Memorial Medical Center
Member Conemaugh Health System

School of Nursing
Application for Admission

Print or type all information below.

Date _____, 20____ Social Security Number _____

Name _____
Last First Middle

Previous name _____ Home Phone _____
Area Code Number

Permanent address _____
Number and Street City State Zip Code

Employer _____
Name Address

US citizen ☐ Yes ☐ No Primary Phone _____

Military service ☐ Yes ☐ No Cell Phone _____

e-mail address _____

If you cannot be reached at the above address/phone(s), where may we contact you?

Name _____ Relationship _____

Address _____ Telephone _____
Area Code Number

How did you learn about the nursing education program offered at Conemaugh's Memorial Medical Center? _____

_____

What factors contributed to your decision to apply to Conemaugh? You may check more than one:
☐ Family/friends ☐ Alumni ☐ Tour of facility ☐ Career fair ☐ Advertisement
☐ Guidance counselor ☐ Meeting with admissions representative ☐ Other

When do you desire to enter this School?_____ ☐ Part-time status ☐ Full-time status

Have you ever been convicted* of a summary offense? ☐ Yes ☐ No
Have you ever been convicted* of any felony or misdemeanor? ☐ Yes ☐ No
Do you have any criminal charges pending or unresolved in any court? ☐ Yes ☐ No
Have you ever been convicted* of any crime associated with alcohol or drugs in any court? ☐ Yes ☐ No
Have you ever been convicted* of any crime associated with sexual misconduct in any court? ☐ Yes ☐ No

* There may be other convictions that could lead to denial of licensure. Potential students should be aware that prohibitive offenses (as identified by the Department of Health, Act 169 of 1996, as amended by Act 13 of 1997) would prevent employers in many health care facilities from hiring them even though they obtained a license from the State Board of Nursing. The following questions asked by the Pennsylvania State Board of Nursing should be answered as "No" (if the answer is "Yes," the applicant should contact the Pennsylvania State board of Nursing for guidance):

- "Have you ever been convicted, pleaded guilty or entered a plea of nolo-contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor including an y drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court."
- "Have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?"
- "Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?"

A $35.00 application fee is required with the submission of application. Make check or money order payable to Conemaugh School of Nursing. The application fee is nonrefundable. Failure to include the application fee will result in the application form not being processed for admission consideration. Cash payments will not be accepted. Send to: Conemaugh School of Nursing, 1086 Franklin Street, Johnstown, PA 15905-4398

The School of Nursing is committed to equal opportunity and does not discriminate against qualified persons on the basis of race, color, religion, creed, sex, national origin, ancestry, age, disability, veteran status or any other status legally protected by federal, state or local law in its educational admission policies, financial aid, student activities, and services.

Secondary Education: Must list all secondary schools attended.

Dates		Name of School	City and State	Diploma Received
From	To			

Postsecondary Education: Must list all formal education since high school.

Dates		Name of Institution	City and State	Major	Credential Earned (Diploma, Certificate, Degree, Number of Credits)
From	To				

If program not completed, state reason _____

Have you ever taken college entrance examinations? ☐ Yes ☐ No

Which one(s)? _____ Date(s) _____

An official transcript from all schools listed must be sent to the School to which you are applying in order to complete the application process. It is the responsibility of the applicant to notify the school(s) and see that official transcripts are sent.

Employment: List previous work experiences, both full-time and part-time, since high school, beginning with the most recent.

Dates		Title of Position	Employer	City and State
From	To			

Have you ever been accepted or attended another school of nursing or college? ☐ Yes ☐ No

Have you previously applied for admission to this School? ☐ Yes ☐ No Date _____

Are you prepared to meet the expenses of the program in this School? ☐ Yes ☐ No

Will you be requesting financial assistance? ☐ Yes ☐ No

Applicant's Statement

I hereby authorize the School of Nursing or its agents to verify all statements contained in this application to the extent permitted by federal, state or local law. I release all parties from any liability arising out of this provision and the use of such information.

I certify that the information provided is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form relating to my application for admission to the School of Nursing may result in denial of my admission or if enrolled my immediate dismissal. If admitted, I agree to observe the rules and regulations of the School of Nursing and the sponsoring institution.

_____ _____

Signature Date

On a separate piece of paper, please provide a brief account of: (1) Any experiences, activities, or accomplishments that have fostered your personal growth and prepared you for a leadership role in nursing; (2) Your reasons for selecting nursing as a career; and (3) What influenced you to select Conemaugh School of Nursing.