



**RappU Healthcare Classes**  
RappU, Inc.  
P.O. Box 35  
Sperryville, VA 22740

**Classroom location:**  
12018 Lee Highway  
Sperryville, VA 22740

## Application for Admission

Please select:  Nurse Aide  HHA  CMA  CPR  CPT  CCMA  CET

### Application must be signed.

Thank you for your interest in the RappU healthcare training program. Before completing this application, please review thoroughly the program and course descriptions and the pre-admission requirements. All of this is on our website at [www.rappu.org](http://www.rappu.org) at the healthcare courses link.

Please read carefully. After you have completed your application, email us at [gotorappu@gmail.com](mailto:gotorappu@gmail.com) to set up an in-person interview. You will need to bring your application, a valid photo ID and \$25 application fee to the interview session. Please do NOT drop off your application and payment at the RappU classroom location as it is not staffed throughout the day.

I understand that RappU reserves the right to select only those applicants who we consider to be qualified into the program.

I understand that submitting my application does not guarantee admission into the program and that it is my responsibility to ensure that RappU receives all required documentation.

I understand that all applicants are required to undergo a urine drug screening, a Virginia and a nationwide criminal background check.

I understand that I will be required to provide proof of certain immunizations and other indications of my health and physical condition.

I certify that to the best of my knowledge and belief, all statements and information that I have provided on this form are correct, complete, current and made in good faith.

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## APPLICANT INFORMATION

Legal Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Last First Middle Maiden

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Number and Street

or PO Box

City

State

County

Zip Code

Mailing or Physical Address if Different \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Citizenship:**  U.S. Citizen  Naturalized U.S. Citizen

Are you a resident of Rappahannock County?  Yes  No

**Language:** Is English your first language?  Yes  No

Any learning or physical disabilities? \_\_\_\_\_

### **Criminal History:**

1. Have you ever been convicted of a criminal offense or is final action pending on any criminal charge, excluding minor traffic offenses?  Yes  No If Yes, please explain in an attached letter.

2. Are you currently on probation?  Yes  No If Yes, please explain in an attached letter.

**A criminal history background check will be performed on all admitted students. Failure to disclose the existence of the above will result in the rejection of application and immediate dismissal from the RappU program.**

Regulatory Boards may refuse to admit a candidate to any examination, or may refuse to issue a license or certificate to any applicant based on a number of both criminal and/or unprofessional conduct reasons. Applicants are encouraged to contact the regulatory board/credentialing organization regarding the effect of their conviction on licensure/registry eligibility.

### **Health Care Providers Only:**

1. Have you ever been disciplined in any manner by a state regulatory agency for any reason?  Yes  No  
If Yes, please explain in an attached letter.

2. Program Eligibility: Are you presently or have you previously been, as a provider, excluded, debarred, suspended, sanctioned or otherwise found ineligible to participate in the Medicare or Medicaid programs or Federal procurement and non-procurement program?  Yes  No If Yes, please explain in an attached letter.

## ACADEMIC INFORMATION

**Education:** List all of the schools you have attended. Attach continuation sheets if necessary.

School Name & City/State                      Dates Attended    Did You Graduate?                      Degree/License/Diploma/Certificate

High School or GED

\_\_\_\_\_ To                      Y    N

Military or Other

\_\_\_\_\_ To                      Y    N

College(s)

\_\_\_\_\_ To                      Y    N

\_\_\_\_\_ To                      Y    N

\_\_\_\_\_ To                      Y    N

\_\_\_\_\_ To                      Y    N

Other (Specify)

\_\_\_\_\_ To                      Y    N

\_\_\_\_\_ To                      Y    N

## EMPLOYMENT INFORMATION

**Yes**     **No**    Have you ever been terminated from employment? If Yes, please explain in an attached letter.

**Yes**     **No**    May we contact your past and present employers? If No, please explain in an attached letter.

## WORK EXPERIENCE

Start with most recent position and please explain any lapses in time. You may attach a continuation sheet or your resume if needed.

Name of Company	Position Held	Dates Worked (Mo./Yr.)
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Street/City/State/Zip	Phone Number
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Immediate Supervisor & Title	Reason for Leaving
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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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Immediate Supervisor & Title	Reason for Leaving
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## HOW DID YOU HEAR ABOUT US?

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> RappU.org            | <input type="checkbox"/> Word of Mouth             | <input type="checkbox"/> Newspaper  |
| <input type="checkbox"/> Career Fair          | <input type="checkbox"/> Current Student or Alumni | <input type="checkbox"/> Open House |
| <input type="checkbox"/> High School Guidance | <input type="checkbox"/> Other _____               |                                     |

## FINANCIAL NEED

Please indicate whether you are able to pay your tuition. If you need financial assistance, please describe in detail why you are applying for a scholarship.