

APPLICATION FORM

Application Instructions and checklist

Please fill out this application completely and mail it or submit to the address below along with application fee as follows

- **Nurse Aide Applicants \$55.00**

- **Medication Aide/Personal Care Assistant Applicants \$30.00**

Only certified checks or money orders made payable to QUALITY HEALTH SERVICES LLC are accepted via mail In addition we accept Visa, MasterCard and Discover if walk-in. NO PERSONAL CHECKS ACCEPTED

Be advised that applications received without the application fee will not be processed

**Mail Application to:
Quality Health services LLC
Admission Office,
1986 Opitz Boulevard
Woodbridge, VA 22191**

Admission Procedures ALL PROGRAMS

- Complete and sign the enrollment application either online or by mail
- Have a valid Social Security Card or Alien Number
- Minimum age of 17 years verified by state or federal ID
- Proof of High School diploma, GED, or take Wonderlic Basic Skills Tests and score a minimum of 150 on verbal skills and 200 on the quantitative examination (approved by U.S. Board of Education)
- Current CPR certification (school provides service at a fee)
- Submit a copy of a current physical examination (within 12 months of enrollment) Download Medical form
- Proof of negative TB Tuberculosis Test or Chest X-ray (within 12 months of enrollment) Download Medical form

APPLICATION FORM

PERSONAL INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH:

MARITAL STATUS:

SEX:

SOCIAL SECURITY :

HIGHEST LEVEL OF

RACE/ETHNIC ORIGIN:

EDUCATION COMPLETE:

NATIONALITY:

RESIDENCY STATUS:

ADDRESS: Street

City

State/Province

Zip/Postal Code

Country

HOME PHONE:

CELL PHONE:

EMAIL:

EMERGENCY CONTACT INFORMATION

FIRST NAME:

FAST NAME

RELATIONSHIP

FULL ADDRESS:

CONTACT PHONE (Home)

City/State/Zip

CELL:

PROGRAM INFORMATION

PROGRAM INTERESTED :

CLASS SCHEDULE

HAVE YOU APPLY TO FIRST CAREER BEFORE: YES

NO

IF YES WHEN:

EDUCATION

List your previous schools, beginning with the most recent.

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST ATTEN

FAST ATTENDED

GRADUATED: YES NO

IF YES DEGREE:

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED: YES NO

IF YES DEGREE:

Reference Information (Please list 3 professional references)

FULL NAME:

ADDRESS:

PHONE:

RELATIONSHIP:

FULL NAME:

ADDRESS:

PHONE:

RELATIONSHIP:

FULL NAME:

ADDRESS:

PHONE:

RELATIONSHIP:

First Career Center Sworn Disclosure

Have you ever been convicted of a law violation(s) but exclude offenses committed before your 18th birthday, which were finally adjudicated in a juvenile court under the youth offender law?

If yes, please explain

Are you subject to any pending criminal charges?

AGE CERTIFICATION

By checking this box I acknowledge and warrant that I am at least 18 years of age

CERTIFY THE INFORMATION

By checking this box I certify that the information I have provided are true and complete to the best of my knowledge and understand that all information provided will be used by First Career Center to determine my qualification for admission. I understand that any false, misleading or incomplete answer statement or implication made by me in connection with this application or the application process, or any failure to disclose any relevant information, shall result in the denial and /or revocation of admission to First Career Center including dismissal from First Career Center if matriculated and may also lead to future denial and or revocation of licensure as a Practical Nurse, Nursing Assistant or Medication Aide. I hereby give First Career Center permission to investigate my personal, Criminal, educational and employment background and history and to contact persons, organizations, institutions or government agencies who may have knowledge of me. In Consideration for First Career Center reviewing my application for admission, and intending to be legally bound, I hereby release First Career Center subsidiaries, affiliates, trustees, officers, employees and agents(collectively hereinafter referred to as First Career Center), from any and all claims or liability, known or unknown, arising from First Career Center investigating my background and all persons, organizations, institutions or government agencies supplies such information. Finally, it is my understanding that I shall not be considered for admission to First Career Center until I have submitted all credentials and otherwise satisfied all requirements for a timely and complete application for admission. I further understand that an application which satisfies all application requirements is not guaranteed admission into First Career Center Nursing Program. I agree to inform First Career Center of any changes in the information I have provided on this application otherwise in connection with application process. If First Career Center offers me admission, and I decide to matriculate, I agree to comply with any and all of First Career Center Policies, rules and regulations, as amended from time to time First Career Center does not discriminate on the basis of age, race, religion, gender, sexual orientation, national origin, disability or veteran status in its program and activities. I also understand that First Career Center School reserves the right to cancel a class when deemed necessary either before the class begins or in an ongoing class.

OFFICAL USE ONLY

Student Signature

Approved: **YES**
NO

Staff Name:

Staff signature