



HELENE FULD COLLEGE OF NURSING

24 East 120th Street ▪ New York, NY 10035
Telephone 212-616-7200 ▪ Fax 212-616-7297 ▪ Website www.helenefuld.edu

Dear Applicant:

Thank you for your interest in Helene Fuld College of Nursing. The following items are enclosed:

- Application Instructions and program information
- Pre-Admission Test Dates and Testing Schedule for applicants seeking an Associate in Applied Science degree
- An Application Checklist
- An Application for Admission
- Two Letter of Recommendation Forms

Please note that a completed application is required. **All required documents should be submitted together in one envelope.**

For Associate in Applied Science Degree Program Applicants:

An important requirement for admission into the program is satisfactory performance on all four Pre-Admission tests—writing, reading comprehension, mathematics, and nursing. The Pre-Admission Testing Schedule gives detailed information on what occurs on each day of testing.

A completed application including all required documents must be submitted prior to testing. Once we have received your completed application, you will be contacted to schedule an initial testing date.

If you have any additional questions regarding any aspect of the program at Helene Fuld College of Nursing, please visit our website at: www.helenefuld.edu or call the Office of Student Services at (212) 616-7290 or (212) 616-7268.

We look forward to hearing from you.

Sincerely,

Sandra Senior
Director of Student Services

HELENE FULD COLLEGE OF NURSING

APPLICATION INSTRUCTIONS FOR ASSOCIATE IN APPLIED SCIENCE

A complete self-administered application package is required for admission. File your application according to the process described below. Please call the Office of Student Services at 212-616-7290 or 212-616-7268 if you have questions regarding the admissions process.

A completed application is required from you **in one envelope at one time**. Please include the following:

1. A small recent (2" X 2" passport style) photo
2. The required non-refundable application and testing FEE OF \$110.00 (money order or certified check only).
3. A completed APPLICATION CHECKLIST.
4. A completed APPLICATION FOR ADMISSION.
5. A copy of your LPN license and a copy of your current LPN registration.
6. A copy of your American Heart Association CPR card (front and back).
7. Proof of citizenship or legal residence. Submit two copies of one of the following documents as proof of citizenship or legal residence:
 - U.S. Birth Certificate
 - U.S. Passport
 - Alien Registration Card
 - Naturalization Certificate
8. **H.S. and PN Transcripts in SEALED ENVELOPES.** Request **official** transcripts from your high school and school of practical nursing. If you did not graduate from high school, enclose a photocopy of your U.S. high school equivalency scores with your application. Students educated in foreign countries must submit their high school transcripts or equivalencies to a credentialing center such as World Education Services (www.wes.org) or Globe Language Services (www.globelanguage.com) for evaluation.
9. **College Transcripts in SEALED ENVELOPES.** If you have earned credits from any college, request **official** transcripts from each college. If college credit was earned in a foreign country or if you have foreign educational professional credentials, you must have your transcript(s) evaluated by a credentialing center such as World Education Services (www.wes.org) or Globe Language Services (www.globelanguage.com) for evaluation.
10. **Two Completed Recommendation Forms in SEALED ENVELOPES.** Select two professional or academic contacts to recommend you. Ask them to complete one of the enclosed forms and **return it to you in a self-addressed SEALED ENVELOPE**. At least one reference should be from a current or former employer. The academic contact must be someone who was your instructor.

SEND APPLICATION VIA U.S. MAIL, FEDEX OR UPS TO:

Attn: Admissions
Helene Fuld College of Nursing
Office of Student Services, Room 320
24 East 120th Street
New York, New York 10035

NOTE: If the school(s) from which you request transcripts will not send official transcripts to you, request that the school(s) send them directly to the College at the above address. Make sure that your name on their transcripts matches the name you are using on your application.

PRE-ADMISSION TESTING

Applicants are urged to apply at least six months prior to the desired admission date to allow adequate time for completion of all pre-admission requirements.

The College requires applicants to pass four pre-admission tests: reading comprehension, mathematics, nursing comprehension, and writing.

Once an applicant has submitted a complete application, they are contacted via e-mail or by U.S. mail, and given a choice of upcoming available testing dates.

Registration for testing is on a first-come, first served basis.

Testing is scheduled at the College over two days. All tests except for writing are given via computer in the College's Academic Resource Center. All applicants should have an active e-mail account and a minimal level of computer proficiency prior to testing.

Test results are available online after testing is completed. Information regarding passing scores, remediation options, and retesting dates is given on the day of computerized testing. There must be a minimum of two months between the initial test dates and retesting. Each test may be repeated only once. The retesting fee is \$25 per test.

Test scores are valid for a two-year period. If entry into the program is delayed for a longer period of time, applicants must reapply and testing must be repeated.

General information about the College and the pre-requisite courses, Selected Topics in Chemistry and Mathematics, and Clinical Nursing Skills, is provided during the two day testing period.

When all necessary information is on file, applications will be reviewed by the Admissions Committee. A letter is mailed to successful applicants **who are then eligible to start the next class of the pre-requisite courses Selected Topics in Chemistry and Mathematics (SCI 101) and Clinical Nursing Skills (NUR 121).**

ASSOCIATE IN APPLIED SCIENCE CURRICULUM

| | | | Qtr. Cr. | Sem. Equiv. | Lect. Sess. | Clin./Lab. Sess./Wk. | Total |
|---|-----|---|-------------|----------------|----------------|-------------------------|-------|
| Pre-Entrance—November, January, April & August | | | | | | | |
| SCI | 101 | Selected Topics in Chemistry and Mathematics | 4.5 | 3 | 3 | 0 | (3) |
| NUR | 121 | Clinical Nursing Skills | 0 | 0 | 0 | 4 | (4)* |
| Quarter I—November & April | | | | | | | |
| SCI | 201 | Anatomy & Physiology I | 3 | 2 | 1 | 2 | |
| NUR | 221 | Medical-Surgical Nursing I | 9 | 6 | 4 | 6 | |
| BEH | 231 | Introduction to Psychology | 4.5 | 3 | 3 | 0 | |
| ENG | 281 | English I | 4.5 | 3 | 3 | 0 | |
| | | | ----- | ----- | ----- | ----- | |
| | | | 21 | 14 | 11 | 8 | (19) |
| Quarter II—January & August | | | | | | | |
| SCI | 202 | Anatomy & Physiology II | 4.5 | 3 | 2 | 2 | |
| NUR | 222 | Psychiatric-Community Mental Health Nursing | 7.5 | 5 | 3 | 6 | |
| BEH | 232 | Human Development | 4.5 | 3 | 3 | 0 | |
| ENG | 282 | English II | 4.5 | 3 | 3 | 0 | |
| | | | ----- | ----- | ----- | ----- | |
| | | | 21 | 14 | 11 | 8 | (19) |
| Quarter III—April & November | | | | | | | |
| SCI | 203 | Anatomy & Physiology III | 3 | 2 | 1 | 2 | |
| NUR | 223 | Parent-Child Health Nursing | 9 | 6 | 4 | 6 | |
| BEH | 233 | Introduction to Sociology | 4.5 | 3 | 3 | 0 | |
| | | | ----- | ----- | ----- | ----- | |
| | | | 16.5 | 11 | 8 | 8 | (16) |
| Quarter IV—August & January | | | | | | | |
| SCI | 204 | Microbiology | 4.5 | 3 | 2 | 2 | |
| NUR | 224 | Medical-Surgical Nursing II | 7.5 | 5 | 3 | 6 | |
| NUR | 225 | Professional Foundations | 3 | 2 | 2 | 0 | |
| | | | ----- | ----- | ----- | ----- | |
| | | | 15 | 10 | 7 | 8 | (18) |
| TOTAL PROGRAM | | | 78 | 52 | | | |
| Advance Credit ** | | | 27 | 18 | | | |
| Credit for AAS Degree | | | 105 | 70 | | | |

* Five week course

** Established by pre-admission testing.

As the Associate in Applied Science degree program operates on a quarter system, credit is granted on the basis of quarter credits rather than the more usual semester credit. One-quarter credit equals two-thirds of one semester credit. One semester credit equals 1.5 quarter credits. One and one half quarter credits are granted for successful completion of: one 75-minute lecture session; two 75-minute laboratory sessions; or three 75-minute clinical sessions a week for ten weeks.

TUITION AND FEES AS OF APRIL 2012

| | Annual Tuition/Fees | Quarterly Payment |
|---------------------------------------|------------------------|----------------------|
| Full-Time (12 credits or more) | \$16,293 | \$4,073 |
| General Fee | | |
| (Laboratory and Learning Center Fees) | \$400 | \$100 |
| Graduation Fees | \$350 | |

Part-Time

Students enrolled on a part-time basis (11 credits or less) will be charged \$304 per quarter-credit, and a general fee of \$50 per quarter.

A tuition deposit of \$100 is required at the time of acceptance to assure the applicant a place in the College. It is not refundable.

OTHER FEES

Application and Testing Fee - The application and pre-entrance testing fee is \$110.

Re-testing Fee - There is a charge of \$25 for each pre-entrance test that must be repeated.

| | |
|---|------------------------|
| Chemistry and Math (SCI 101) Course Fee | \$1,220 (\$271/credit) |
| Chemistry and Math Challenge Test Fee | \$200 |
| Clinical Nursing Skills (NUR 121) Course Fee | \$700 |
| Clinical Nursing Skills Challenge Test Fee | \$200 |
| Student Activity Fee | \$15 per quarter |

PAYMENT OF TUITION AND FEES

Money orders, certified checks, and Visa or MasterCard will be accepted. Personal checks or cash will not be accepted. Make money orders or certified checks payable to: Helene Fuld College of Nursing and mail to BURSAR. Visa or MasterCard payments must be made in person.

Quarterly payments are due on or before the first day of each quarter.

Students who have not paid tuition and fees by the end of the first week of the quarter will not be allowed to continue in the course(s). Students who submit official notice of grants, awards and loans will be credited.

PRE-ADMISSION TESTING SCHEDULE

YOU MUST BRING A PHOTO IDENTIFICATION CARD WITH YOU TO TESTING

TESTING - PART ONE

- 11:30 a.m. THIRD FLOOR – Applicants may wait in the vending area outside Room 320
- 12:00 p.m. – 1:30 p.m. **Writing Test** – 90 minute timed test (a written essay on a specific topic.) Late comers will not be admitted and must schedule another testing date.
- 1:30 p.m. – 2:45 p.m. Helene Fuld College of Nursing Program Overview - Topics include: curriculum, admission criteria, courses offered, and tuition and fees.
- 2:45 p.m. – 3:30 p.m. Registration for ELECTRONIC TESTING - Testers will register to take the reading comprehension, math, and basic nursing comprehension tests.

TESTING - PART TWO

- 9:15 a.m. Sign-In and Computer Registration – Applicants may wait in the vending area outside Room 320
- 9:30 a.m. – 11:30 a.m. **Reading Comprehension and Mathematics Test** – Computerized 1 hour and 45 minute timed test (reading comprehension, vocabulary, grammar, decimals, fractions, problem solving, and basic arithmetical processes). Late comers will not be admitted and must schedule another testing date in Room 320.
- 11:30 p.m. – 12:30 p.m. **LUNCH BREAK** (on your own)
- 12:30 p.m. – 3:30 p.m. **Basic Nursing Comprehension Test** - Computerized 180 minute timed test (Fundamentals, pharmacology, psychosocial principles, parent-child health, and basic medical-surgical nursing concepts). Content is limited to what the average well-trained licensed practical nurse should know.

SUGGESTED MATERIALS FOR APPLICANTS WHO WISH TO PREPARE FOR PRE-ADMISSION TESTING

Helene Fuld College of Nursing currently uses ATI Testing's TEAS (Test of Essential Academic Skills) Test and the PN Comprehensive Predictor to test prospective students. For more information and/or to purchase online practice assessments or preparation study guides, please visit the Assessment Technologies Institute, LLC, website at: www.atitesting.com.

Materials best suited to preparing for these tests are:

- **ATI Test of Essential Academic Skills (TEAS V) Online Practice Assessment**
http://www.atitesting.com/ati_store/product.aspx?zpid=1170 (\$37.00)
or
http://www.atitesting.com/ati_store/product.aspx?zpid=1178 (\$37.00)
- **LPN Step Online Practice Assessment**
<https://www.atitesting.com/Solutions/PreNursingSchool/LPNSTEP.aspx>

ADDITIONALLY, THE FOLLOWING BOOKS (AVAILABLE AT BOOKSTORES OR THROUGH AMAZON.COM) MAY BE HELPFUL:

- Boyer, M. J. (2012). Math for Nurses: A Pocket Guide to Dosage Calculation and Drug Preparation. Lippincott, Williams & Wilkins
- Broyles, B. E. (2008). Dosage Calculation Practices For Nurses. Thomson Delmar Learning
- Clayton, B. & Stock, Y. (2009). Basic Pharmacology for Nurses. St. Louis, MO: Mosby.
- Elder, J. (2007). Exercise Your College Reading Skills: Developing More Powerful Comprehension. McGraw-Hill Humanities/Social Sciences/Languages; 1 edition
- Hatfield, N. (2007). Broadribb's Introductory Pediatric Nursing, (7th edition). Philadelphia: Lippincott, Williams & Winkins.
- Hogan, M. & McKinney, D.. (2007). Comprehensive Review for NCLEX-PN: Reviews and Rationales, (1st edition). Prentice Hall.
- McDonald, M. (2009). Review Guide for RN Pre Entrance Exam, 3rd Edition, (3rd edition). (Ed.). Boston: James & Bartlett.
- Pickar, G. & Abernethy, A.P. (2008). Dosage Calculations. Thompson Delmar.
- Potter, P. & Perry, A.G. (2010). Basic Nursing: Essentials for Practice, (7th edition). St. Louis, MO: Mosby.



Helene Fuld College of Nursing

Letter of Recommendation Form

Office of Student Services
24 East 120th Street, Room 320
New York, NY 10035

Name of Applicant (Print Clearly) _____

Name of Recommender (Print Clearly) _____

TO THE APPLICANT: Fill in the information above. For the convenience of your recommender, please include a SELF-ADDRESSED STAMPED ENVELOPE with this form. Your reference should return the Letter of Recommendation to you in the SEALED ENVELOPE for inclusion in your application packet.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93 – 390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12,

I do _____ I do not _____ waive my right of access to and review of this form.

Signature of Applicant

Date

TO THE RECOMMENDER: The applicant named above is applying for admission to Helene Fuld College of Nursing. We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential to become competent professionals. **PLEASE COMPLETE BOTH THE FRONT AND BACK OF THIS FORM.**

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

I. Personal and Professional Appraisal: (Please evaluate the applicant's Qualifications/Characteristics by checking the appropriate spaces below.)

| Qualifications/Characteristics | Superior | Above Average | Average | Below Average | No Basis for Judgment |
|---|----------|---------------|---------|---------------|-----------------------|
| 1. Intellectual ability | | | | | |
| 2. Reliability | | | | | |
| 3. Sense of responsibility | | | | | |
| 4. Industry and perseverance | | | | | |
| 5. Ability to work independently | | | | | |
| 6. Ability to adapt to new situations | | | | | |
| 7. Ability to work with people | | | | | |
| 8. Ability to analyze problems and solve them effectively | | | | | |
| 9. Oral communication | | | | | |
| 10. Written communication | | | | | |
| 11. Emotional stability | | | | | |
| 12. Leadership potential | | | | | |

TO THE RECOMMENDER: Please complete the following information.

II. Acquaintance with Applicant: How long and in what capacity have you known this applicant?

III. Comments: In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

IV. Recommendation for Acceptance:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____ Professional Credentials: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

TO THE RECOMMENDER: WHEN YOU HAVE COMPLETED THIS FORM, please enclose it in the self-addressed stamped envelope provided by the applicant and SEAL the envelope. Recommendations received in unsealed envelopes will not be accepted.

Please Note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.



Helene Fuld College of Nursing

Letter of Recommendation Form

Office of Student Services
24 East 120th Street, Room 320
New York, NY 10035

Name of Applicant (Print Clearly) _____

Name of Recommender (Print Clearly) _____

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I do _____ I do not _____ waive my right of access to and review of this form.

Signature of Applicant

Date

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| Qualifications/Characteristics | Superior | Above Average | Average | Below Average | No Basis for Judgment |
|---|----------|---------------|---------|---------------|-----------------------|
| 1. Intellectual ability | | | | | |
| 2. Reliability | | | | | |
| 3. Sense of responsibility | | | | | |
| 4. Industry and perseverance | | | | | |
| 5. Ability to work independently | | | | | |
| 6. Ability to adapt to new situations | | | | | |
| 7. Ability to work with people | | | | | |
| 8. Ability to analyze problems and solve them effectively | | | | | |
| 9. Oral communication | | | | | |
| 10. Written communication | | | | | |
| 11. Emotional stability | | | | | |
| 12. Leadership potential | | | | | |

TO THE RECOMMENDER: Please complete the following information.

II. Acquaintance with Applicant: How long and in what capacity have you known this applicant?

III. Comments: In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

IV. Recommendation for Acceptance:

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____ Professional Credentials: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

TO THE RECOMMENDER: WHEN YOU HAVE COMPLETED THIS FORM, please enclose it in the self-addressed stamped envelope provided by the applicant and SEAL the envelope. Recommendations received in unsealed envelopes will not be accepted.

Please Note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.

Name: _____

For Office Use Only:

HELENE FULD COLLEGE OF NURSING

APPLICATION CHECKLIST for ASSOCIATE IN APPLIED SCIENCE PROGRAM

Please submit the following items IN ONE ENVELOPE IN THE FOLLOWING ORDER:

- ONE (1) small recent (2" X 2" passport style) photo
- Fee of \$110.00** (money order or certified check only)
- This APPLICATION CHECKLIST
- A completed Application Form (incomplete applications will be returned)
- A copy of your current LPN license
- A copy of your current LPN registration
- A copy of the front and back of your CPR (BLS) card (ONLY American Heart Association accepted)

- Proof of citizenship or legal residence (two (2) copies of one of the following: U.S. birth certificate, passport, alien registration card, or naturalization certificate)

- An **OFFICIAL** copy of all high school and/or GED transcripts **in sealed envelopes**
 - Name of high school: _____
 - GED: _____

- An **OFFICIAL** copy of your LPN school transcript **in sealed envelopes**
 - Name of LPN school: _____

- An **OFFICIAL** copy of all college and/or CLEP transcripts **in sealed envelopes**
 - Name of college/university: _____
 - Name of college/university: _____
 - Name of college/university: _____

- Two (2) letters of recommendation completed on Letter of Recommendation Forms **in sealed envelopes**. **At least one reference should be from a current or former employer.**
 - Name of employer/supervisor: _____
 - Name of second recommender: _____