Application Deadline:
March 1, 2027
By 3:00 PM
Applications, sealed transcripts, and TEAS results must be **received** in the nursing office by this date.

VIRGINIA BEACH SCHOOL OF PRACTICAL NURSING

2925 NORTH LANDING ROAD
VIRGINIA BEACH, VIRGINIA 23456-2499
757-648-5889

Application for Fall 2027 Classes

*Accepting applications December 1, 2026 - March 1, 2027

Notice: A minimum of one COVID vaccination is required (*Religious or Medical waiver with documentation). Clinical facilities and CDC highly recommend updated current COVID vaccinations.

1. **Adults with official residency in Virginia (exception for military dependents)**
   VBSPN offers a certificate of completion LPN program for licensure and certification in the state of Virginia. VBSPN may allow graduates to be eligible for licensure in other states. Prospective students are strongly encouraged to contact the state's licensure entity where they intend to practice. This information is provided per U.S. Federal Regulations, 34CFR-668.43. Students must request a Student Attestation Form.
2. **Transcripts:**
   Submit an official high school transcript, GED or college transcript that must:
   - be in English
   - be received in a sealed envelope from the granting institution
   - have an official seal
   - include the administrator's signature

   For foreign high school or college transcripts not in English:
   - Transcripts must be evaluated and translated by approved independent transcript evaluation company
   - The transcript evaluation report must be sent directly to our office and received by our office by the deadline.
3. **Electronic Transcripts:**
   a. Preferred: Electronic transcripts sent directly from your high school and/or college
4. **Incomplete Applications:**
   a. Applications will not be accepted without the required official transcripts or foreign transcript evaluation report.
5. **ATI TEAS Test:**
   a. Create and ATI account at www.atitesting.com to set up your TEAS test. Select VA Beach SOPN so official ATI TEAS scores are sent directly to our program. Please allow at least four business days before the March 1 deadline to ensure scores are received.
   b. Take the most current version of the ATI TEAS test in person or at a test center.
   c. Submit scores electronically directly from ATI by March 1, 2027. **No exceptions.**

(Type or print clearly in black/blue ink)

Name: _____
(Mr/Mrs) Last First Middle Maiden Name

Address _____
Street City State Zip Code

COMPLETE SS#: ___ - ___ - ____ **Phone:** Cell _____ **DOB:** _____

E-mail: _____ **Have you applied to this program before:** ☐ Yes ☐ No **If yes, when:** _____

Are you a high school graduate/Or GED? ☐ Yes ☐ No **Taken College courses**? ☐ Yes ☐ No

HS/GED Institution Name: _____

Address: _____
Street City State Zip

College/Institution Name: _____

Address: _____
Street City State Zip

PROFESSIONAL REFERENCES: List the names and addresses of two professional references who have supervised you in the past three years. (Personal friends/relatives are not acceptable.)

Reference's First and Last Name	**Street, City, State & Zip Code**	**Name of Business**	**Phone number**	Capacity as:
				☐ Instructor ☐ Employer Supervisor ☐ Volunteer Supervisor
				☐ Instructor ☐ Employer Supervisor ☐ Volunteer Supervisor

EMPLOYMENT HISTORY: List chronologically, beginning with the most recent.

Dates		Name & Physical Address (Street, City, State & Zip Code) and Telephone number	Type of Work	Reason for Leaving
From	To			
		Supervisor:		
		Supervisor:		

I certify that all information included in this application is true to the best of my knowledge. I hereby authorize the School of Practical Nursing to request such information as necessary to verify information I provided on this application form.

_____ _____
Signature of Applicant Date

*Reminder: Applicants will receive notice via e-mail acknowledging receipt of completed application and instructions to take the required ATI TEAS Exam (Results of the ATI TEAS must be electronically sent to VA Beach SOPN by application deadline of March 1)