

UPMC SHADYSIDE SCHOOL OF NURSING
APPLICATION FOR ADMISSION

PLEASE INDICATE THE PROGRAM TO WHICH YOU ARE APPLYING:

Full Time

Part Time Evening/Weekend

Please type or print all 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 Code

PERMANENT ADDRESS (if different from above) _____
Street
_____ City State Zip Code

TELEPHONE () _____ Home () _____ Work
() _____ Cell _____ e-mail address

SOCIAL SECURITY NUMBER _____

Are you legally able to attend school in the United States? Yes No

EMERGENCY CONTACT
_____ Name _____ Relationship
_____ Address
() _____ Home Phone () _____ Work Phone

ACADEMIC INFORMATION

Please have an official transcript showing high school graduation or GED certificate of completion sent directly to the school.

HIGH SCHOOL _____
 Name _____ City/State _____

 Date of Graduation _____ Date of GED or equivalent _____

POST-SECONDARY EDUCATION

List all formal education beyond high school. Include college, university, nursing, technical/vocational or other schools attended. Attach separate sheets if needed.

Please have official transcripts from all listed post-secondary schools sent directly to the school.

Institution	City/State	Dates	Credits	Degree/ Certificate

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

If yes, give details of the offense, including dates of the offense _____

The "Professional Nursing Law" of Pennsylvania (No. 1985, P.L. 409, No. 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 State Board of Nursing in Harrisburg, Pennsylvania (717-783-7142), before completing this application.

ASSOCIATION

Did you participate in any UPMC presentation in elementary, middle or high school regarding nursing as a career choice? Yes No

If yes, did it have any influence on your interest in/decision to pursue a nursing career? _____

How did you hear about the UPMC Shadyside School of Nursing?

___ Guidance Counselor	___ Friend/Relative
___ College Fair _____ (location)	___ Shadyside student _____ (name)
___ Publication _____ (name)	___ Shadyside faculty _____ (name)
___ Web _____ (name of site)	___ Other _____ (specify)

ESSAY

(Essays should be typed or hand-written on a separate sheet. There is no length requirement.)

After reading the Philosophy of the School of Nursing, please write an essay describing your reasons for selecting UPMC Shadyside School of Nursing as an educational program and nursing as a profession.

NON-DISCRIMINATION POLICY

UPMC Shadyside School of Nursing prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. Further, the institution will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. UPMC Shadyside School of Nursing does not discriminate on the basis of any of the aforementioned factors in administration of its educational policies, admission policies, and scholarship and loan programs. This is a commitment made by all institutions of UPMC Health System in accordance with federal, state, and/or local laws and regulations. All applicants to UPMC Shadyside School of Nursing must be able to complete the essential functions of a student nurse with or without reasonable accommodation.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE FOLLOWING:

I hereby authorize UPMC Shadyside 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 inquires will be used to further determine my qualifications and abilities for admission to the School of Nursing and that all information obtained by UPMC Shadyside School of Nursing 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 Shadyside School 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 Shadyside School of Nursing. If accepted, I hereby agree to comply with the school's policies including the Drug Free Work Place Act of 1988. 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 Shadyside School of Nursing may cause my dismissal from UPMC Shadyside School 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 Shadyside School of Nursing and cannot be returned or forwarded.

Signature: _____ Date: _____

MAILING INSTRUCTIONS

A non-refundable check or money order in the amount of \$50.00 must accompany this application. Please make the check or money order payable to: **UPMC SHADYSIDE SCHOOL OF NURSING**

This application form and the \$50.00 application fee should be sent to:

**UPMC SHADYSIDE SCHOOL OF NURSING
ADMISSIONS OFFICE
5230 CENTRE AVENUE
PITTSBURGH, PA 15232**