

Application for Admission

JAMESON MEMORIAL HOSPITAL
SCHOOL OF NURSING
1211 WILMINGTON AVENUE
NEW CASTLE, PA 16105-2595

Admission to the School is open to all qualified applicants regardless of sex, marital status, age, race, color, national origin, religion, disability, or sexual orientation. Applicants must be citizens of the United States or have Permanent Resident Status with the United States Immigration and Naturalization Services.

Give careful consideration to each question on this application. Complete the application and return as soon as possible to the Director of Professional and Allied Health Education at the above address. The application should be accompanied by a fee of \$50.00, **made payable to Jameson Memorial Hospital, which is NON-REFUNDABLE.**

PERSONAL:

Date of application _____

Date of Desired Admission _____

Please type or print all information:

Last Name Maiden Name First Name Middle Name

Address

City State Zip County

Phone Number: _____ Social Security Number _____

Cell Phone Number _____ Email Address _____

May we contact you via email? Yes ___ No ___

If a minor - Name and address of parents or legal guardian

Name Relationship

Address

City State Zip Phone Number

U.S. Citizen _____yes _____ no Have Permanent Resident Status with the US INS? _____yes _____no

Have you served in the U.S. Armed Forces? _____ Branch: _____ Dates: _____

According to the Pennsylvania State Board of Nursing, an R.N. license will not be issued to persons who have been convicted of a felony prohibited by "The Controlled Substance, Drug, Device and Cosmetic Act" or a felony relating to a controlled substance.

Have you ever been convicted of any felony or misdemeanor, and/or do you currently have any criminal charges pending and unresolved in any court? Yes _____ No _____

Have you ever been convicted of any crime associated with alcohol or drugs in any court? Yes _____ No _____

Have you ever been convicted of any crime associated with sexual misconduct in any court?

Yes _____ No _____

If you answered yes to any of the above three (3) questions, attach explanation and documentation.

***Conviction includes judgment found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial, or ARD. (The Pennsylvania State Board of Nursing will not issue a license to an applicant who has been convicted of a felony unless ten (10) years have elapsed from the date of conviction). It is the applicant's responsibility to contact the Pennsylvania State Board of Nursing to clarify their individual situation. The Board may be contacted at 717-783-7142.**

EDUCATION:

Information on high schools attended, including ninth grade:

Name of School	City and State	Attended From To	Date of Graduation	Diploma/GED Received

Have you had Algebra? Yes _____ No _____

These courses must be completed with a grade of

Have you had Chemistry with a Lab? Yes _____ No _____

"C" or better.

Have you had General Biology with a Lab? Yes _____ No _____

Information on other schools attended beyond high school:

Name of School or College	City and State	Date of Entrance	Date of Leaving	Diploma/Degree Received

Have you ever taken a Nursing Pre-Admission Exam? _____ When? _____

Name of Exam _____

Other health related education/experience:

_____ State-tested Nursing Assistant (STNA)

_____ EMT/Paramedic

_____ Licensed Practical Nurse (LPN)

_____ Medical Assistant

_____ Other _____

EMPLOYMENT: List work experiences from present to past.

Dates Worked From To	Employer	Address	Position

May we ask your present and/or past employers about you? Yes _____ No _____

Have you ever applied to this School before? Yes _____ No _____ If yes, when? _____

Have you ever been enrolled in an RN nursing program? Yes _____ No _____

If yes, where/when _____

Do you consider yourself to be able to perform all of the activities required by the planned program of studies without endangering other students, patients or employees? Yes _____ No _____

What factors contributed to your decision to apply to Jameson? (Check all that apply)

Family/Friends Alumni Open House Career Fair
 Advertisement Guidance Counselor Tour of School Other _____

How did you learn about the nursing program at Jameson?

REFERENCE FORMS (Click here)

Three references are required from current teachers, school counselors, employers, etc. **No family member or close friends. Submitting inappropriate references will delay the admission process.** Submit the three (3) reference forms with your application or have your references mail the forms to the school address which is listed on the form. Your application is not considered complete until the application, the \$50.00 application fee, and the three (3) reference forms have been received.

ESSAY:

In the space **provided** or on a separate piece of paper, please provide a brief account of any experiences or accomplishments that have contributed to your personal growth and influenced your decision to become a nurse and your plans for the future.

Person to be notified in case of emergency:

Name	Relationship
Address	
Phone No.	Cell Phone

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant Jameson Memorial Hospital School of Nursing permission to verify such answers. I understand that any false statement on this application may be considered sufficient cause for rejection of this application, or for dismissal if such false statement is discovered subsequent to my admission. If this application is considered favorable, I agree to abide by and comply with all of the rules of the Jameson Memorial Hospital and the Jameson Memorial Hospital School of Nursing.

Signature

Date