UPMC 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 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 Law” 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.dos.state.pa.us/nurse) 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

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<tr>
<th>NAME OF HIGH SCHOOL</th>
<th>ADDRESS</th>
<th>CITY AND STATE</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>DATE OF GRADUATION</th>
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G.E.D/CPE (If Applicable) Date: ________________________________

### EDUCATIONAL INSTITUTIONS ATTENDED AFTER HIGH SCHOOL

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<tr>
<th>NAME OF SCHOOL</th>
<th>ADDRESS</th>
<th>CITY AND STATE</th>
<th>MAJOR COURSE</th>
<th>DATES OF ATTENDANCE FROM</th>
<th>TO</th>
<th>DATES OF DEGREE/DIP.</th>
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### EMPLOYMENT (Including Military Service - if applicable)

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<th>PLACE OF EMPLOYMENT</th>
<th>ADDRESS OF EMPLOYER</th>
<th>TYPE OF OCCUPATION</th>
<th>DATES OF EMPLOYMENT</th>
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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 _________________________