

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.

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**