

Citizens School of Nursing

539 Pittsburgh Mills Circle

Tarentum, PA 15084

(724) 337-5090

Answer each question carefully and completely, and return it promptly to the Director of the School of Nursing. Please enclose a non-refundable application fee. (Check or money order made payable to Citizen's School of Nursing in the amount of **\$50.00**) Please type or print in ink. Applications are selected in accordance with nondiscriminatory policies.

PERSONAL

Date of Application: _____ Social Security #: _____

Name: _____
(last) (first) (middle) (maiden)

Home Phone: _____

Home Address: _____

E-mail address _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

EDUCATION

List all high schools or other secondary schools attended.

Please have each secondary school send an official transcript directly to the School of Nursing.

SCHOOL	CITY/STATE	DATES ATTENDED	DIPLOMA REC'D

List all formal education beyond High School. <i>Please have an official transcript sent to the School of Nursing.</i> <i>**Failure to list all post-secondary schools and to provide transcripts to Citizens School of Nursing may result in denial of admission to the school.**</i>				
SCHOOL	CITY/STATE	MAJOR	DATES ATTENDED	DEGREE REC'D

EMPLOYMENT List with all work experience beginning most recent			
TYPE OF EMPLOYMENT	EMPLOYER	CITY/STATE	DATES EMPLOYED

Are you an LPN? ___ Yes ___ No _____ License No.

Have you previously applied for admission to this school? ___ Yes ___ No

When do you desire to enter Citizens School of Nursing? _____

Are you a citizen of the United States? ___ Yes ___ No

If no, do you have permanent resident status with Immigration and Customs Enforcement?
 ___ Yes ___ No

Are you in good standing with Immigration and Customs Enforcement? ___ Yes ___ No

Have you ever pled guilty or been convicted of a felony or misdemeanor? ___ Yes ___ No

If yes, provide details of the offense including dates of the offense on a separate sheet.

The "Professional Nursing Law" of Pennsylvania (NO. 1985, P.L. 409, No. 109) states that licensure to practice nursing may be denied to individuals convicted of a felony or of other crimes. This may include denial of the opportunity to sit for the RN Licensure examination. Applicants with personal concerns regarding positive criminal backgrounds and eligibility for licensure should contact the State Board of Nursing in Harrisburg, Pennsylvania (717-783-7142) for guidance before submitting this application.

The following questions will be asked by the Pennsylvania State Board of Nursing and should be answered as "no". If the answer is "yes", the applicant should contact the State Board of Nursing for guidance.

"Have you ever been convicted, pled guilty or entered a plea of nolo-contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction?"

"Have you withdrawn an application for license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?"

"Have you had any disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?"

My signature indicates that I have read and understand the above State Board of Nursing regulations.

[Furthermore, I hereby authorize the School of Nursing to verify all information contained in the application. I certify that the information provided is complete and accurate to the best of my knowledge. I understand that any misrepresentation, omission or falsification of information relating to this application for admission may result in denial of admission or immediate dismissal if enrolled. If admitted, I agree to observe the policies set forth and provided to me by the School of Nursing and Allegheny Valley Hospital. I understand the credentials and transcripts supplied to the school are not returnable and may not be forwarded to other institutions.]

_____ Signature of Applicant Date _____

NON-DISCRIMINATION POLICY

Citizens School of Nursing is in compliance with federal and state laws governing equal opportunity and nondiscrimination. The school does not discriminate in recruitment, admission, or progression of students or in the operation of any of its educational programs and activities. Equal opportunity to applicants and students is provided regardless of race, color, religion, sex, national origin, non-job related disability, age, sexual orientation/affection, veteran status or other classifications that are protected under the Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

PERSONAL COMMENTS

Write an account of your reasons for selecting professional nursing as a career, any special reasons for selecting this school and your future nursing goals. If additional space is required please use another sheet of paper.

I hereby certify that the information presented in this application for Admission is true, accurate and complete. I understand that credentials supplied to the school are not returnable. If admitted I will abide by the policies of the School as stated in the Student Handbook.

Signature of Applicant

Date

Revised 10/24/12
Revised 7/10/14

Reviewed 7/9/15