



## Central School of Practical Nursing

January 15, 2020

Dear Applicant,

We are pleased to know of your interest in the Central School of Practical Nursing (CSPN). Attached you will find an information packet containing the instructions for applying to the licensed practical nursing program located at the Norfolk Technical Center. The application period is January 15, 2020 – April 30, 2020 for the next class beginning in Fall 2020. As soon as we receive your completed application form, we will begin to process it. Please be reminded that a complete application package includes:

- The two page application form.
- A \$65.00 non-refundable application fee in the form of cash, money order, or cashier's check.
- TEAS booklet (***Strongly recommend purchasing as a study guide for testing.***)
- Three letters of professional reference.
- Official academic transcripts-high school, GED®, and higher education.

In addition to the items above, the full admission's process includes taking the Test for Essential Academic Skills (TEAS), an interview, and the required criminal history/background check. Please note that adult students are accepted into the program on a space available basis. The admission's process can be very competitive. Please do not delay with initiating your application and securing the required supporting documentation.

We look forward to hearing from you soon. Please feel free to contact us at (757) 892-3300 for any needed assistance with this process.

Sincerely,

The Faculty and Staff of the Central School of Practical Nursing

Norfolk Technical Center  
1330 N. Military Hwy • Norfolk, Virginia 23502  
phone: (757) 892-3300 • fax: (757) 892-3305  
Brandon Bell, Site Coordinator

# Instructions for Completing the Application Process

## I. Application

- Provide all information as requested on the application form.
- Submit a non-refundable application fee of \$65.00 (cash, money order, or cashier's check) with the application. **Applications will not be processed without the fee.**

## II. Evidence of Educational Achievement

Possess a high school diploma or GED®

- An **official** high school transcript must be sent directly to the Central School of Practical Nursing. This document must be received by the school in a sealed envelope with the embossed seal and/or signatures.
- An official GED® transcript must be sent to the Central School of Practical Nursing (CSPN). This transcript may be obtained by contacting: [www.gedtestingservice.com](http://www.gedtestingservice.com).
  - All foreign transcripts must be evaluated by an approved independent evaluation company. You may contact the following for an evaluation: [www.wes.org](http://www.wes.org) or [www.ierf.org](http://www.ierf.org)

## III. References (Academic and/or Employment)

Submit three letters of **professional reference** from individuals, not relatives, who have worked with you, supervised you, or instructed you within the last three years. A form is enclosed which you may duplicate. These references are confidential.

- Ask your reference to place the form in an envelope, seal it, and write his/her name across the flap of the envelope. **If the envelope is not sealed with the name of the reference written across the flap of the envelope, reference will be considered void.**
- Ask the reference to mail the form to CSPN at the address provided.

Provide two names of supervisors/employers with whom you have worked. Please know that CSPN may request work references from these individuals. Note that on the application form you have signed a waiver of confidential information and given permission for checking all references.

## IV. Pre-Entrance Screening

- Take the Test of Essential Academic Skills (TEAS). This timed computer based test takes approximately 2 -3 hours. It is used by CSPN to evaluate the academic preparedness of students applying to the nursing program. It contains four subsets: Math, Science, English, and Reading. Applicants will be notified by email of available test dates and times after the completed application and fees have been received. A score equal to the national mean score for PN programs is required. A proficiency of Level II is preferred. Testing scores are valid for 12 months only. TEAS taken within 12 months at another PN school can be considered if all four parts are included and scores meet CSPN requirements. Study guides and other prep materials may be available for applicants online from various vendors/sources. ***It is strongly recommended that you purchase a TEAS booklet.***

## **V. Personal Interview**

- An interview with members of the admission's committee will be scheduled with applicants who achieve the required score on the pre-entrance test and fully complete the application.

## **VI. Criminal History/Background Check**

- A criminal history/background check must be completed prior to acceptance into the nursing program and again before sitting for the licensing exam at program completion. This cost (\$20) is paid for by the applicant. When notified, applicants will meet with the CSPN program secretary to complete this process online. Please be advised that individuals who have been convicted of certain criminal offenses cannot be hired by or participate in clinical experiences at certain healthcare facilities.

## **VII. Admissions**

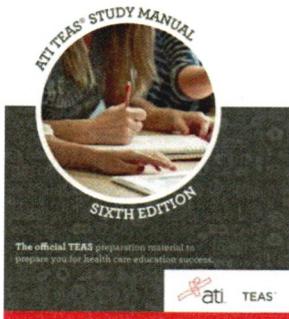
Admission decisions will not be made until all documentation has been received. From a pool of qualified adult applicants, the admission's committee will select adults for admission on a space available basis. Decisions of the committee are final.

Once acceptance has been offered to the applicant, the following must be completed prior to the first day of class:

- A current medical history and physical exam
- Current immunizations which include, but may not be limited to: TB test, MMR (2), Varicella (2), Tetanus, Hepatitis B (3), and annual flu shot. Titers of immunizations are acceptable.
- Current Basic Life Support for Healthcare Providers CPR card (American Heart Association).

*It is strongly recommended that you purchase a TEAS booklet.*

**ATI TEAS Review Manual / Edition 6**



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1565335759

ISBN-13:

9781565335752

Pub. Date:

10/05/2016

Publisher:

Jones & Bartlett Learning

## Central School of Practical Nursing

Estimated Expense Sheet

*School Year August 2020-July 2021*

Below is listed the estimated expenses associated with attending the licensed practical nursing program. Estimated expenses for both adult and secondary students are identified. These costs are reviewed every spring and expenses may increase on July 1<sup>st</sup> for the next academic year. If that occurs, students are expected to pay the associated increase in expenses.

### Level I (First Year) Nursing

Level I	Adult Students	High School Students
Tuition	\$ 2,500.00	Not Applicable
Books	\$ 450.00	Not Applicable
CPR	\$ 30.00	Not Applicable
HOSA fees	\$ 25.00	\$ 25.00
Uniforms (approximately)	\$ 175.00	\$ 175.00
ATI fees	\$ 280.00	Not Applicable
CNA licensure fees	\$ 94.00	\$ 47.00
Lab fees	\$ 646.00	Not Applicable
<b>TOTAL</b>	<b>\$ 4,200.00</b>	<b>\$ 337.00</b>

**Additional fees not included above for Level I: Criminal Background check fee (\$20), physical examination, shoes, and travel expenses (cost vary).**

### Level II (Second Year) Nursing

Level II	Adult Students	Post-Secondary Students
Tuition	\$ 2,500.00	\$ 100.00
Books	\$ 325.00	\$ 325.00
ATI fees	\$ 495.00	\$ 495.00
HOSA fees	\$ 25.00	\$ 25.00
Uniforms (approximately)	\$ 175.00	\$ 175.00
Lab fees	\$ 215.00	\$ 215.00
Graduation fees	\$ 70.00	\$ 70.00
Licensure related fees	\$ 370.00	\$ 370.00
NCLEX PN prep	\$ 225.00	\$ 225.00
<b>TOTAL</b>	<b>\$4,400.00</b>	<b>\$ 2,000.00</b>

**Additional fees not included above for Level II: shoes, travel expenses (costs vary).**

**Central School of Practical Nursing**

1330 N. Military Highway

Norfolk, VA 23502

757-892-3300



**Application for Winter 2020**

**Instructions: Completed applications must be received by April 30, 2020 by mail or in person to the address above. A non-refundable application fee of \$65 (cash, money order, or cashier's check) must be submitted with the application.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle Maiden Name

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

**Social Security #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **(Home/Cell)** \_\_\_\_\_ **(Work)**

**Email Address:** \_\_\_\_\_ (Please print)

**Education History**

Are you a high school graduate?  Yes  No or Possess a GED®?  Yes  No

Name and address of high school/GED® program from which you graduated \_\_\_\_\_

- Please include an official transcript or GED® record. An official transcript must be received in a sealed envelope from the granting institution, have an official seal, and be in English.
- Any foreign transcript must be evaluated by an approved independent transcript evaluation company. The transcript evaluation report must be sent directly to CSPN by April 30, 2020.

**Post High School Education and Experience:** Name, courses, degree, and/or dates:

College: \_\_\_\_\_

Technical School or Apprentice program: \_\_\_\_\_

Experience in Nursing, if any: \_\_\_\_\_

How did you learn about CSPN? \_\_\_\_\_

**Employment History:** List your two most recent work experiences.

Name and Address of Employer	Dates of Employment From                      To	Type of Work (Title/Position Held)	Reason for Leaving
Supervisor			
Supervisor			

**Professional References:** List three individuals (not relatives) who have worked with you, supervised you, or instructed you during the past three years. These references are confidential. A form is enclosed.

Name of Reference	Address of Reference	Name of Business	Capacity in which you know this reference

I certify that all information included in this application is true to the best of my knowledge. I authorize CSPN to request any information necessary to verify information given by me on the application. \_\_\_\_\_ Initials

I waive the right to review the content of references to any person/organization at my request. I also agree not to make any effort directly or indirectly to review references sent by any person/organization. \_\_\_\_\_ Initials

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

\_\_\_\_\_  
Date



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## Central School of Practical Nursing

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### Professional or Academic Reference Form

I, \_\_\_\_\_, have applied to the Central School of Practical Nursing and give my permission for this individual to provide a reference to the nursing program as part of my application process. I have signed a consent form for the release of information and I have waived my rights to review any information provided by this reference. I understand that this information is CONFIDENTIAL and that I will not be provided with this information.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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Reference Name, Address, and/or contact information

\_\_\_\_\_

Dear Reference,

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Applicant's name: \_\_\_\_\_

In what capacity do you know this applicant?

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For how many years have you known this applicant? \_\_\_\_\_

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

	Outstanding (4)	Above Average (3)	Average (2)	Below Average (1)
Intelligence/Capacity for Learning				
Motivation				
Assumes responsibility for work and actions. Is dependable.				
Adaptability/Flexible, Open to change				
Leadership Skills				
Integrity and Work Ethics				
Communicates and interacts well with others. Team player.				
Presents self in a professional manner. Grooming				

Additional Comments:

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

Position: \_\_\_\_\_



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Date

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