

APPLICATION FOR ADMISSION NORTHEASTERN HOSPITAL SCHOOL OF NURSING

2301 E. Allegheny Avenue, Philadelphia, PA. 19134
Phone: 215-926-3145, Fax: 215-926-3146

Print or type all information on the application and return with (2) sealed letters of recommendation, a personal essay and a \$50.00 **nonrefundable money order** payable to *Northeastern Hospital School of Nursing*.

Today's Date: _____

SS#: _____ - _____ - _____

Name:

_____ (Last) (First) (MI) (Maiden)

Address:

_____ (Number and Street) (Apt. #)

_____ (City) (State) (Zip code)

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

E-Mail: _____

Emergency Contact: (Circle One) Spouse Mother Father Other: _____

Name: _____ **Phone:** _____

Have you previously applied to Northeastern Hospital School of Nursing? Yes ___ No ___

If yes, when: _____

When do you wish to enter the School of Nursing? Please check one.

_____ January = 27 month program (*10 pre-requisite courses required)
*Upon Approval from Temple University

_____ May = 24 month program (*10 pre-requisite courses required)
*Upon Approval from Temple University

Are you a U.S. Citizen? Yes _____ No _____

If no, please include a copy of your valid alien registration receipt card.

Secondary Education: Please request that an official transcript be sent to Northeastern Hospital School of Nursing.

Name of High School: _____ Date Diploma Rec'd. _____
 Address: _____

If you did not graduate from high school, do you have a G.E.D.? Yes ___ No ___
 Date you received your G.E.D.? _____ What State? _____

Post Secondary Education: Nursing School, College or Technical School. Please request that an official transcript(s) be sent to Northeastern Hospital School of Nursing.

Name of School/College	Degree/Certification Received & Date Rec'd.

The Department of Education mandates that you submit an Official Transcript for all colleges and universities that you have previously attended.

Employment: List work experiences within the past five years, both full and part-time beginning with the most recent.

Dates From - To	Employers Name & Address	Title	Supervisor	Phone

Recommendation letters: (2 are required) May be teachers, supervisors, employers, counselors, or clergy. Relatives, friends and neighbors should not be used. Please have recommendation letters placed in a sealed envelope and mail them in with your application to:
Northeastern Hospital School of Nursing
2301 E. Allegheny Avenue
Philadelphia, PA. 19134

Will you be applying for financial aid? Yes ___ No ___
 Have you ever defaulted on a student loan? Yes ___ No ___

Personal Essay Required – On a separate sheet of paper, please type a personal essay to provide us with a better understanding of you, your interests, achievements, reasons for attending nursing school or something significant that may have occurred in your life. If you have been out of school for more than one year, please describe what you have done during that period of time. We would like to know what is calling you to the nursing profession and if someone made a strong impression on your decision for your career.

Applications will be evaluated on an individual basis. The application fee is not refundable. The application fee is \$50.00 (which helps to cover the cost of TEAS testing). Everyone that applies does not get to take the TEAS Test.

It is the policy of Northeastern Hospital School of Nursing to offer equal opportunities to all qualified applicants regardless of race, color, sex, sexual orientation, age, religion, handicap, marital status, national origin or veteran status. This policy applies to the administration of educational policies, admission policies, scholarship, loan programs or other school administered programs.

The Pennsylvania State Board of Nursing requires the School of Nursing to inform applicants that they may be denied a license or the privilege of sitting for the licensing exam (NCLEX-RN) if they have been convicted or have pleaded guilty, or entered a plea of nolo contendere, or been found guilty by a judge of a misdemeanor, felony, felonious act, an illegal act associated with alcohol or an illegal act associated with substance abuse(s) in the course of this Commonwealth or any other state, territory or country.

Authorization to Release Information:

In signing this application for admission, I authorize Northeastern Hospital School of Nursing or its representatives to verify any information necessary to support my application for admission, and authorize the release of this information by appropriate parties. I understand that providing false or misleading information or omission of information on this application will result in withdrawal and suspension of any further consideration of my application for admission to or continued enrollment in Northeastern Hospital School of Nursing and may also lead to future denial and/or revocation of licensure in Pennsylvania as a Registered Nurse. With this in mind, I certify that the above statements are true, correct and complete.

Applicant's Signature:

Date: _____