

UPMC Health System Schools of Nursing

Mercy Hospital School of Nursing



UPMC Mercy Campus
1401 Boulevard of the Allies
Pittsburgh, PA 15219
412-232-7940

Program applying to:

RN

LPN-RN Transition

All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities, sexual orientation or age (40 and over). Reasonable accommodations for the needs of qualified applicants with disabilities will be made upon request.

APPLICATION FOR ADMISSION

In order to process your application promptly, you are asked to submit the following to the campus and program of your choice:

1. Scores from PSB pre-admission testing. This testing must be completed before applying.
2. A final official high school transcript if you have graduated, or upon graduation (partial transcripts are accepted only if currently attending high school). If applicable, submit GED Score Report or Certificate of Preliminary Education for applicants who were issued a GED from another state or for foreign educated applicants.
3. An official transcript for all college courses completed, if applicable.
4. A non-refundable check or money order in the amount of \$50.00 to cover the cost of the application fee must be enclosed with this application and made payable to the selected UPMC School of Nursing. An additional fee may be required of the LPN-RN Transition applicants.
5. Two (2) references using the School of Nursing reference form.
6. After reading the Philosophy of the School of Nursing, please write an essay describing your reasons for selecting the School including experiences that have contributed to your personal growth and influenced your decision to become a nurse? Include this essay with your application.

When complete, submit as a packet the completed references in sealed envelopes, the official transcripts, this application form, the essay and fee to the campus of your choice as noted above.

Date of Application _____

Date of desired admission _____

Have you ever applied here before? _____

If so, date & program _____

UPMC Health System Schools of Nursing

Mercy Hospital School of Nursing



PERSONAL INFORMATION

Name: _____
Last First Middle Maiden

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

Address _____
Street City State Zip Code

Telephones (Home) _____ (Cell) _____
(Work) _____

E-mail address: _____

In case of an emergency, notify

Name _____
Last First Relationship

Address _____
Street City State Zip Code

Telephones (Home) _____ (Cell) _____

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

Social Security Number _____

The Professional Nursing Law⁷⁷ of Pennsylvania (No. 1985, P.L. 409, No. 109) specifies that applicants 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; www.pastate.org board) before completing this application.

Have you ever been convicted of, pleaded guilty to, or entered a plea of nolo contendere (no contest) to any violation other than a summary offense? Yes No If yes, 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? Yes No If yes, explain on a separate sheet of paper each offense in full.

If yes, to your knowledge, was your record expunged? Yes No

EDUCATION

HIGH SCHOOL ATTENDED				
NAME OF HIGH SCHOOL	ADDRESS	CITY AND STATE	DATES OF ATTENDANCE FROM TO	DATE OF GRADUATION

G.E.D./CPE (If Applicable) Date: _____

EDUCATIONAL INSTITUTIONS ATTENDED AFTER HIGH SCHOOL					
NAME OF SCHOOL	ADDRESS	CITY AND STATE	MAJOR COURSE	DATES OF ATTENDANCE FROM TO	DATES OF DEGREE/DIP.

Have you ever attended a School of Nursing (Including LPN Program)? Yes No

If Yes, list name of School, Location, and Dates Attended under Educational Institutions)

If applicable, LPN License Number: _____ State _____

EMPLOYMENT (Including Military Service - if applicable)

PLACE OF EMPLOYMENT	ADDRESS OF EMPLOYER	TYPE OF OCCUPATION	DATES OF EMPLOYMENT

I, the undersigned, verify the information given is true and correct to the best of my knowledge. Any misrepresentation or omission from the application may cause dismissal from the nursing school and/or revocation of the admission offer. I understand that the UPMC Health System Schools of Nursing are commuter schools. I also understand that any required college courses taken previously at an accredited college or university with a final grade of a C or above, may be at the discretion of the School of Nursing, used to meet the requirements of the school diploma.

Date _____ Signature _____

