

MOUNTAINSIDE HOSPITAL SCHOOL OF NURSING
 1 BAY AVENUE
 MONTCLAIR, NEW JERSEY 07042
 APPLICATION FOR ADMISSION

Please fill out this form completely and return with **\$50.00 Money Order only** to the School of Nursing.

PRINT OR TYPE ALL INFORMATION BELOW

NAME: _____ (_____)
 First Middle Initial Last Maiden Name

ADDRESS: _____
 Street City State Zip Code

Phone/Home: () _____ Work: () _____ Cell: () _____

Date of Birth: _____ Social Security # _____ U.S. Citizen ____ Yes ____ No

Driver's License # _____ Email Address _____

Are you an LPN? Yes ____ No ____ If yes, License # _____

Contact Person Information: _____
 Last Name First Name Relationship

 Street City State Zip Code Phone Number

EDUCATION

List **ALL** institutions attended, beginning with high school. Official transcripts are required from all institutions in which you were enrolled.

Date of Attendance: _____ **Diploma/Degree**

From	To	Institution	Location	Credits

*Nondiscriminatory Practices: The School of Nursing is open to all qualified students without restriction as to religion, race, color, national origin, age, gender, sexual orientation, marital status or those with disabilities who are able to meet the demands of the program.

EMPLOYMENT

List all work experiences. Please include volunteer activities.

From	To	Employer	Position	City and State	Reason for Leaving

Please provide the names and addresses of two people who have known you for at least two years and send them reference forms. You may include a recent teacher, counselor, employer or clergy.
References from family members and/or friends will not be accepted.

1. Name _____ Position or Title _____

Address _____

2. Name _____ Position or Title _____

Address _____

ON ONE SEPARATE PIECE OF PAPER, type a narrative which includes:

1. Your reasons for selecting nursing as a career.
2. Your reasons for selecting Mountainside Hospital School of Nursing.
3. Your plans and aspirations for the future.
4. Your accomplishments which have given you the greatest satisfaction.
5. Any additional information you feel would support your application.

Have you ever been convicted of a criminal offense? Yes___ No___

Have you ever been convicted of a felony? Yes___ No___

Are there any felony charges pending against you? Yes___ No___

If yes to any of the above, provide details including nature of the crime, dates and locations on a separate piece of paper. Be advised that the New Jersey Board of Nursing requires fingerprinting and a criminal background check in order to be licensed as a Registered Nurse.

I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume and /or in interview(s) shall constitute grounds for denying admission or dismissal.

Applicant's Signature _____ Date _____

Signature of Guardian (if applicant is under 18) _____