OPEN IT. It must be delivered to me in a sealed, official envelope. If you did not graduate from high school, we require that you submit a copy of your GED transcript/certificate. We will also accept an awarded degree transcript from a two (2) or four (4) year college or university in lieu of a high school transcript. Out of country high school or college/university transcripts must be evaluated as being the equivalent of a U.S. high school diploma or awarded degree. (See instructions online: http://pwcs.nursing.schoolfusion.us)

The application, three sealed reference forms, and official sealed transcripts with attendance record are due to this school no later than March 15, 2017. The completed Application Packet should be sent to the address listed on the heading of this letter, ATTENTION: Ms. Tammy Dean. Packets received after that date or incomplete packets will not be considered for admission. It is your responsibility to ensure your packet is complete.

All testing will be completed on your scheduled test day. PLEASE BRING YOUR DOWNLOADED ADMISSION TEST TICKET TO YOUR SELF_SCHEDULED TEST DATE. A satisfactory score on an aptitude test, math test, and writing sample is required for admission (please see the website for study information). A personal interview will be scheduled at the time of testing. High School student interviews must include one (1) or both parent(s)/guardians(s).

If accepted into the program, a non-refundable tuition deposit of $800.00 is required for adults and a book deposit of $200.00 is required for high school students in June prior to the beginning of the school year. Currently, tuition for the first 9 months of the program is $3,300.00. Tuition for the second 9 months of the program is $4,200.00. Additional $200.00 for out of county rate is added to the tuition cost for non-Prince William County Residents. Tuition (minus the deposit/s) will be payable the first day of each school year. Deposits and tuition payments are non-refundable. We do not provide any financial aid. The student is responsible for his/her own funding. We do qualify for the GI Bill or the MyCAA program for spouses of certain Active Duty Military (see your education office on base for assistance). Scholarship monies are also accepted.

Please note: ALL of your correspondence from the PWCS of Practical Nursing program will arrive ONLY by e-mail. If you do not receive an e-mail, please check your spam folder or bulk e-mail folder as it is
possible correspondence from the School of Nursing could automatically go to one of these folders. All correspondence from PWCS of Practical Nursing will end with “@pwcs.edu.”

If you have any questions concerning our program, please do not hesitate to contact me at 571-598-3907 or deantx@pwcs.edu.
Sincerely,

Tammy R. Dean, RN, BSN
Program Director
Application for Admission

Name ____________________________

Last               First               Middle               Other

Address ________________________________

Street       City       State       Zip Code

E-Mail Address (please write legibly): __________________________________________

ADMISSION TEST DATE: ___________________________   Home Phone: _______________________

Social Security# or DMV# ___________________________   Cell Phone: _______________________

(Required to take NCLEX in VA)   Area Code – Number

Presently attending high school?________   Current grade _________   School __________________________

Yes/No/NA   Name of School

Name of Counselor_____________________If a HS student- are you interested in the entire program or half____

COLLEGE/UNIVERSITY/EDUCATIONAL EXPERIENCES

Name               Course/Degree               Year

____________________________________________________________________________________

____________________________________________________________________________________

Present employer ___________________________________________

How long at this job? ______________          Hours worked/week __________________

Job responsibilities ___________________________________________

____________________________________________________________________________________

Names of last three companies/employers, dates employed, and reason for leaving
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Number of days missed from school or work in the last 12 months ______________________________

Reason for missed day___________________________________________

PLEASE COMPLETE OTHER SIDE
Write three (3) to four (4) paragraphs about your desire to be a nurse and what you expect to gain from this program. Be as specific as possible. This will be looked at during the admission process.

________________________________________________________________________
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Please remember to download 3 letters of recommendation forms from the website. Also, include your OFFICIAL High School transcript or GED (college transcript accepted only if you graduated) when you mail in your application. These do not need to be mailed together, but helpful if sent together.

Signature ___________________________________________ Date ______________________

The Prince William County Public School Division does not discriminate in employment or in its educational programs and activities against qualified individuals on the basis of race, color, religion, national origin, religion, sex, pregnancy, age, veteran status, or disability.
APPLICANT’S PERSONAL REFERENCE

Adult Student or HS Student: __________________ DATE __________________

NAME OF APPLICANT __________________________________________________

ADDRESS OF APPLICANT ______________________________________________

______________________________________________________________________

The above individual has applied for admission to our practical nursing school and has given your name as a reference. Will you kindly give us your candid opinion of this applicant’s suitability for the duties of practical nurse. All information will be kept confidential. Please return this form to the applicant in a sealed envelope.

HOW LONG HAVE YOU KNOWN THE APPLICANT: ________________________

IN WHAT RELATIONSHIP HAVE YOU KNOWN THE APPLICANT? ________________

Reference cannot be a family member or current high school friend

Please check the following personal qualities as they apply to the candidate:

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PLEASE COMPLETE OTHER SIDE
In your opinion, why would this applicant be a good practical nurse? Why do you think he/she will be successful?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

In your opinion, what are the applicant’s poorer qualities and/or personality traits?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Is there any reason you believe this applicant could not perform the duties required of a practical nurse?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please make any other comments that may help us in deciding this applicant’s suitability.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Date: _______________________________  Signature: __________________________________

(printed name): ______________________________

Address: __________________________________

________________________________________

Telephone #: ______________________________

E-Mail: ____________________________________

Revised 11/15
The above individual has applied for admission to our practical nursing school and has given your name as a reference. Will you kindly give us your candid opinion of this applicant’s suitability for the duties of practical nurse. All information will be kept confidential. Please return this form to the applicant in a sealed envelope.

How long have you known the applicant: ____________________

In what relationship have you known the applicant? ____________________

Reference cannot be a family member or current high school friend

Please check the following personal qualities as they apply to the candidate:

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__________________________________________________________________________________

Please make any other comments that may help us in deciding this applicant’s suitability.

__________________________________________________________________________________

__________________________________________________________________________________

Date: ___________________________  Signature: ___________________________

(printed name): ___________________________

Address: ___________________________

Telephone #: ___________________________

E-Mail: ___________________________

Revised 11/15
Reference Form 3
Prince William County
School of Practical Nursing
Osbourn Park High School
8909 Euclid Avenue
Manassas, Virginia 20111
703-365-6692

APPLICANT’S PERSONAL REFERENCE

Adult Student or HS Student: ___________________ DATE ___________________

NAME OF APPLICANT ____________________________________________________

ADDRESS OF APPLICANT _______________________________________________

______________________________________________________________________

The above individual has applied for admission to our practical nursing school and has given your name as a reference. Will you kindly give us your candid opinion of this applicant’s suitability for the duties of practical nurse. All information will be kept confidential. Please return this form to the applicant in a sealed envelope.

HOW LONG HAVE YOU KNOWN THE APPLICANT: ________________________

IN WHAT RELATIONSHIP HAVE YOU KNOWN THE APPLICANT? ________________

Reference cannot be a family member or current high school friend

Please check the following personal qualities as they apply to the candidate:

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Please make any other comments that may help us in deciding this applicant’s suitability.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Date: ___________________________ Signature: ____________________________
(printed name): ______________________________
Address: ______________________________

Telephone #: ______________________________
E-Mail: ______________________________

Revised 11/15
EVALUATION OF INTERNATIONAL TRANSCRIPTS

Applicants who have completed their high school or secondary education outside the United States must have their transcripts certified by a private evaluation agency as being equivalent to a United States high school diploma. If you are planning on applying for any scholarships, you must have a GPA included with your translation for any possible scholarship applications. Degrees completed at a university outside the United States must also be certified by a private evaluation agency as being equivalent to a four (4) year college or university awarded degree in the United States, including GPA.

The applicant must request that an official evaluation be sent by the selected evaluation agency to:

Prince William County School of Practical Nursing
Attn: Tammy Dean, Director
8909 Euclid Avenue
Manassas, VA 20111

Be aware that it might take many weeks for your request to reach its destination and your transcript be mailed to the evaluating agency. The evaluation time required by the agency varies and may take several weeks to complete after receiving your transcript. **These evaluations must be received at this school by the deadline for completing application packets, March 15, of each year. Incomplete application packets will not be considered for acceptance into that year’s nursing program.**

You may choose any agency that provides this service; we do not endorse any specific agency. Please go to [www.naces.org](http://www.naces.org) to view a list of possible evaluation agencies. You will find the list of possible agencies under the current membership list. Each agency charges a fee for its services; this cost is the student’s responsibility. If you have any questions, please do not hesitate to call 571-598-3907

Tammy R. Dean, RN, BSN
Program Director
ADMISSION TESTING Applicant Name: ____________________________
(write your name)

Circle the admission date you signed-up for and follow instructions as stated on this admission ticket:

Wednesday, 3/29/17, 9 AM to 2 PM, RM 1540, Enter through OPHS Blue Door #25 in back of building
Thursday, 3/30/17, 9 AM to 2 PM, RM 1540, Enter through OPHS Blue Door #25 in back of building
Friday, 3/31/17, 9 AM to 2 PM, RM 1540, Enter through OPHS Blue Door #25 in back of building
Saturday, 4/1/17, 9 AM to 2 PM, 1st FLR Cafeteria, Enter through Main entrance at 8:30 AM
Monday, 4/3/17, 9 AM to 2 PM, RM 1540, Enter through OPHS Blue Door #25 in back of building
Tuesday, 4/4/17, 9 AM to 2 PM, RM 1540, Enter through OPHS Blue Door #25 in back of building

Bring this admissions ticket

Calculator, 4 function only
2- #2 Pencils
Dictionary if you would like to use one for your essay, none will be provided

$25 exact amount, NO PERSONAL CHECKS ACCEPTED, NO CHANGE AVAILABLE

Please bring a drink and snack to have during break, there will not be lunch served.

LOCATION: 3/29, 3/30, 3/31, 4/3, 4/4

Osbourn Park HS 8909 Euclid Ave, Manassas, VA 20111 - Park in back parking lot against the fence row, ONLY enter into door #25, and please arrive 15-30 minutes early for registration

The Door will be locked at 8:55, absolutely no admittance after that time, please be on-time!!

LOCATION: Saturday, 4/1/17
Osborn Park HS 8909 Euclid Ave, Manassas, VA 20111 - Park in front parking lot, ONLY enter into building through the MAIN door, and please arrive 15-30 minutes early for registration

The Door will be opened at 8:30 and locked at 8:55, absolutely no admittance after that time, please be on-time!!

BEFORE YOU LEAVE THE TESTING AREA, YOU WILL NEED TO SIGN-UP FOR A 20 MINUTE INTERVIEW. IF YOU ARE A HIGH SCHOOL STUDENT YOU WILL NEED TO BRING A PARENT OR GUARDIAN. PLEASE REVIEW DATES AND HAVE A FEW DATES AND TIMES THAT WILL WORK INTO YOUR SCHEDULE AND YOUR PARENT/GUARDIAN'S SCHEDULE. THANK YOU!! You will not be sent a reminder of the admission test date or the interview date.

DATES FOR INTERVIEWS ARE: Interviews are conducted at OPHS, Practical Nursing program- Enter through Door #25 ONLY!!!

4/19 Wednesday, 11 AM TO 7 PM  4/20 Thursday, 11AM TO 7 PM
4/21 Friday, 11 AM TO 7 PM  4/27 Thursday, 12 Noon TO 7 PM
4/28 Friday, 12 Noon to 7 PM