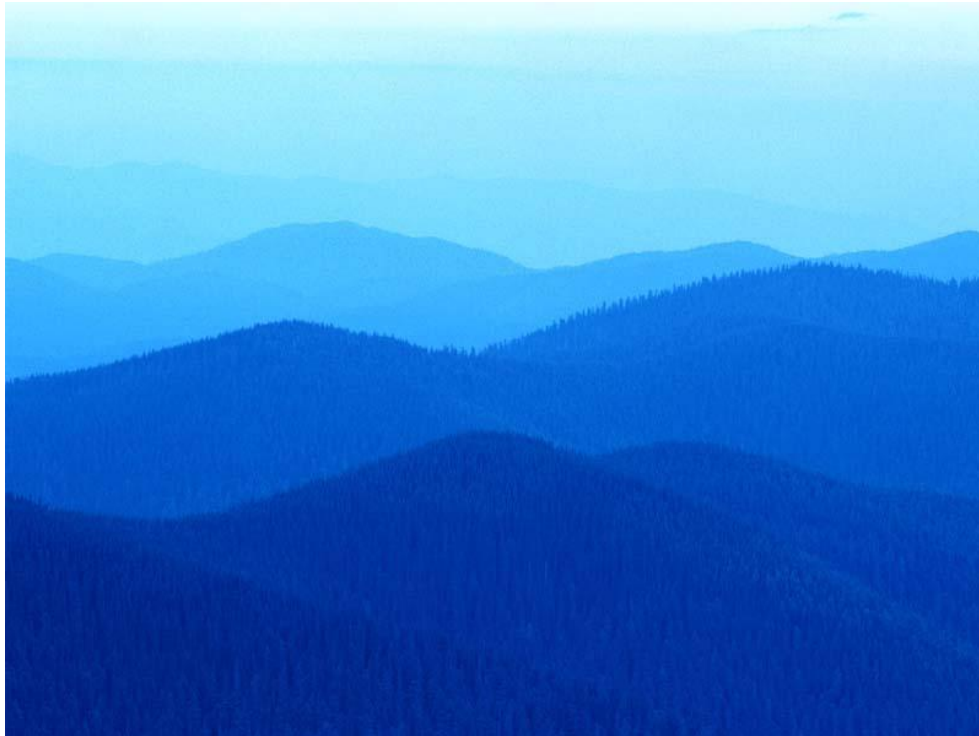


APPLICATION FOR ADMISSION



Helene Fuld College of Nursing
24 East 120th Street
New York, NY 10035
Telephone 212-616-7290
Fax 212-616-7297
www.helenefuld.edu

Return the completed application along with the non-refundable fee (AAS program: \$110 for application and testing, or BS program: \$50 for application) to the Office of Student Services, Helene Fuld College of Nursing, 24 East 120th Street, New York, NY 10035. For information call, 212-616-7268 or 212-616-7290. Application is valid for two years.

APPLICATION FOR ADMISSION

PART I - BIOGRAPHICAL DATA

(Please type or print neatly)

Date _____

Last Name First name Middle initial

Other or former names Social Security Number

Current address
Number and street Apt. number

City State Zip code

Home phone _____ Work phone _____

Cell phone _____ E-mail address _____

Gender Male Female Date of birth _____ / _____ / _____
Month Day Year (yyyy)

Race/ethnicity (For statistical purposes only) _____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ Hispanic or Latino
_____ Native Hawaiian or Pacific Islander _____ White

U.S. Citizen Yes No If not a U.S. citizen, country of citizenship _____

Country of birth _____

Permanent resident/Alien registration number _____

Other type visa and number _____

PART II – EDUCATIONAL HISTORY

1. Program applying to: Associate in Applied Science (LPN to RN Program) **OR**
 Bachelor of Science (RN to BS Program)

2. Intended Load Full-time Part-time Non-matriculated

PART II – EDUCATIONAL HISTORY (continued)

3. List all high schools attended

Name of School	City	State	Dates of Attendance	Date of Graduation

4. GED Yes No If yes, date received _____

5. Practical nursing school (if attended)

Name of School	City	State	Date of Attendance	Date of Graduation

If applying for associate degree program:

Has your PN school recommended you for articulation? Yes No

6. **PN licensure in State of** _____

Date issued _____ License number _____

If not yet licensed, examination is scheduled: State _____ Date _____

7. List all colleges/professional schools previously attended (if any)

Name of College	City, State	Major	Dates of Attendance	Date of Graduation

Each institution must forward an official transcript directly to Helene Fuld College of Nursing, Office of Student Services.

Total number of college credits completed _____

Do you have a degree? Yes No If yes, what type of degree? _____

8. **RN licensure in State of** _____

Date issued _____ License number _____

PART II – EDUCATIONAL HISTORY (continued)

- 9. Have you ever been suspended, expelled, or required to withdraw for disciplinary reasons from any high school or post-secondary institution? Yes No If yes, attach a detailed explanation.
- 10. Have you ever been charged with, convicted of, or pled guilty or no contest to a felony charge? Yes No If yes, attach a detailed explanation.
- 11. Have you ever had your LPN or RN license suspended or revoked? Yes No If yes, attach a detailed explanation.
- 12. Have you previously applied to Helene Fuld? Yes No If yes, when? _____
- 13. Have you previously attended Helene Fuld? Yes No If yes, when? _____

PART III – ADDITIONAL INFORMATION

1. List in chronological order your work during the last 10 years

Employer	City/State	Position Title	Dates of Employment

2. Write a short narrative describing why you are seeking admission to Helene Fuld College. What are your career goals after you graduate from Helene Fuld?

PART III – ADDITIONAL INFORMATION (continued)

3. Please select ALL of the ways that you have heard about Helene Fuld College of Nursing

Hospital/Healthcare facility where you are employed (please specify) _____

LPN school, ADN school, or college that you attended (please specify) _____

Job/Career Fair (please specify location) _____

Television/Cable network (please specify station) _____

Nursing publication (please specify publication) _____

Radio (please specify station) _____

Current student or a graduate of Helene Fuld (name) _____

Open house at Helene Fuld

Helene Fuld website

Other (please specify) _____

PART IV – READ CAREFULLY AND SIGN

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that any deliberate falsification or omission of information may result in denial of admission or dismissal at any time after admission. The College reserves the right to deny admission and matriculation to any applicant who, in the judgment of the College, is not qualified. Students who accept enrollment at the College agree to abide by all the rules and regulations now or hereafter promulgated by the College. Any student failing to comply with such rules and regulations may be dismissed.

Applicant's signature _____ **Date** _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by Helene Fuld College of Nursing. I further authorize the admission officers reviewing my application, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. I waive my right to access below.

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not* waive my right to access, and I understand I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to Helene Fuld College of Nursing, if the documents are saved after I matriculate.

Required Signature _____ **Date** _____

HELENE FULD COLLEGE OF NURSING

APPLICATION CHECKLISTS

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

ASSOCIATE IN APPLIED SCIENCE DEGREE PROGRAM (LPN to RN Program)

- ONE small recent (2" X 2" passport style) photo
- Fee of \$110.00** (money order or certified check only)
- A completed Application Form (incomplete applications will be returned)
- A copy of your 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 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**
- An **OFFICIAL** copy of your LPN school transcript **in sealed envelopes**
- An **OFFICIAL** copy of all college and/or CLEP transcripts **in sealed envelopes**
- Two letters of recommendation completed on Letter of Recommendation Forms **in sealed envelopes**. **At least one reference should be from a current or former employer.**

BACHELOR OF SCIENCE DEGREE PROGRAM (RN to BS Program)

- ONE small recent (2" X 2" passport style) photo
- Fee of \$50** (money order or certified check only)
- A completed Application Form (incomplete applications will be returned)
- A copy of your RN license
- A copy of your current RN 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 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**
- An **OFFICIAL** copy of all college and/or CLEP transcripts **in sealed envelopes**
- Two letters of recommendation completed on Letter of Recommendation Forms **in sealed envelopes**. **At least one reference should be from a current or former employer.**

Helene Fuld College of Nursing Mission Statement:

Helene Fuld College of Nursing is an independent single-purpose institution. Its mission is to provide the opportunity, through a career-ladder approach, for men and women to enhance their education and improve their nursing practice. The College endeavors to produce high-quality and technically adaptable nurses who are able to function effectively in a changing society.

The College aims to teach its students the value of intellectual skills and to help them develop the capability of making choices based on knowledge and unbiased evaluations; to advance the student's knowledge of the profession and their proficiency in technical skills; to encourage personal growth, resourcefulness, a heightened sense of responsibility and a concern for people; to educate the students to recognize and appreciate diverse cultural value systems; to familiarize the students with resources for learning so that they can adapt to the increasing complexity of professional responsibilities; and to promote learning as a life-long commitment.

The College strives to provide leadership in non-traditional nursing education by educating licensed practical nurses to advance to the associate degree registered nurse level, and to educate associate degree registered nurses to advance to the baccalaureate degree level, and achieve a broader scope of practice with an emphasis on Environmental Urban Health Nursing (EUHN). The College also strives to offer opportunities to men and women of diverse racial, ethnic, and socio-economic backgrounds and to those who might otherwise have been excluded from career advancement; to prepare graduates who benefit from their increased level of expertise; and to provide the base for further professional education.

Helene Fuld College of Nursing continually seeks to provide its students with the broadest possible spectrum of learning opportunities by using the vast resources of New York City. The College is dedicated to serving its students, the profession of nursing, and the Harlem community of which it is an integral part.

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Helene Fuld College of Nursing admits students and provides access to all rights, privileges, programs, and activities generally accorded or made available to students at the College without regard to race, gender, sexual orientation, color, religion, national or ethnic origin, age or disability. The College does not discriminate on the basis of race, gender, sexual orientation, color, religion, national or ethnic origin, age or disability in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other College-administered programs.