



# HELENE FULD COLLEGE OF NURSING

24 East 120<sup>th</sup> Street • New York, NY 10035  
Telephone 212-616-7200 • Fax 212-616-7297 • Website [www.helenefuld.edu](http://www.helenefuld.edu)

## APPLICATION FOR ADMISSION

### PERSONAL DATA

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

If any academic or employment records are under another name(s), indicate name(s): \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No. If No: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Permanent Resident/Alien Registration Number/ Other type visa & Number: \_\_\_\_\_

Please select **ALL** of the ways (including advertising) that you have heard about Helene Fuld College of Nursing:

- Hospital/Healthcare facility where you are employed (please specify) \_\_\_\_\_
- College/LPN school that you attended (please specify) \_\_\_\_\_
- Job/Career Fair (please specify location) \_\_\_\_\_
- Television/Cable Network (please specify station) \_\_\_\_\_
- Nursing Publication (please indicate publication) \_\_\_\_\_
- Newspaper (please specify) \_\_\_\_\_
- Radio (please specify station) \_\_\_\_\_
- Current student or graduate of Helene Fuld
- Open house at Helene Fuld
- Our website
- Other (please specify) \_\_\_\_\_

In case of Emergency notify: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone of Emerg. Contact: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

### EDUCATIONAL HISTORY

List all High Schools attended:

Name of Schools	City	State	Dates of Attendance	Date of Graduation

GED:  Yes  No Date received: \_\_\_\_\_

**Practical Nursing School:**

Name of School	City	State	Dates of Attendance	Date of Graduation

Recommended for articulation:  Yes  No

PN Licensure in State of: \_\_\_\_\_

Date issued: \_\_\_\_\_ License Number: \_\_\_\_\_

If not yet licensed, examination is scheduled: State: \_\_\_\_\_ Date: \_\_\_\_\_

**List all Colleges attended:**

Name of Colleges	City	State	Dates of Attendance	Date of Graduation

Nursing classes attended in RN program before applying to HFCN?  Yes  No

If Yes, name of school: \_\_\_\_\_

**EMPLOYMENT HISTORY****Licensed Practical Nurse Work Experience** (in chronological order, starting from most recent)

Name of Employing Institution or Person	Employer Phone Number	Address of the Institution	City, State Zip Code	Dates of Employment	
				From	To

Have you previously applied to HFCN?  Yes  No If Yes, when: \_\_\_\_\_

I certify that the information I have given is complete and true to the best of my knowledge. I understand that any deliberate falsification or omission of data may result in denial of admission or dismissal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** Application is valid for two years.

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, admissions policies, scholarship and loan programs, and athletic or other College administered programs.