

Application for Admission – School of Nursing

* Please enclose a $50 (non-refundable) Application Fee along with this application. Please make check and/or money order payable to: **HVK School of Nursing**. Send your application: ATTN. Admission Office, 25 Heckel Road, McKees Rocks, PA 15136.
* Applications to HVK School of Nursing are selected in accordance with nondiscriminatory practices.

You are encouraged to give careful consideration to each question on this form. Please fill out this application completely and return promptly to HVK School of Nursing.

*Please print or type information:* **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: (Street)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State)\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you resided at the above-mentioned address for at least a year or more? Yes\_\_\_\_ No\_\_\_\_**

**If not, please provide your previous address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a U.S. citizen? Yes\_\_\_\_ No\_\_\_\_**

**If no, do you have a permanent resident card? Yes\_\_\_\_ No\_\_\_\_**

 **Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please provide a copy of your Permanent Resident Card or Visa with your application***

**Are you interested in the HVK School of Nursing Full Scholarship Program? Yes\_\_\_\_ No\_\_\_\_**

**Will you be receiving:**

**US Veterans benefits? Yes\_\_\_\_ No\_\_\_\_**

**Unemployment Compensation benefits for educational re-training during attendance: Yes\_\_\_\_ No\_\_\_\_**

**Have you applied for education funding through Career Link, if applicable: Yes\_\_\_\_ No\_\_\_\_**

**Will you be applying for financial assistance while in attendance? Yes\_\_\_\_ No\_\_\_\_**

**Have you completed a FAFSA for the current academic year? Yes\_\_\_\_ No\_\_\_\_**

**Are you in default or overpayment on any previous student loans? Yes\_\_\_\_ No\_\_\_\_**

**How did you hear about our program? Please put a check mark on any of the following that apply:**

 **\_\_\_\_College Fair \_\_\_\_Television \_\_\_\_OVH employee \_\_\_\_Other**

 **\_\_\_\_Open House \_\_\_\_Friend \_\_\_\_OVH patient**

 **\_\_\_\_High School Visit \_\_\_\_Current Student \_\_\_\_Website**

 **\_\_\_\_Shadow Experience \_\_\_\_Alumnus \_\_\_\_Radio**

**Have you ever taken a college and/or nursing entrance examination? Yes\_\_\_\_ No\_\_\_\_ If so, please list:**

 **SAT Score (Reading)\_\_\_\_\_\_\_\_ (Math)\_\_\_\_\_\_\_\_\_ ACT Score (Reading)\_\_\_\_\_\_\_ (Math)\_\_\_\_\_\_\_\_**

 **Nursing: (Name of exam)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever applied to HVK School of nursing program before? Yes\_\_\_\_ No\_\_\_\_**

 **If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you attended a nursing program before? Yes\_\_\_\_ No\_\_\_\_**

 **If yes, please check type: \_\_\_\_\_BSN \_\_\_\_ADN \_\_\_\_Diploma \_\_\_\_LPN**

**Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever pled guilty or been convicted of a crime? Yes\_\_\_\_ No\_\_\_\_**

 **If yes, please describe ALL offenses with date(s), outcome(s), and location of court(s).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CRIMINAL BACKGROUND CHECK**

**CRIMINAL, AND CHILD ABUSE CLEARANCES (ACT 33/34)/ FBI FINGERPRINTING**

Act 33/34 Criminal, child abuse background checks and Act 72 FBI fingerprinting will be completed on all students prior to the first day of class (students are responsible for fees associated with clearances). Prior conviction of a felony or certain misdemeanors, other than minor traffic offenses, may make students ineligible to participate in various clinical experiences and possibly may make it impossible for an individual to complete the scheduled program of study. Additionally, prior conviction of a felony or misdemeanor may make students ineligible for professional licensure, professional certification, or professional registration, dependent upon the specific regulations of individual health professions and state of practice. It is the student’s responsibility to obtain verification of ability to acquire licensure through the Pennsylvania State Board with said violation.

**A person convicted of any felonious act may be prohibited from licensure by any State Board of Nursing at any time. Acceptance into the HVK School of Nursing does not guarantee approval by State Boards of Nursing to permit licensure.**

If a student is charged of a felony, misdemeanor, or other various offense, other than a minor traffic offense, during the time they are a student, it is the student’s responsibility to notify the Director, School of Nursing. A conviction may lead to program dismissal due to the inability to obtain state licensure. Any false statements made by the applicant at any time during the application process, or refusal to submit or consent to a criminal and child abuse background check will disqualify the applicant from participation in laboratory/clinical aspects of the program resulting in an inability to meet program outcomes thus requiring dismissal from the program.

All background checks must be completed by the start of classes. Students must adhere to the deadlines set by the Admissions Office and the faculty to file the background checks. All students must comply with this requirement. The student cannot attend class or clinical experience if this requirement is not satisfied and may fail the course due to missed experiences if this requirement is not satisfied. HVK SON is required to give proof to the clinical agencies that students have passed the criminal and child abuse background checks.

Any applicant who questions a prior conviction in relation to licensure should refer to the Pennsylvania State Board of Nursing website <https://www.dos.pa.gov/ProfessionalLicensing/Pages/ACT-53-2020.aspx> and review ***ACT 53 of 2020 Best Practices Guide.***

 I am aware that the HVK SON does not guarantee State Board of Nursing approval of licensure to candidates with certain criminal backgrounds.  I acknowledge having read the above and recognize it is my responsibility to secure my eligibility. Initial \_\_\_\_\_\_\_\_

If you have any questions or concerns regarding the criminal and child abuse background check, contact the Admissions Office.

**EDUCATION: List ALL schools attended**

For the graduating high school senior or the high school graduate, please request that your high school(s) mail an OFFICIAL transcript to the HVK School of Nursing Admissions Office. If you are currently in high school, request an unofficial copy for review and have your school mail an OFFICIAL copy of your FINAL transcript to the Admissions Office, upon graduation.

For high school completed by GED, have an official copy of your scores and official high school transcript (up to time of withdrawal/dismissal) sent directly to the HVK School of Nursing Admissions Office.

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s)- Start/end | High School | City/State | Diploma/GED |
|  |  |  |  |
|  |  |  |  |

**POST-SECONDARY EDUCATION:** List ALL schools attended beyond high school beginning with your current or most recent institution. Report all schools whether or not credit was earned. Attach a supplemental list if necessary. Request that EACH institution mail an OFFICIAL transcript directly to the HVK School of Nursing Admissions Office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date(s)- Start/end | College/University/Trade  | City/State | #Credits | Credentials Earned(Degree/Diploma/Certificate) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CERTIFICATION**

I hereby certify that all statements on this application and essay are correct to the best of my knowledge and that I understand that falsifications or omissions of information may result in disqualification or dismissal of this application to the HVK School of Nursing program. I authorize official representatives of the HVK School of Nursing to verify information provided in this application. Application materials submitted as part of the application process will become the property of HVK School of Nursing. Materials will NOT be returned. Please keep a copy for your records, if desired before submitting. I agree to abide by the policies and regulations of the HVK School of Nursing program. Please note: Drug and alcohol screenings will be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes or all school and/or hospital activities.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_