



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 Testing Schedule for applicants seeking an Associate in Applied Science degree
- A.A.S. Curriculum
- Current Tuition and Fees
- Suggested Materials for testing preparation
- An Application Checklist
- Two Letter of Recommendation Forms
- An Application for Admission

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, science, and english grammar. 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,

A handwritten signature in black ink, appearing to read 'S. Senior'.

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, science, english grammar 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 \$55 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 | 1.5 | 0 | 0 | 4 | (4)* |
| | | | — | — | — | — | |
| | | | 6 | 4 | 3 | 4 | (7) |
| 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 | (15) |
| TOTAL PROGRAM | | | 79.5 | 52 | | | |
| Advance Credit ** | | | 27 | 18 | | | |
| Credit for AAS Degree | | | 106.5 | 71 | | | |

* 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 EFFECTIVE APRIL 2015

| | Annual Tuition/Fees | Quarterly Payment |
|---------------------------------------|------------------------|----------------------|
| Full-Time (12 credits or more) | \$18,304 | \$4,576 |
| 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 \$341 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 \$55 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 payment(s) can be paid online.

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

- 9:30 am **Sign-In with Security on the 1st Floor.** Testers may wait in the 3rd Floor vending area or in the student lounge.
- 10:00 am – 11:45 am **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 300.**
- 11:45 am – 12:00 pm **BREAK**
- 12:00 pm – 1:45 pm **Science and English Grammar Test** - Computerized 1 hour and 40 minutes timed test (human body science, life science, earth science, physical science, scientific reasoning, grammar, spelling, punctuation and structure, word meaning in context).

TESTING - PART TWO

- 10:30 am THIRD FLOOR - Testers may wait in the 3rd Floor vending area or in the student lounge.
- 11:00 pm – 12:30 pm **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.

**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. 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 Online Practice Assessment**

http://www.atitesting.com/ati_store/product.aspx?zpid=1489 (\$46)

OR

http://www.atitesting.com/ati_store/product.aspx?zpid=1484 (\$46)

Pre-Entry Prep Workshops and Prep courses are offered on a quarter basis. Please visit our website for class schedule.



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 310
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 recommender 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.

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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: _____



Helene Fuld
College
of Nursing

APPLICATION FOR ADMISSION

24 East 120th Street, New York, NY 10035
Phone: (212) 616-7290 | Fax: (212) 616-7297 | www.helenefuld.edu

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.

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: American Indian or Alaska Native Asian
(For statistical Black or African American Hispanic or Latino
purposes only) 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

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: _____

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? _____

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

| Employer | City/State | Position Title | Dates of Employment |
|----------|------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

*** For BS applicants only.***

2. Write a short narrative describing why you are seeking admission to Helene Fuld College of Nursing. Include your reasons for returning for a Bachelor of Science degree and your career goals upon graduation from Helene Fuld. Narrative must be 250-500 words in length and type-written. Use 12 point Times New Roman font, and 1 & 1/2 inch margins all-around. Attach this as a separate page with your application. The essay will be reviewed by the Admissions Committee along with your application.

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 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.

