



APPLICATION FOR ADMISSION

UPMC | SCHOOLS
OF NURSING



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.

☐ **UPMC Mercy Hospital School of Nursing**

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

☐ Full-Time

☐ **UPMC Jameson School of Nursing**

2414 Wilmington Road — New Castle Campus
New Castle, PA 16105
724-936-3941

☐ Full-Time

Westminster Collaborative Student

☐ **UPMC Jameson at Hamot**

210 State Street — Erie campus
Erie, PA 16503
814-877-6877

☐ Full-Time

☐ **UPMC St. Margaret School of Nursing**

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

☐ Full-Time

☐ **UPMC Shadyside School of Nursing**

5230 Centre Ave.
Pittsburgh, PA 15232
412-623-2950

☐ Full-Time

☐ Chatham Pathway Student

☐ Part-Time Evening/Weekend (Fall Only)

Applicant Name

Last

First

Maiden/Former Name(s)

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.

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 Transcript

Date of test _____

- **All applicants, regardless of educational background are required to pass the TEAS** With a 62% or higher.
- **If testing outside of UPMC Schools of Nursing, applicants are required to request ATI** to send official scores to UPMC Schools of Nursing by logging into www.atitesting.com for an additional fee.

- ☐ **A final official high school transcript with month, day, and year of graduation.** 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 graduation documented. A GED Score Report or a Secondary School Completion Credential to Homeschoolers may be substituted for the high school transcript if applicable.
- **In the event an applicant has graduated from a foreign high school,** it is his/her responsibility to have the high school transcript evaluated by World Education Service (WES.org) for equivalencies prior to being offered admission to any UPMC School of Nursing.

☐ **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)

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 _____

Social Security Number _____

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: _____

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

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

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

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 official transcripts submitted
(Please use additional paper if necessary. Copies of transcripts are **not** accepted.)

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 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) _____

Month, Day, 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.
Blawnox, PA 15238

☐ **UPMC Shadyside School of Nursing**

5230 Centre Ave.
Pittsburgh, PA. 15232

☐ **UPMC Jameson School of Nursing**

2414 Wilmington Road
New Castle, PA 16105

☐ **UPMC Jameson at Hamot**

210 State Street — Erie campus
Erie, PA 16503
814-877-6877

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.com/NursingSchools

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.