Dear Applicant:

Thank you for expressing an interest in St. Elizabeth College of Nursing. Enclosed you will find the application for admissions.

**A $50.00 non-refundable application fee is required upon submission of your application ($65.00 if post marked after February 1st).**

To determine eligibility in meeting our admission criteria, please visit us on line at [www.secon.edu](http://www.secon.edu).

If you have any questions please do not hesitate to call (315) 801-8253 for more information. On behalf of St. Elizabeth College of Nursing, we look forward to meeting you in the near future.

Sincerely,
Admissions Department
St. Elizabeth College of Nursing

**Application Checklist**

- [ ] Application completed in full
- [ ] Application Addendum form
- [ ] Application fee
- [ ] (2) Professional references (see attached reference sheets)
- [ ] All College and High School Transcripts
- [ ] Essay and Short Answer
- [ ] Any standardized test scores taken within the last three (3) years (e.g. TEAS, SAT and/or ACT)
Application For Admission

St. Elizabeth College of Nursing 2215 Genesee St. Utica, N.Y. 13501
Phone: (315) 801-8253 Fax: (315) 801-8271 E-Mail: conadmis@secon.edu

☐ Weekday  ☐ Weekend (Please select 1st choice)  Date ____________________________

Name ____________________________ Last Name ____________________________ First Name ____________________________ Middle Initial ____________________________ Maiden Name ____________________________

Other names that may appear on educational records ____________________________

Address ____________________________ Number and Street ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________ County ____________________________

Home Telephone ____________________________ Area Code: ____________ Number: ____________

Work Telephone ____________________________ Area Code: ____________ Number: ____________

Cell Phone ____________________________ Area Code: ____________ Number: ____________

Cell Phone Provider ____________________________

E-mail Address: ____________________________ U.S. Citizen: ☐ Yes ☐ No

International Student: ☐ Yes ☐ No  Non-Resident Alien: ☐ Yes ☐ No If yes, A # is required ____________________________

Person to be notified in case of emergency:

Name ____________________________ Relationship ____________________________

Address ____________________________ Number and Street ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________

Telephone Number ____________________________

Pre-requisite Algebra Course completed within 3 years:

☐ Yes ☐ No  If Yes, Date & Where Taken ____________________________

When do you wish to enter this program? ____________________________

Have you:

Attended a St. Elizabeth College of Nursing Open House? ☐ Yes ☐ No If yes, dates: ____________________________

Previously applied for admission to this College? ☐ Yes ☐ No If yes, dates: ____________________________

Previously attended this program? ☐ Yes ☐ No If yes, dates: ____________________________

How did you hear about the program? ________________________________________________________________

Have you ever been convicted of a felony or a misdemeanor? ☐ Yes ☐ No If yes, explain: ____________________________

If you have a current Nursing license, has it ever been placed on hold, suspended or put on probation? ____________________________

If you wish to include a personal statement, or include any additional information that you would like us to know about, please do so on a separate piece of paper and attach it to the back of the application.
Secondary Education: List all high schools or secondary schools attended. Please print your name exactly as it appears on your high school transcript.

<table>
<thead>
<tr>
<th>Dates: From</th>
<th>To</th>
<th>Name of School</th>
<th>City and State</th>
<th>Date Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you earned a General Equivalency Diploma (GED), indicate date received.

Have you taken: SAT examinations? Yes ____ No ____ Date ______________________

ACT examinations? Yes ____ No ____ Date ______________________

Diploma: Regents _____ Local _____

Post-Secondary Education: You MUST disclose all formal education beyond high school. If you have attended more than 3 colleges, please attach a separate sheet of paper with other institutions.

<table>
<thead>
<tr>
<th>Dates: From</th>
<th>To</th>
<th>Major</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If applicable, list or attach current, and/scheduled coursework.

Employment: List all work experience, both full and part-time, since high school. Begin with your most recent employment.

<table>
<thead>
<tr>
<th>Dates: From</th>
<th>To</th>
<th>Employer</th>
<th>City and State</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References (Evaluation of Applicant’s Performance and Potential):

References should be obtained from teachers, employers, counselors or others who can provide information about you in an objective way. References from family and friends are not acceptable. Transfer students from another nursing program must obtain a reference from the nursing director/clinical instructor. If you should have any questions please give the Admissions Department a call.

Name/Affiliated Organization/Title ____________________________ Phone # _______________ Date Requested ________

Name/Affiliated Organization/Title ____________________________ Phone # _______________ Date Requested ________

I certify that I have not knowingly withheld information or given false information on this application. I understand that withholding information or giving false information may make me ineligible for admission or to continue my enrollment at St. Elizabeth College of Nursing.

I consent to any and all admission-related examinations, including but not limited to, health and drug screening tests and background investigation checks as required by St. Elizabeth College of Nursing. I agree that admission to St. Elizabeth College of Nursing may be made conditional upon successful completion of such examinations and tests.

Signature ____________________________ Date _______________
APPLICATION FOR ADMISSION
ADDENDUM

Applicant Name: _________________________________________________________

The following is requested for State Reporting and Financial Aid use only. This information will be held in
strict confidence and will not be used in any way for determining eligibility criteria for admission to St.
Elizabeth College of Nursing.

Ethnic Identity (please check one)

_____ White                                       _____ Asian
_____ Hispanic/Latino                              _____ Non-Resident Alien
_____ Native Hawaiian or other Pacific Islander    _____ Black or African American
_____ American Indian or Alaskan Native            _____ Two or more races
_____ Race and ethnicity unknown

Date of Birth: ___________________ Sex: _____ Male  _____ Female

Social Security Number: ___________________________________

Mother’s Maiden Name: ___________________________________

Is English your native language?     Yes    No
If no, what is your native language?     _________________________________

Will you need Financial Aid?     Yes _____  No _____

Do you currently hold an Associates Degree?     Yes _____  No _____

Do you currently hold a Bachelor’s Degree?     Yes _____  No _____

Do you currently hold a Master’s Degree?     Yes _____  No _____

Are you eligible for Veterans Assistance?     Yes _____  No _____

Does your employer offer tuition reimbursement?     Yes _____  No _____

Will you be in need of Housing Facilities?     Yes _____  No _____
APPLICATION SHORT ANSWER & ESSAY QUESTION(S)

Applicant Name: _________________________________________________________

Applicants are required to respond to the mandatory short answer question and respond to one (1) of the four essay questions listed below. Essay can be typed on a separate piece of paper or written in the spaces provided.

Short Answer Question (5-7 sentences)

What are the job expectations of a nurse on a daily basis?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Essay Questions (Choose One – 750 words or less)

1. How do you see yourself contributing to the nursing profession?

2. What is your definition of being a nurse?

3. Do you have any concerns about entering the nursing profession? Explain your answer!

4. Why have you chosen a career in the healthcare industry?
St. Elizabeth College of Nursing
Essential Skills and Abilities for Nursing Students

Dear Prospective Student:

In keeping with the Americans with Disabilities Act of 1990, the following essential skills and abilities are listed so that potential students can decide whether or not they may be able to complete the requirements of the nursing program with or without accommodations. Applicants, who are unsure if they can meet these criteria, or know they will need help in meeting them, should contact the College’s Disability Services Coordinator, at (315) 801-3034, to discuss the use of accommodations and/or auxiliary aids.

A prospective nursing candidate must demonstrate the physical and psychological ability to provide safe nursing care for a community of clients with diverse backgrounds and disease entities. Members of the community entrust St. Elizabeth College of Nursing Students to provide care regardless of all health care conditions inclusive of these infective disease processes and psychiatric conditions. Those students pursuing a nursing profession must recognize that nurses care for all members of our community regardless of diagnosis, race, color, gender, gender identity, creed, religion, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin.

**Communication:** The nursing student must be able to communicate in English via multiple modes. Examples of relevant communication include, but are not limited to:

- Give and receive relevant verbal and nonverbal feedback
- Record information accurately and efficiently
- Communicate effectively in a telephone conversation
- Comprehend the written and spoken word
- Read, understand, and utilize written documents in the clinical setting such as medical records, medication administration records, flow sheets
- Elicit health history/information from a client, health records, and computers

**Observation and Sensory skills:** The nursing student must assess, monitor and respond to patients in a timely manner. Examples of relevant skills include, but are not limited to:

- Assess pertinent body systems including heart, lungs, kidneys, etc.
- Listen for heart, lung and abdominal sounds
- Feel for pulses, and abnormalities in the skin
- Identify normal versus abnormal odors
- React/respond to signals, alarms and other cues indicating immediate client need

**Manual Dexterity and Motor Skill:** The nursing student must provide safe and effective nursing care. Examples of relevant activity include, but are not limited to:

- Perform cardiopulmonary resuscitation (CPR)
- Position and transfer clients safely
- Lift, position, or move an unconscious patient in order to perform life-saving procedures
- Move efficiently enough to meet the needs of several patients in a timely fashion
- Perform dressing changes to wounds
- Perform intimate hygienic care and handling body fluids while maintaining privacy and dignity for the client, inclusive of toileting needs
- Use appropriate hand washing techniques
- Gown, glove and mask appropriately
- Perform sterile technique
- Perform nursing procedures such as bathing a patient, making an occupied and unoccupied bed, oral care, placing a tube into the bladder
- Apply, calibrate, and utilize other client care equipment and devices such as stethoscopes, blood pressure cuffs, thermometers, monitors, intravenous, and transfer equipment
- Manipulate and identify markings on small equipment and containers such as syringes, needles, vials, and ampules to administer medications
- Assist clients in multiple modes of movement

**Conceptual and Analytical Reasoning:** The nursing student must make critical judgements in order to provide safe client care. Examples of relevant activity include, but are not limited to:
- Demonstrate abilities to calculate, measure, and analyze
- Process information accurately, thoroughly, and quickly to prioritize tasks
- Perform mathematical computations for medication dosage calculations
- Identify cause-effect relationships in theory and clinical situations
- Exercise appropriate clinical judgment
- Utilize critical thinking in the process of delivering care and comfort to clients

**Emotional Stability, Behavioral/Social Attributes:** The nursing student will care for clients in multiple situations that require composure in a stressful environment. Examples of relevant activity include, but are not limited to:
- Exercise sound judgment, complete assessment and intervention activities, and develop sensitive interpersonal relationships with clients/families and others responsible for health care
- Demonstrate flexibility to function effectively under stress and adapt to a variety of situations
- Work in areas that are close, crowded, or noisy
- Handle strong emotions
- Demonstrate compassion and empathy
- Establish therapeutic relationships, with appropriate boundaries, in a caring manner
- Focus and maintain attention on tasks
- Receive constructive/corrective feedback calmly

March 2017
Evaluation of Applicant's Performance and Potential

St. Elizabeth College of Nursing
2215 Genesee Street, Utica, New York 13501

Applicants to the above-named institution are selected in accordance with nondiscriminatory practices.

The below named applicant has applied for admission to St. Elizabeth College of Nursing:

Name of Applicant: _____________________________________________________________________________ (Last Name) (First Name) (Middle Name)

Address __________________________________________________________________________________________ (Number and Street)

______________________________________________________________________________________________ (City) (State) (Zip Code)

Students who have proven to be successful in our program possess personal characteristics that enable them to function highly in an environment in which ever-changing technology must be applied. St. Elizabeth College of Nursing is interested in responsible individuals who demonstrate solid judgment and initiative in a professional and competent manner.

We appreciate your assistance in completing this form and returning it in a timely fashion. If you have any questions or comments, please feel free to contact the Admissions Department at (315) 801-8347.

WAIVER

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this College and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained in this form will be used to evaluate you as an applicant for admission to this College of Nursing. If you elect to waive your rights of access to and review of this information, please sign your name.

_________________________________________  ________________________________
(Date) (Applicant's Signature)
Reference

In what capacity have you known the applicant?

How long have you known the applicant?

When you think of the applicant, what initial thoughts come to mind?

Using a scale from 1-5 with 1 being the lowest and 5 the highest, please assess the applicant on each of the following:

<table>
<thead>
<tr>
<th>Ability to handle stress</th>
<th>LOW</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability for written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability for oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative &amp; Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability/Work Attendance Record</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work well with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to organize and prioritize tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to correlate theory into clinical practice (if applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment on the applicant's performance and any circumstances that may have positively or negatively affected that performance.

Is there any other information about this applicant that may aid us in our admissions decision?

Signature: ___________________________  Title: ___________________________

Date: ___________________________
Applicant's Name ____________________________________________

St. Elizabeth College of Nursing
2215 Genesee Street, Utica, New York 13501

Reference

In what capacity have you known the applicant?__________________________________________

How long have you known the applicant?______________________________________________

When you think of the applicant, what initial thoughts come to mind?
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Using a scale from 1-5 with 1 being the lowest and 5 the highest, please assess the applicant on each of the following:

<table>
<thead>
<tr>
<th>Ability to handle stress</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability for written expression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ability for oral expression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Intellectual ability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Initiative &amp; Independence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Accountability/Work Attendance Record</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ability to work well with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ability to organize and prioritize tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ability to correlate theory into clinical practice (if applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Please comment on the applicant's performance and any circumstances that may have positively or negatively affected that performance.
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Is there any other information about this applicant that may aid us in our admissions decision?
______________________________________________________________________________

______________________________________________________________________________

Signature: ____________________________ Title: ____________________________

Date: ____________________________