SOUTHSIDE COLLEGE OF HEALTH SCIENCES

SINCE 1895

Southside College of Health Sciences (SCHS) provides educational opportunities without regard to race, color, religion, sex, age, disability, national origin, veteran status, sexual orientation, or any other status or condition protected by applicable laws, provided that an individual's qualifications meet the essential functions and criteria established for health sciences students, with or without reasonable accommodations.

Southside College of Health Sciences is and will continue to be in compliance with local, state, and federal laws including the Drug Free Schools and Communities Act of 1989. The College seeks to provide an educational environment free of drugs and alcohol.

Semester (select one) ○ January ○ August

Application deadlines are August 1 (DMS - January admission) and March 1 (RAD - August admission)

Indicate the program and term in which you wish to be considered for admission:

PROGRAM (select one program)

- ☐ Nursing
- ☐ Radiologic Technology
- ☐ Diagnostic Medical Sonography

Have you previously applied for admission to any programs at the SCHS? ○ Yes ○ No

If yes, when? _____

Have you attended another school/program in the health sciences field? ○ Yes ○ No

If so, which school? _____

How did you hear about the SCHS?

- ○ Web Site
- ○ TV/Radio
- ○ Flyer
- ○ Newspaper
- ○ Other _____
- ○ High School/College Counselor
- ○ Career/College Fair
- ○ Friend/Family
- ○ Former Graduate
- ○ "On-Hold" message at your local CHS hospital

APPLICATION FOR ADMISSION TO SOUTHSIDE COLLEGE OF HEALTH SCIENCES

REQUIRED DOCUMENTS

We are pleased that you are applying for admission to Southside College of Health Sciences. Listed in the box to the right are the documents required to make your application complete. Please use this checklist to help you submit your application. We look forward to receiving your application and working with you throughout the admission process. Inquiries, completed applications, and all other required documents should be sent to:

Office of Admissions
Southside College of Health Sciences
430 Clairmont Court, Suite 200
Colonial Heights, Virginia 23834
804-765-5800 / 866-338-7762 Toll Free
www.schs.edu

- ◯ Application *(With $70 non-refundable application fee)*
- ◯ Official copy of high school transcript OR GED
- ◯ TOEFL, if applicable
- ◯ Student Statement
- ◯ Official copy of college transcripts

(List each college previously attended)

1. _____
2. _____
3. _____

Please print (in ink) or type all information.

PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE INITIAL, OTHER LAST NAMES)

EMAIL ADDRESS

HOME ADDRESS (NUMBER AND STREET)

CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

EMERGENCY CONTACT NAME

EMERGENCY CONTACT TELEPHONE NUMBER

ARE YOU A U.S. CITIZEN?

IF NO, COUNTRY OF CITIZENSHIP

◯ YES ◯ NO

ALIEN REGISTRATION NUMBER (IF APPLICABLE)

HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED, PLED GUILTY OR PLED NOLO CONTENDERE OF ANY FEDERAL, STATE, OR OTHER STATUTE/ORDINANCE CONSTITUTING A FELONY OR MISDEMEANOR (INCLUDING DRIVING UNDER THE INFLUENCE)?*
IF YES, PLEASE EXPLAIN IN AN ATTACHED LETTER. ◯ YES ◯ NO

* Information is subject to verification through a Criminal History Record check.

Attention Applicants: The Board of Health Professions "may refuse to admit a candidate to any examination, or may refuse to issue a license or certificate to any applicant" based on a number of both criminal and/or unprofessional conduct reasons.

HAVE YOU EVER HELD A PROFESSIONAL LICENSE OR CERTIFICATE? IF YES, WHAT TYPE? TYPE DATE STATE

◯ YES ◯ NO

HAS THIS LICENSE EVER BEEN INVESTIGATED OR DISCIPLINED? IF YES, PLEASE EXPLAIN IN AN ATTACHED LETTER.

◯YES ◯ NO

ARE YOU A LICENSED PRACTICAL NURSE? IF YES, WHAT SCHOOL DID YOU ATTEND? GRADUATION DATE:

◯YES ◯ NO

HAVE YOU EVER APPLIED FOR LICENSURE OR CERTIFICATION IN VIRGINIA OR ANOTHER STATE? ◯ YES ◯ NO

IF YES, AND YOU TOOK THE LICENSING EXAMINATION, GIVE THE DATE, AND INDICATE WHETHER OR NOT YOU PASSED THE EXAMINATION.

◯ PRACTICAL NURSE STATE _____ ◯ YES ◯ NO DATE(S) _____ PASSED ◯ YES ◯NO

◯ CERTIFIED NURSE AID STATE _____ ◯ YES ◯ NO DATE(S) _____ PASSED ◯ YES ◯NO

HAS YOUR LICENSE EVER BEEN?

◯ VOLUNTARILY SURRENDERED TO ANY LICENSING AUTHORITY? ◯ YES ◯ NO

◯ PLACED ON PROBATION? ◯ YES ◯ NO

◯ SUSPENDED? ◯YES ◯ NO

◯ REVOKED? ◯ YES ◯ NO

◯ OTHERWISE DISCIPLINED? ◯ YES ◯ NO

◯HAS YOUR PRACTICE EVER BEEN THE SUBJECT OF AN INVESTIGATION BY ANY LICENSING BOARD? ◯ YES ◯ NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL ON A SEPARATE PIECE OF PAPER AND ATTACH TO YOUR APPLICATION.

HIGH SCHOOL HISTORY

Please request official transcripts from all schools attended.

HIGH SCHOOL LAST ATTENDED

CITY/STATE

DATE OF GRADUATION

DATE OF GED OR EQUIVALENT (IF APPLICABLE)

POST-SECONDARY EDUCATION

Please request official transcripts from all schools attended.

(LIST ALL FORMAL EDUCATION BEYOND HIGH SCHOOL IN CHRONOLOGICAL ORDER)

NAME OF SCHOOL

CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED:

DATE OF GRADUATION

NAME OF SCHOOL

CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED:

DATE OF GRADUATION

POST-SECONDARY EDUCATION (CONT.)

NAME OF SCHOOL | CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED: | DATE OF GRADUATION

NAME OF SCHOOL | CITY/STATE

DATES ATTENDED (MONTH/YEAR TO MONTH/YEAR)

DEGREE/CREDITS RECEIVED: | DATE OF GRADUATION

EMPLOYMENT INFORMATION

PLEASE LIST EMPLOYMENT HISTORY IN CHRONOLOGICAL ORDER. BEGIN WITH PRESENT EMPLOYMENT. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

NAME OF COMPANY/INSTITUTION

STREET ADDRESS

CITY/STATE/ZIP | (AREA CODE) PHONE NUMBER

IMMEDIATE SUPERVISOR/NAME AND TITLE

POSITION HELD | MONTH/YEAR TO MONTH/YEAR

REASON FOR LEAVING:

EMPLOYMENT INFORMATION (CONT.)

NAME OF COMPANY/INSTITUTION

STREET ADDRESS

CITY/STATE/ZIP (AREA CODE) PHONE NUMBER

IMMEDIATE SUPERVISOR/NAME AND TITLE

POSITION HELD MONTH/YEAR TO MONTH/YEAR

REASON FOR LEAVING:

NAME OF COMPANY/INSTITUTION

STREET ADDRESS

CITY/STATE/ZIP (AREA CODE) PHONE NUMBER

IMMEDIATE SUPERVISOR/NAME AND TITLE

POSITION HELD MONTH/YEAR TO MONTH/YEAR

REASON FOR LEAVING:

May we contact your past and present employers? ◯ YES ◯NO

If no, please explain in an attached letter.

ALL APPLICANTS

DRUG SCREEN AND CRIMINAL BACKGROUND CHECK

Applicants who are accepted into a program are required to take a urine drug screen and undergo a criminal background check prior to the first day of class. Applicants who refuse to offer this information will be denied entry into the program. Testing positive on the drug screen may disqualify a student from being admitted into a program. In addition, certain criminal activity may also disqualify a student from clinical participation. Failure to participate in clinical activity will result in students not being able to achieve the course outcomes, resulting in failure of the course and dismissal from a program.

Students will also be expected to submit to random drug testing required by clinical sites.

I understand the requirements of the drug screen and criminal background check and will comply.

_____

APPLICANT'S SIGNATURE

Graduates of the Nursing program are eligible to apply to take the National Council Licensure Exam for Registered Nurses (NCLEX-RN).

Graduates of the Radiologic Technology program are eligible to apply to take the American Registry of Radiographic

Technologists'
National exam (ARRT) for certification and registration.

Graduates of Diagnostic Medical Sonography program are eligible to apply to the American Registry of Diagnostic Medical Sonographers (ARDMS) for examinations in physics and a specialty of their choice.

Completion of coursework and/or graduation from the program does not guarantee the student will be eligible to take his or her professional examination. Students who may have questions regarding their criminal background need to contact Student Services for further information.

Southside College of Health Sciences is not responsible for gainful employment of its graduates. It is the graduate's responsibility to seek employment opportunities. Graduation from a program does not guarantee employability.

STATE REGULATIONS ON LICENSURE

The practice of nursing is regulated by state laws. Questions concerning licensure in a specific state should be directed to that state's Board of Nursing. Applicants for nursing licensure in Virginia are required to notify the State Board of Nursing if they have:

☐ Been convicted of (or pled Nolo Contendere) to the violation of any federal, state, or other statute/ordinance constituting a felony or misdemeanor (including driving under the influence).

☐ Been hospitalized or received treatment for chemical dependency preceding application to complete the licensing examination.

☐ A mental or physical condition which could interfere with their ability to practice nursing.

ALL APPLICANTS

CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION:

Please read the following statement carefully before signing.

I certify that the information contained in this application is true and complete. I understand that if I am found to have provided false or incomplete information on this application, the program may cancel my application or, if I have been accepted, remove me from the program.

I understand that if I am enrolled in the Southside College of Health Sciences, I will be subject to and required to abide by all of the College's policies, procedures and practices, including the substance abuse testing policy. I agree that I will abide by these policies, procedures and practices, including any that the College may add or modify during my enrollment.

I understand and acknowledge that the Southside College of Health Sciences has a legitimate need to know the details of my education and employment history in order to consider my application. I hereby authorize and request for my former schools, employers and other institutions or persons with information about my education and employment history to provide the SCHS any information or records the College may request. I hereby release from any liability of any kind any institution, company or person who provides such information or records.

Only an authorized degree-granting institution in which a student enrolls may determine whether the completed courses may be accepted for "college credit".

I, _____, have read and understand the statement
(PRINT NAME HERE)
regarding credits in the catalog from Southside College of Health Sciences.

_____
APPLICANT'S SIGNATURE

_____
PRINT NAME DATE

Please write a brief essay describing yourself, your achievements, your experiences and activities, including awards, honors, volunteer or community service, your reasons for selecting nursing, radiologic technology, or diagnostic medical sonography as a career, your reason for choosing this school, and your plans and aspirations for the future.

INFORMATION WILL NOT BE USED IN A DISCRIMINATORY MANNER; FOR RECORD KEEPING PURPOSES ONLY.

VOLUNTARY STATISTICAL INFORMATION

THIS INFORMATION IS OPTIONAL AND USED FOR STATISTICAL PURPOSES ONLY. THE DATA IS REPORTED TO SOUTHSIDE COLLEGE OF HEALTH SCIENCES; IT DOES NOT AFFECT YOUR ELIGIBILITY FOR ADMISSION.

Birth Date: _____/_____/_____

Gender
- ☐ Male
- ☐ Female

Predominant Ethic Background
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Hispanic or Latino

Marital Status
- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Number of children _____

Ages of children

_____

Are you head of the household?

☐ Yes ☐ No

Do you plan to be employed while enrolled in the Program?

☐ Yes ☐ No

If yes, which one?

Full Time ☐ Part time ☐

Residency Status

An applicant, who is not a US Citizen by birth, must provide immigration or citizenship documentation.

Citizenship: ☐ US Citizen ☐ Permanent Resident ☐ Non-US Citizen

If not a US Citizen, complete the following:

Country _____

Legal Alien Card Number _____

Issue Date _____

Non Immigrant Visa Type _____

Issue Type _____

Do you speak English at home?
- ☐ Yes
- ☐ No

Parent Education Level:

Has either of your parents completed a four year degree?
- ☐ Yes
- ☐ No