Riverside College of Health Careers
316 Main Street, Newport News, VA 23601
757-240-2200 www.riverside.edu

Application for Admission

PROGRAM NAME	PROGRAM START DATE
program descriptions for specific info	for admission to Riverside College of Health Careers. Please refer to individua mation regarding the program admission requirements, prerequisites, application and advising. Please visit our website for the most current information.
	READ CAREFULLY
Application must be signed. RHS is	otherwise known as Riverside Health System.
(except where age is a bona fide clinical marital status; military or veteran status applicant/student's ability to perform the the Americans with Disabilities Act of 198 Amendments of 1972, and the Rehabilit	th Careers to maintain and promote equal educational opportunity without regard to race; age requirement); color; gender or sexual orientation; cultural, ethnic or national origin; religion; disability; physical or mental condition(s), as long as the condition(s) do not limit the essential Program Requirements with or without reasonable accommodations as outlined in 0, Title III Public Accommodations, ADA Amendments Act of 2008, Title IX of the Education ation Act of 1973 and the Rehabilitation Act Amendments of 1992, Section 504; the U.S ations implementing the ADA; Va. Code (annotated) §51.5-44; or any other factor prohibited ties.
file a complaint of discrimination or harass	ponsible for ensuring that the College refrains from unlawful gender-based discrimination. To ment, please contact either the Title IX Coordinator at: TitlelXCoordinator@rivhs.com or at: http://www.ed.gov/about/offices/list/ocr/docs/howto.html or 1-800-421-3481.
I understand the College reserves the right potential employment by Riverside Health	t to select those applicants who are deemed best qualified for both the program of study and System (eligibility for hire/rehire) and admission is on a competitive basis.
College receives all required documenta	n does not guarantee admission into the College and it is my responsibility to ensure that the ion. I also agree to inform the College of any changes to my legal name, address/phone convictions, or other relevant application information.
	ccepted into a College program are required to undergo a urine drug screening, nationwide stry, and Healthcare Fraud and Abuse Registry checks.
I understand that the College retains the urine drug screens, or have falsified their a	right to immediately dismiss students who have unsatisfactory background checks, positive pplication.
I understand that if I am interested in hav official transfer evaluation request and fee	ng my courses reviewed for possible advanced placement or transfer credit I must submit ar prior to application submission.
I understand that considerations for advar	ced placement or transfer credit will not be honored after acceptance into program.
I certify that I have read and understand applicant processing fee is non-refundable	the admission criteria of the program for which I am applying; and I understand that the
I certify that to the best of my knowledge a	nd belief, all statements are correct, complete, current, and made in good faith.
SIGNATURE:	PRINT NAME:DATE:
Riverside College of Health Careers is	owned and operated by Riverside Regional Medical Center.
	VOLUNTARY INFORMATION
Race/Ethnicity information below is opadmission decisions.	tional and used for statistical purposes. Information you provide will not be used for
Hispanic of any race American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander White, non-Hispanic

White, non-Hispanic Two or More Races

Unknown

Black or African American

APPLICANT INFORMATION						
Legal Name						
Last		First	Middle	Maiden		
Social Security Num	ber	Date of Birth	//////			
Email Address						
Home Address	me AddressNumber and Street			PO Box		
	City	State	Zip Code			
Telephone (Home) _	(Cell)		(Work)			
Emergency Contact		Relationship				
Address						
Citizenship: U.S. Citizen Permanent Resident* *Official documentation is required; please contact Admissions for further information. Riverside College of Health Careers can only accept U.S. Citizens or Permanent Residents.						
Language: Is English your first language?						
If No, have you taken the TOEFL (<i>Test of English as a Foreign Language</i>) exam in the last two years?*						
*Official TOEFL trans	cript is required; please contact A	dmissions for further in	formation.			
Criminal History: 1. Have you ever been convicted of a criminal offense or is final action pending on any criminal charge, excluding minor traffic offenses? No If Yes, please explain in an attached letter.						
2. Are you currently	2. Are you currently on probation? Yes No If Yes, please explain in an attached letter.					
A criminal history background check will be performed on all admitted students. Failure to disclose the existence of the above will result in the rejection of application and immediate dismissal from the College. Regulatory Boards 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. Applicants are encouraged to contact the regulatory board/credentialing organization regarding the effect of their conviction on licensure/registry eligibility.						
☐ Yes ☐ No Have you ever been dismissed or suspended from high school or college/university? If Yes, please explain:						
☐ Yes ☐ No Have you applied to Riverside College of Health Careers before? If Yes, please list program(s) and date(s) of application:						
Yes No Have you attended Riverside College of Health Careers before? If Yes, please list program(s) and dates of attendance: Students dismissed for academic reasons are not eligible for readmission to the same program of study. Students dismissed for unsafe practice and/or disciplinary reasons will be denied readmission to any Riverside College of Health Careers program of study.						
☐ Yes ☐ No Have you attended another school/program similar to the one to which you are applying? If Yes, please list program(s) and date(s) of attendance:						

EDUCATION HISTORY					
List all of the schools you have attended. Transcripts are required from each school you attended. Attach continuation sheet if necessary. Foreign Transcripts are not accepted unless they have been evaluated by a current member of NACES-National Association of Credential Evaluation Services, Inc.					
High School, City & State	Dates of Attendance	Diploma/Degree Information			
College/University, City & State	Dates of Attendance	Diploma/Degree Information			
College/University, City & State	Dates of Attendance	Diploma/Degree Information			
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College/University, City & State	Dates of Attendance	Diploma/Degree Information			
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College/University, City & State	Dates of Attendance	Diploma/Degree Information			
EMPLOYMENT INFORMATION	ON - FORMER OR CURREN	T RIVERSIDE EMPLOYEES			
☐ Yes ☐ No Have you ever been employ	yed by Riverside Health System?				
If Yes, RHS Facility	-				
Position	Supervisor's Name				
Employment Dates: From	To Reason for Lea	ving			
Former Riverside employees must be eligible (as verified through Human Resources).	for rehire by Riverside; current River	side employees must be in good standing			
LICENSE INFORI	MATION - HEALTHCARE PR	ROFESSIONALS			
☐ Yes ☐ No Do you currently hold any he	ealthcare professional licenses? If Y	es, please list the type and issuing state:			
EMPLOYMENT INFO	ORMATION - LICENSED PR	ACTICAL NURSES			
Applicants for the LPN to RN Advanced Placand attach continuation sheet if necessary.	ement option must include LPN wor	k history. Start with most recent position			
Name of Company	Position Held	Dates Worked (Mo./Yr.)			
Street/City/State/Zip		Phone Number			
Name of Company	Position Held	Dates Worked (Mo./Yr.)			
Street/City/State/Zip		Phone Number			