

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 _____

We are pleased that you are applying for admission to Riverside College of Health Careers. Please refer to individual program descriptions for specific information regarding the program admission requirements, prerequisites, application deadline dates, start dates, tuition/fees, 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.

It is the policy of Riverside College of Health Careers to maintain and promote equal educational opportunity without regard to race; age (except where age is a bona fide clinical requirement); color; gender or sexual orientation; cultural, ethnic or national origin; religion; marital status; military or veteran status; disability; physical or mental condition(s), as long as the condition(s) do not limit the applicant/student's ability to perform the Essential Program Requirements with or without reasonable accommodations as outlined in the Americans with Disabilities Act of 1990, Title III Public Accommodations, ADA Amendments Act of 2008, Title IX of the Education Amendments of 1972, and the Rehabilitation Act of 1973 and the Rehabilitation Act Amendments of 1992, Section 504; the U.S. Department of Justice's revised final regulations implementing the ADA; Va. Code (annotated) §51.5-44; or any other factor prohibited by law in its educational programs or activities.

The Title IX Compliance Coordinator is responsible for ensuring that the College refrains from unlawful gender-based discrimination. To file a complaint of discrimination or harassment, please contact either the Title IX Coordinator at: TitleIXCoordinator@rivhs.com or 757-240-2202 or the Office of Civil Rights at: <http://www.ed.gov/about/offices/list/ocr/docs/howto.html> or 1-800-421-3481.

I understand the College reserves the right to select those applicants who are deemed best qualified for both the program of study and potential employment by Riverside Health System (eligibility for hire/rehire) and admission is on a competitive basis.

I understand that submitting my application does not guarantee admission into the College and it is my responsibility to ensure that the College receives all required documentation. I also agree to inform the College of any changes to my legal name, address/phone number/email, criminal indictments and/or convictions, or other relevant application information.

I understand that all applicants who are accepted into a College program are required to undergo a urine drug screening, nationwide criminal history record, Sex Offender Registry, and Healthcare Fraud and Abuse Registry checks.

I understand that the College retains the right to immediately dismiss students who have unsatisfactory background checks, positive urine drug screens, or have falsified their application.

I understand that if I am interested in having my courses reviewed for possible advanced placement or transfer credit I must submit an official transfer evaluation request and fee prior to application submission.

I understand that considerations for advanced placement or transfer credit will not be honored after acceptance into program.

I certify that I have read and understand the admission criteria of the program for which I am applying; and I understand that the applicant processing fee is non-refundable.

I certify that to the best of my knowledge and 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 optional and used for statistical purposes. Information you provide will not be used for admission decisions.

- | | |
|---|--|
| <input type="checkbox"/> Hispanic of any race | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White, non-Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Unknown |

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
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College/University, City & State	Dates of Attendance	Diploma/Degree Information
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EMPLOYMENT INFORMATION – FORMER OR CURRENT RIVERSIDE EMPLOYEES

Yes **No** Have you ever been employed by Riverside Health System?

If Yes, RHS Facility _____ Department _____

Position _____ Supervisor's Name _____

Employment Dates: From _____ To _____ Reason for Leaving _____

Former Riverside employees must be eligible for rehire by Riverside; current Riverside employees must be in good standing (as verified through Human Resources).

LICENSE INFORMATION – HEALTHCARE PROFESSIONALS

Yes **No** Do you currently hold any healthcare professional licenses? If Yes, please list the type and issuing state:

EMPLOYMENT INFORMATION – LICENSED PRACTICAL NURSES

Applicants for the LPN to RN Advanced Placement option must include LPN work history. Start with most recent position and attach continuation sheet if necessary.

Name of Company	Position Held	Dates Worked (Mo./Yr.)
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Street/City/State/Zip	Phone Number
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Name of Company	Position Held	Dates Worked (Mo./Yr.)
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Street/City/State/Zip	Phone Number
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