



# School of Nursing & Allied Health Programs Application for Admission

Please select the program that you are applying for:

- NURSING
- RADIOLOGIC TECHNOLOGY
- MEDICAL TECHNOLOGY
- SURGICAL TECHNOLOGY
- PARAMEDIC
- EMT-BASIC
- EMR (Hybrid)
- HISTOTECHNOLOGY

Date \_\_\_\_\_ 20\_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Previous name(s) \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Area Code Number

Permanent Address \_\_\_\_\_  
Number and Street PO Box City State Zip Code County

How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

Employer \_\_\_\_\_  
Name Address

US citizen  Yes  No Home Phone \_\_\_\_\_

Military service/  
Veteran  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

### Demographic Information

The completion of the following information is voluntary and optional. It will be used to comply with Federal reporting and has no effect on admission to the school.

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> _/_/____	<b>Are you the first generation in your family to attend College?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Citizen Type:</b> __U.S. Citizen __ Non Resident Alien __Refugee __U.S. Immigrant/Permanent Resident Alien <b>If not a U.S. Citizen or permanent resident, Please complete the following:</b> Country of Citizenship: _____ Visa Type: _____ Visa Number: _____ Date issued: _____
<b>Ethnic Group:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races		<input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino	

How did you learn about the 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

CONTINUED

- 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 any 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?”

**Conemaugh School of Nursing & Allied Health Programs are 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. 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.

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) \_\_\_\_\_

**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 or similar program?  Yes  No

Have you previously applied for admission to this School?  Yes  No Date \_\_\_\_\_

Have you ever been employed by Conemaugh Health System?  Yes  No Date \_\_\_\_\_

Are you a current employee of Conemaugh Health System?  Yes  No  
If yes, what is your employee ID number? \_\_\_\_\_

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

Will you be requesting financial assistance?  Yes  No

List names and addresses of three persons, **not relatives**, from whom you have requested references. (See Student Reference form for reference requirements).

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**\*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 this career field; (2) Your reasons for selecting this career; and (3) What influenced you to select Conemaugh.**

**Applicant's Statement**

I hereby authorize the School of Nursing & Allied Health Programs 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 & Allied Health Programs 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 & Allied Health Programs and the sponsoring institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A \$35.00 application fee is required with the submission of this application. Make check or money order payable to Conemaugh School of Nursing and Allied Health. 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 application to: Conemaugh School of Nursing & Allied Health, 1086 Franklin Street, Johnstown, PA 15905-4398**