



LUCY CORR

The Lucy Corr Nurse Aide Program is a three-week program that will be held at Lucy Corr, (6800 Lucy Corr Boulevard, Chesterfield, VA 23832) Mondays through Fridays from 8:00 am until 4:30 pm.

The Nurse Aide Program (CNA) is a Virginia Board of Nursing approved program. This program exceeds the required 80 hours of lectures/skills and 40 hours of clinical experience. Through lecture, video, role-playing, and hands-on skills laboratory and clinical practice, you will learn procedural skills such as bathing, dressing, positioning, and vital signs. You will also learn key communication techniques to provide compassionate care for the elderly and others in need of personal care.

The program requires the following dress code: black scrubs, black shoes (leak-proof vinyl or leather with closed-top, toe and back) and black socks. A certificate will be provided within fourteen (14) business days ONLY upon successful completion of the course.

For more information regarding the Nurse Aide class, please contact our Recruiting office at (804) 425-7508.

APPLICATION FOR NURSE AIDE CLASS

- This application must be completed in its entirety and returned to the front desk of the Health Care Center.
- The cost of the Nurse Aide class is \$750, which includes all books and classroom supplies, a current PPD (TB) Test or Chest X-Ray as required, drug screening, and a current Criminal Background Check from the Virginia State Police. (Please make checks payable to Lucy Corr or submit credit card payment information; a payment plan is available).
- Upon completion of the class, graduates names will be submitted to Pearson VUE per the Virginia Board of Nursing. Each graduate will then receive an email giving them access to schedules for the state exam. **The \$125.00 Pearson VUE exam fee is NOT included in the payment to Lucy Corr.**

GENERAL INFORMATION

Date

Name

Last

First

Middle

Address

Number

Street

City

State

Zip

Home Telephone

Cell Phone

E-mail address

Have you ever been or are you currently now employed by Lucy Corr? Yes No

If yes, when and in what department?

Have you ever been employed as a Nurse Aide before? Yes No

If so, where and for how long?

WHY ARE YOU INTERESTED IN BECOMING A NURSE AIDE?

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus., Trade, or Professional School				

Please list any special honors or skills that you may have, e.g., certifications, licenses, special training, etc.

SWORN DISCLOSURE STATEMENT §§32.1 and 63.2 of the Code of Virginia require that any person desiring to work at a licensed nursing home, licensed assisted living facility or licensed adult day care center provide the hiring facility with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

Virginia Board of Nursing Regulations 18VAC90-25-20-B-3 state that each student applying to or enrolled in any nurse education program shall be given a sworn disclosure statement regarding Section 32.1-126.01 of the code of Virginia, a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment (for the complete Barrier Crimes List, please visit: <https://law.lis.virginia.gov/vacode/title32.1/chapter5/section32.1-126.01/>)

*Any person who has been convicted of a felony or misdemeanor may not be eligible for licensure in the state. Any person who uses alcohol or drugs excessively may also be ineligible for licensure. (Section 54.1-3007 Code of Virginia)

Have you ever been convicted of a misdemeanor or felony law violation? Yes No (you may exclude offenses adjudicated before your eighteenth birthday or minor traffic offenses)

If yes, please list all and indicate the offense(s), date(s), and location(s):

Are you the subject of any pending criminal charges within or outside the Commonwealth of Virginia? Yes No

If yes, please list all and indicate the alleged offense(s), date(s), and location(s):

WORK EXPERIENCE		
Please list your work experience beginning with your most recent job. Attach additional sheets if necessary. Employers will be contacted as references.		
Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

PERSONAL REFERENCES (Please list at least three references; Please do not list relatives.)	
Name	Name
Position	Position
Company	Company
Telephone	Telephone
Name	Name
Position	Position
Company	Company
Telephone	Telephone

Certification of Application Information

I certify that the information and statements provided by me on this application are true and correct and that no attempt has been made to conceal pertinent information. I understand that if any of the information provided by me on this application is found to be false or missing, or pertinent information to have been omitted, I may be subject to dismissal from the Nurse Aide Program and I agree to hold Lucy Corr, its officials, and employees harmless in that event.

Authorization to Obtain Information

By my signature below, I hereby authorize the release to Lucy Corr of information pertaining to my employment history, criminal history, academic records, professional credentials, military service records, and other records as appropriate.

Dismissal from the Nurse Aide Program

I understand that Lucy Corr may immediately dismiss me from the program if, in its sole discretion, it determines that my clinical performance is unsatisfactory to Lucy Corr and/or my behavior is disruptive or detrimental to Lucy Corr and/or its patients and I agree to hold Lucy Corr, its officials, and employees harmless in that event. I understand that there will be no refund of any program fees if I am summarily dismissed from the program.

No Guarantee of Employment

I understand that nothing contained in this application is intended to create an employment contract between Lucy Corr and myself or for the providing of any benefit. No promises regarding employment have been made to me, and I understand there should be no expectation of employment or a continued relationship with Lucy Corr at the conclusion of this Nurse Aide Program.

PLEASE SIGN HERE:

Date

In compliance with applicable federal, state and local laws, Lucy Corr's does not discriminate against any applicant on the basis of race, color, religion, age, sex, national or ethnic origin, gender, religion, disability, age, veteran status, or citizenship status, or any other prohibited factor.