



THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION



RAPHAEL O. WHEATLEY SKILL CENTER

A Post-Secondary Career & Technical Education Institute

Mario Francis, Principal

P. O. Box 9337-- St. Thomas, U.S. Virgin Islands 00801

Tel: (340) 774-6277; Fax: (340) 777-5444

mario.francis@vide.vi

PN ADMISSIONS APPLICATION PACKAGE

*Please accurately fill out the required information to process
your application effectively.*

Applicant's Name: _____

Date: _____

Required Documentation

This list of items are required for your application to be complete. Your application must be complete before the date of your interview.

The following documents must be included with your application:

- High School Diploma (must see original)
 - Diploma
 - GED
 - Transcript

- Physical Examination Form

- Immunization Record (Updated)

- Police Record (Current)

- Identification Card
 - Voter's ID
 - Driver's License
 - Passport

- Social Security Card/Birth Certificate

- Reference Form (Completed)

- CNA License (Optional)

The application and all required documents must be turned in, in order to be considered for the first interview with the director of the nursing program.

Program Description

The PN Program is 15- 18 months in duration. This particular nursing program is designed to prepare the practical nursing student to deliver direct patient care to clients throughout the life span; holistic in its approach in a varied number of settings to include acute care facilities, long term care as well as in the community.

This program is a full-time program, meeting Monday through Friday 8:30 – 4:00 pm. The program will enable the practical nursing students to deliver proficient care within the approved scope of a Practical Licensed Nurses as defined in the Nurse Practice Act of the Virgin Islands. Upon completion of this program, graduates will be eligible to take the national licensure exam (NCLEX-PN).

Duties of the Licensed Practical Nurse

The scope of practice for the Practical Nurse program will provide a framework to acquire knowledge and skills necessary to function as a member of the multi-disciplinary health care team exercising critical thinking skills that guide decision making independently, interdependently, and dependently within a defined scope of practice as defined by the Virgin Islands Board of Nurse Licensure.

Application and Admission Requirements:

- The applicant must be at least 18 years of age and be fluent in English.
- High School Diploma or GED is mandatory with official transcript mailed to this school.
- NLN-Pretest Mandatory
- Personal References (Required)
- CNA Certification (Optional)
- Applicants accepted anytime but processed specifically for a determined start of program date.
- Criminal background check
- College transcript necessary for courses taken at a College or University and mailed to this school.

Program Cost

A non-refundable tuition deposit of \$500.00 to hold your place in the class is required upon notice of acceptance.

Registration Fee	\$37.00
Tuition	\$2,000.00
NLN Testing Fee	\$40.00

Additional Expenses:

The school has no control over the following approximate expenses and are the responsibility of the student:

School Uniforms

Lab Coat

Capping Expenses

State Board Examination Fees
Licensure Fee

Other Expenses: (Pictures, School Pin, Graduation Uniform)

Graduation



THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION



RAPHAEL O. WHEATLEY SKILL CENTER

A Post-Secondary Career & Technical Education Institute

P. O. Box 9337-- St. Thomas, U.S. Virgin Islands 00801

Tel: (340) 774-6277; Fax: (340) 777-5444

Mario.francis@vide.vi

Application for Admission

Check a Box:

Male Female

Personal Information: (List current information)

Name: _____
Last First Middle Maiden Name

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Social Security No.: _____

Citizenship Status: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____

Education: (List those that apply to you)

High School: _____

Address (City, State & Zip): _____

Year of Graduation: _____

GED: _____

Address (City, State & Zip): _____

Year of Graduation: _____ Certificate No.: _____

College/University: _____

Address (City, State & Zip): _____

Year of Graduation: _____ Degree: _____

School of Nursing: _____

Address (City, State & Zip): _____

Year of Graduation: _____ Degree: _____

Vocational/Trade School: _____

Address (City, State & Zip): _____

Year of Graduation: _____

Employment: (List most recent first)

Employer: _____

Position Title: _____

Address: (City, State, & Zip): _____

Dates: From _____ To: _____

Employer: _____

Position Title: _____

Address: (City, State, & Zip): _____

Dates: From _____ To: _____

Employer: _____

Position Title: _____

Address: (City, State, & Zip): _____

Dates: From _____ To: _____

Employer: _____

Position Title: _____

Address: (City, State, & Zip): _____

Dates: From _____ To: _____

Contact in case of emergency:

Name: _____

Relationship: _____

Address (City, State, & Zip): _____

Phone No.: _____

Mandatory Questions: (Please answer the following)

1. How do you plan to pay for your education?

2. How do you plan to care for your minor while you are in school?

3. Have you ever been convicted of a felony? Yes No

If yes, please explain.

Reference Form

Section A: (to be completed by applicant)

Name: _____
 Last First Middle Maiden Name

Physical Address: _____
 Street City State Zip

Mailing Address: _____
 Street City State Zip

Section B: (message to the person serving as a reference)

The person mentioned above is applying to the Raphael O. Wheatley Skill Center Licensed Practical Nursing Program and is requesting you to serve as a reference. Thoughtful evaluations shared through reference letters are helpful to the committee on admission. References for admission purposes shall be kept confidential.

We wish to select capable men and women who have given serious consideration to their interest in nursing and who will profit most from the type of vocational educational offered by this school. Intellectual and personal qualifications play equally important roles in nursing.

Please use the reverse side for your reference. Additional comments may be added.

Return to: Raphael O. Wheatley Skill Center
 P. O. Box 9337
 St. Thomas VI 00801

Section C. (To be completed by the person serving as a reference.)

Please **TYPE** or **PRINT** clearly.

Name: _____

Relationship: _____

How long have you known applicant? (Years, Months) _____

Capacity in which you have known applicant:

- | | |
|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Job Supervisor/Employer | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> High School Teacher | <input type="checkbox"/> College Instructor |
| <input type="checkbox"/> Volunteer Supervisor | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Other (Specify): _____ | |

1. What are the first words that come to mind to describe the applicant?

2. How do they interact with others? Please describe.

3. Is this individual a motivated self-starter? Please give examples.

4. Please describe the applicant's degree of maturity and independence.

5. How would you evaluate the applicant's communication skills, both in getting ideas across and resolving conflict?

6. Is this applicant willing to try new things, open to new people and to experiences not encountered before? Please give examples.

7. Would you have any reservation in recommending the applicant to the Licensed Practical Nursing Program? Why or why not?

8. Please use this space to include anything else about the applicant that may help in determining his/her qualifications.

Reference Signature: _____

Date: _____



THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION



RAPHAEL O. WHEATLEY SKILL CENTER

A Post-Secondary Career & Technical Education Institute

P. O. Box 9337-- St. Thomas, U.S. Virgin Islands 00801

Tel: (340) 774-6277; Fax: (340) 777-5444

mario.francis@vide.vi

CANDIDATE HEALTH SCREEN FORM

DEMOGRAPHICS

Candidate Name _____

Date of Birth _____

Sex _____

Address: _____

Street

City

State

Zip

Home Phone: _____

Emergency Contact _____

Relationship _____

Contact Number _____

Allergies _____

Physicians Signature _____

Medical Problems:

Medications: (including dosage)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

Have you ever been treated for Hepatitis or any other contagious? _____

Do you have a history of any of the following conditions/disease: (indicate only yes answers)

Frequent Headaches

Diabetes

Hernia/Rupture

Fainting

Pain in Chest

Varicose Veins

Excessive Fatigue

Fever/Night Sweats

Fractures

Asthma or Hay Fever

Shortness of Breath

Hemorrhoids

Unusual Gain/Loss of Wt.

Frequent Indigestion

Painful/Swollen Ankles

Persistent Cough

Rheumatism/Arthritis

Convulsions

Allergies

Tuberculosis

Cancer

Venereal Disease

Heart Disease

High Blood Pressure

Injury/Back Trouble

Operations (describe below)

Nervous/Mental Problems

Any other illness, abnormality/conditions (describe below)

Height _____

Weight _____

B/P _____

Pulse _____



THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION



RAPHAEL O. WHEATLEY SKILL CENTER

A Post-Secondary Career & Technical Education Institute

P. O. Box 9337-- St. Thomas, U.S. Virgin Islands 00801

Tel: (340) 774-6277; Fax: (340) 777-5444

mario.francis@vide.vi

Application of Admission Checklist

Applicant: _____

Interview Date: _____

Interview Time: _____

Police Record	
Immunization Card	
Identification Card	
Voter's ID	
Driver's License	
Passport	
High School	
Diploma	
Transcript	
GED	
Social Security Card	
Birth Certificate	
Health Screen Form	
MD Signature	
Reference Form	
Essay	
CNA License (optional)	