

A man with dark hair, wearing blue scrubs and a stethoscope, stands with his arms crossed. He is positioned in front of a dark chalkboard. The chalkboard features several white chalk drawings: a fetal ultrasound image in the top left, a pair of footprints in the top center, a stethoscope in the top right, a pair of surgical scissors in the middle left, a heart rate line (ECG) across the middle, and a stopwatch in the bottom right. The text 'UPMC SCHOOLS OF NURSING' is written in large, bold, white capital letters on the right side of the chalkboard.

UPMC SCHOOLS OF NURSING

Patrick Quinn

UPMC Schools of Nursing
Class of 2014

**APPLICATION
FOR ADMISSION**

UPMC SCHOOLS OF NURSING APPLICATION FOR ADMISSION

The following schools are part of the UPMC Schools of Nursing. Please list in order of preference which school of nursing you would like your application considered for admission.

Please send the completed application packet to your first choice school. In the event that your first choice is not available, your application packet will automatically be transferred to your next preference.

☐ **Mercy Hospital School of Nursing**

1401 Blvd of the Allies
Pittsburgh, PA 15219
412-232-7940

☐ Full-Time

☐ Part-Time Daylight

☐ **St. Margaret School of Nursing
- Blawnox Campus**

Seventh Street Commons Building
221 Seventh St.
Pittsburgh, PA 15238
412-784-4980

☐ **UPMC Shadyside School of Nursing**

5230 Centre Avenue
Pittsburgh, PA 15232
412-623-2950

☐ Full-Time

☐ Chatham Pathway Student

☐ Part-Time Evening/Weekend

Applicant Name

Last

First

Desired Date of Admission

☐ Fall

☐ Spring

Year _____

Late August/early September admission is available at all campuses. UPMC Shadyside School of Nursing also offers a spring (early January) admission and part-time evening/weekend program in the fall. Mercy School of Nursing offers a fall part-time daylight program.

In order to process your application promptly, you are asked to submit a complete application packet to your first choice school which includes the following checklist.

Application Packet Checklist

☐ **TEAs (A proficient score or higher is required.)**

Date of test _____

For more information about TEAs testing, visit UPMC.com/SchoolsofNursing/TEAS.

☐ **A final official high school transcript.** Partial transcripts will be accepted only if the applicant is currently a high school senior. Grades for first nine weeks of the senior year must be recorded. Once an applicant has graduated from high school he/she will need to request an official transcript with exact date of graduated documented. A GED Score Report or a Secondary School Completion Credential to Homeschoolers may be substituted for the high school transcript if applicable.

☐ **All official transcripts for any post-secondary education.**

Transcripts are required despite the length of enrollment or completion of program. Failure to submit all transcripts may affect acceptance to the school of nursing and the applicant’s eligibility for financial aid.

☐ **Application for admission.** (following three pages)

☐ **Essay.** In 300-350 words explain what becoming a nurse means to you.

☐ **Two (2) professional references.** Appropriate forms can be found beginning on page six. Letters of reference must be professional in nature, thereby completed by an employer, co-worker or previous teacher. Personal letters of reference (friends, etc) are not accepted.

WHEN COMPLETED PLEASE SUBMIT THE ABOVE AS ONE PACKET TO THE SCHOOL OF NURSING OF YOUR CHOICE.

Applicant Name

Last

First

UPMC SCHOOLS OF NURSING APPLICATION FOR ADMISSION

Please print or type all information.

PERSONAL INFORMATION

Name:

Last _____

First _____

Middle _____

Maiden _____

Please list any other name(s) you may have used in school or employment:

Present Address:

Street _____

City _____

State _____

Zip _____

Permanent Address:

☐ same as above

☐ different from above (please list below)

Street _____

City _____

State _____

Zip _____

Telephone:

Home: _____

Cell: _____

Work: _____

Email address: _____

Social Security Number: _____

Are you a U.S. Citizen?

(mark only one answer)

☐ Yes, I am a U.S. Citizen (US National)

☐ No, but I am an eligible noncitizen

☐ No, I am not a citizen or eligible noncitizen

(Note: The UPMC Schools of Nursing cannot grant or extend I-20 Visas)

Emergency Contact Information

Name:

Last _____

First _____

Relationship: _____

Address:

Street _____

City _____

State _____

Zip _____

Telephone:

Home _____

Cell _____

How did you hear about the UPMC Schools of Nursing?

☐ Guidance Counselor _____
Name of school

☐ College Fair _____
Location

☐ Publication _____
Name

☐ Friend

☐ Website

☐ Current/former student

☐ Other _____
Name

ACADEMIC INFORMATION

HIGH SCHOOL An official transcript is required		
NAME OF HIGH SCHOOL	CITY AND STATE	DATE OF GRADUATION
GED DATE (if applicable)		

POST-SECONDARY EDUCATION All post-secondary education must be listed and transcripts submitted (please use additional paper of necessary)					
NAME OF SCHOOL	CITY AND STATE	DATES ATTENDED		MAJOR	DEGREE EARNED / DATE
		FROM:	TO:		

Have you ever attended another school of nursing, including any UPMC School of Nursing?

☐ Yes

☐ No

If yes, list the name of school and dates of attendance: _____

Have you ever applied to a UPMC School of Nursing?

☐ Yes

☐ No

If yes, list the school and date of application: _____

DISCLOSURE INFORMATION

The "Professional Nursing Law" of Pennsylvania (No. 1985, P.L. 409,109) specifies that applicants for licensure to practice may be denied a license or the privilege of sitting for the licensing examination if they have been convicted of a felony or other crimes. Personal concerns regarding this position should be directed to the PA State Board of Nursing (717-783-7142 or www.dos.state.pa.us) before completing this application.

Have you ever been convicted of, plead guilty to, or entered a plea of nolo contendere (no contest) to any violation other than a summary offense?

☐ No

☐ Yes

If yes, please explain on a separate sheet of paper each offense in full.

Have you ever accepted Accelerated Rehabilitative Disposition (ARD), Probation Without Verdict (PWV) or a similar court monitored program in relation to any violation other than a summary offense?

☐ No

☐ Yes

If yes, please explain on a separate sheet of paper each offense in full.

My signature below indicates that I have read, I understand, and I agree to the following:

I hereby authorize the UPMC Schools of Nursing to make whatever inquiries and investigation it deems necessary of any person or organization to verify any of the information given in this application. I understand the results of such inquiries will be used to further determine my qualifications and abilities for admission to the School of Nursing and that all information obtained will be used in making an admission decision. I also authorize any school official and other person or organization having control of any information pertaining to me or to my admission application to furnish the information to UPMC Schools of Nursing. I hereby release and exonerate any such school official or any other person or organization from any liability whatsoever in relation to compliance with a request for such information from UPMC Schools of Nursing.

I have read and completed this application form and fully understand all the questions and answers contained herein. I certify that the information contained in this application to the best of my knowledge is correct. I fully understand and agree that any misrepresentation or omission from this application will fully justify and at the option of UPMC Schools of Nursing may cause my dismissal from UPMC Schools of Nursing, regardless of the time when any statement may be found to be false, misrepresented, or omitted. All transcripts and references become the property of UPMC Schools of Nursing and cannot be returned or forwarded.

If accepted, I hereby agree to comply with the school's policies including the Drug Free Work Place Act of 1988. I understand a positive drug screen will nullify my admission, and I will not be able to resubmit my application for a period of one year.

I understand that if I attended a UPMC School of Nursing previously and received two (2) academic failures, I am unable to attend another UPMC School of Nursing.

I understand that information contained in this application may be shared between the UPMC Schools of Nursing if necessary.

Signature:

Date:

UPMC SCHOOLS OF NURSING REFERENCE FORM

Section to be completed by the applicant:

Applicant's name:

Last _____

First _____

Middle _____

Maiden _____

Print the name of the person completing the reference.

Name: _____

Relation to applicant: _____

The above applicant is a candidate for admission to a UPMC School of Nursing. Your comments will be used by the Director, Student Affairs, and Admissions to assist in making an admissions decision.

Applicant's Access to Reference

Public law 93-380 grants a student access to his/her records as maintained by UPMC Schools of Nursing. Furthermore, it grants the student or the applicant the right to relinquish access to the reference. To assure that your records are held in compliance with this law, check one:

☐ I relinquish my right of access to this reference.

☐ I do not relinquish my right of access to this reference.

Applicant's signature:

Date:

Completed reference form is to be returned to applicant in a sealed, signed envelope and submitted with application to selected school.

UPMC SCHOOLS OF NURSING REFERENCE FORM

Section to be completed by person giving reference

Please rate the applicant in each of the following areas by circling the number that best describes the applicant.
Use N/A if unable to evaluate.

	1 BELOW AVERAGE	2 AVERAGE	3 ABOVE AVERAGE	4 OUTSTANDING	N/A UNABLE TO EVALUATE
ACCOUNTABLE / RESPONSIBLE	1	2	3	4	N/A
ATTENDANCE	1	2	3	4	N/A
PUNCTUALITY	1	2	3	4	N/A
CARING / COMPASSIONATE	1	2	3	4	N/A
DEPENDABLE / RELIABLE	1	2	3	4	N/A
FLEXIBLE	1	2	3	4	N/A
INTEGRITY / HONESTY	1	2	3	4	N/A
ACCEPTS CONSTRUCTIVE CRITICISM	1	2	3	4	N/A
ORGANIZED	1	2	3	4	N/A
RESPECTFUL	1	2	3	4	N/A
INTERPERSONAL SKILLS	1	2	3	4	N/A
WORKS WELL WITH OTHERS	1	2	3	4	N/A
MOTIVATED	1	2	3	4	N/A

How long have you known the applicant? _____

In what capacity? _____

Additional comments: _____

Signature: _____

Occupation: _____

Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Date: _____

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signed envelope and submitted with application to selected school.

Section to be completed by the applicant:

Applicant's name:

Last _____

First _____

Middle _____

Maiden _____

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RESPECTFUL	1	2	3	4	N/A
INTERPERSONAL SKILLS	1	2	3	4	N/A
WORKS WELL WITH OTHERS	1	2	3	4	N/A
MOTIVATED	1	2	3	4	N/A

How long have you known the applicant? _____

In what capacity? _____

Additional comments: _____

Signature: _____

Occupation: _____

Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Date: _____

Completed reference form is to be returned to applicant in a sealed, signed envelope and submitted with application to selected school.

UPMC SCHOOLS OF NURSING TRANSCRIPT REQUEST FORM

To: Registrar

_____ has applied for admission to the
UPMC Schools of Nursing
RN diploma program at the UPMC.

Name of Applicant
(at time of attendance) _____

Year Graduated _____

SSN _____

Date of Birth _____

AUTHORIZATION:

I, the applicant, give permission for release of my transcript to
the School(s) of Nursing checked in the next column:

Signature: _____

Date: _____

Please send an official copy of the requestor's transcript to:

☐ **Mercy Hospital School of Nursing**

1401 Blvd of the Allies
Pittsburgh, PA 15219

☐ **St. Margaret School of Nursing**

Blawnox Campus

Seventh Street Commons Building
221 Seventh St.
Pittsburgh, PA 15238

☐ **UPMC Shadyside School of Nursing**

5230 Centre Avenue
Pittsburgh, PA. 15232

The official transcript should be signed and dated, with the school's seal affixed, and include all courses and grades. All high school transcripts must have the exact date of graduation including the month, day, and year. Please also include an explanation of the grading system if available.

Requestor is responsible for any fees associated with release of official transcripts.

(Please make as many copies as needed of this form)



UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.