

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

Dear Applicant:

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

A \$65.00 non-refundable application fee is required upon submission of your application.

To determine eligibility in meeting our admission criteria, please visit us on line at <u>www. secon.edu</u>.

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

- \Box Application completed in full
- \Box Application Addendum form
- \Box Application fee (\$65.00)
- □ All High School, College and/or LPN Transcripts
- □ Any standardized test scores taken within the last three (3) years (e.g. TEAS, SAT and/or ACT)



Application For Admission

Office Use Only					
App:					
MAT:					

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

□Weekday	Weekend	(Please select 1 st choice)	D	ate		
Name	Last Name	First Name	Middle	e Initial Maiden Na		
Other names that ma						
Address	Nun	nber and Street				
	City	State	e	Zip Code Cou		
Home Telephone	Area Code	Number	Work Telephone	e Area Code Numb		
Cell Phone	Area Code	(Cell Phone Provide	er		
International Student	t: 🛛 Yes 🖓 I	No Non-Resident Alien	: 🛛 Yes 🖾 No	o If yes, A # is required		
Person to be not	ified in case of	femergency:				
Name	Relationship					
Address			Telephone Number			
D · · · / //	City		State	Zip Code		
		completed within 3 ye				
When do you wish to	o enter this progr	am?				
Have you:		Attended a St. Elizabeth College of Nursing Open House?				
·	zabeth College o	f Nursing Open House?	Yes	□No If yes, dates:		
Attended a St. Eli	-	f Nursing Open House? to this College?		■No If yes, dates:		
Attended a St. Eli	ed for admission	to this College?				
Attended a St. Eli Previously applie Previously attend	ed for admission led this program	to this College? ?	□Yes □Yes	□No If yes, dates:		

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 Educ	-	hools or secondary schoo ars on your high school tr			-	
Dates: From	To Name of High School			City and State		Date Graduated
If you earned a G	eneral Equivalency D	iploma (GED), indicate d	late received and a	ttach a copy v	with the applicatio	n.
GED Date Receiv	ved	·				
Have you taken:	SAT examinations?	Yes	No	Date		
	ACT examinations?	Yes	No	Date		
	Education: You MUS Elizabeth College of N	ST disclose all formal edu ursing.	acation beyond hig	gh school ever	i if no courses wil	1
Dates: From	То	Institution	Major		Credits/Degre Earned	e
Employment: Li	st all work experience	beginning with your mo	st recent employm	ient.		
Dates: From	То	Employer	City and S		Position	

By submitting this application, I certify that 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 requirements, including but not limited to, health records, drug screening, background investigations and public health and clinical agency immunization requirements. I agree that admission to St. Elizabeth College of Nursing may be made conditional upon successful completion of such examinations and tests. St. Elizabeth College of Nursing is registered by the University of the State of New York, State Education Department, Office of the Professions to award an Associates Degree in Applied Science of Nursing. The program meets the licensure requirements for all applicants residing in New York State. St. Elizabeth College of Nursing has not made a determination of each state's requirements for licensure. Those individuals residing in state's other than New York shall receive notification regarding licensure requirements if requested. For more information go to: https://www.ncsbn.org/14730.htm. Graduation from the Nursing program does not guarantee Registered Nurse licensure by the New York State Department of Education Office of the Professions. If an applicant has charges pending or has been convicted of a felony and/or a misdemeanor, a license may be delayed or denied by the New York State Department of Education Office of the Professions. For more information go to: http://www.op.nysed.gov/.

St. Elizabeth College of Nursing faculty and administration are committed to supporting our students and creating an environment that is free of bias, discrimination, and harassment. If a student has encountered any form of sexual misconduct (e.g. sexual assault, sexual harassment, stalking, domestic or dating violence), we encourage reporting this to the College administration. If a learner speaks with a faculty member about an incident of misconduct, that faculty member must notify the Title IX coordinator, Julie Wells-Tsiatsos, Dean of Student and Faculty Development, Room 109, (315-801-3078) and share the basic facts of the experience with her. The Title IX coordinator will then be available to assist the learner with understanding all options and connecting the learner with all possible resources on and off campus. The entire sexual misconduct policy is posted on the college website. Title IX complaints may be made in person, over the phone, in writing or submitted via email to the contact information listed below.

Julie Wells-Tsiatsos, MSN, RNC-OB Dean of Student & Faculty Development 2215 Genesee Street Utica, NY 13501 Email: jwells-tsiatsos@secon.edu (315) 801-3078

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 Hispanic/Latino Native Hawaiian or other Pacific Islander American Indian or Alaskan Native			Asian Asian Non-Resident Alien Black or African American Two or more races		
Race and ethnicity unknown					
Date of Birth:	Gender:	Male	Female	Non-Binary	
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 reimbursemen	nt?	Yes	_ No		
Will you be in need of Housing Facilities?		Yes	_ No		

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) 801-3078, to discuss the use of accommodations and/or auxiliary aids.

In addition to classroom learning, clinical learning occurs throughout the program and involves considerations (such as patient safety and clinical facilities) that are not present for classroom accommodations. For this reason, any applicant or student who seeks accommodations prior to or immediately after enrolling in the nursing programs must also request an assessment of the types of reasonable accommodations needed for the clinical training component of the program.

An individual must be able to independently, with or without reasonable accommodation, meet the following essential skills and abilities of (1) communication; (2) observation and sensory skills; (3) manual dexterity and motor skills; (4) conceptual and analytical reasoning; and (5) emotional stability, behavioral/social attributes. Individuals unable to meet these essential skills and abilities, with or without reasonable accommodation, will not be able to complete the program and are counseled to pursue alternate careers.

Communication (English, in multiple modes): examples of relevant activity include, but are not limited to:

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

Observation and Sensory Skills: examples of relevant activity include, but are not limited to:

- Assess pertinent body systems including inspection of skin, respirations, temperature, color, odors and motor function of the client
- Auscultate (listen for cardiac, lung and abdominal sounds)
- Palpitate (feel) for pulses, lumps, edema, subcutaneous crepitus, infiltrated IV fluids
- React/respond to signals, alarms and other displays indicating immediate client need.

Manual Dexterity and Motor Skills: 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 bed bath, making an occupied and unoccupied bed, oral care, urinary catheterization
- Apply and or utilize other client care equipment and devices such as stethoscopes, blood pressure cuffs, thermometers and monitors
- Administer medications; manipulate small equipment and containers such as syringes, vials, and ampules to administer medications
- Perform range of motion (passive) exercise for the client.

Conceptual and Analytical Reasoning: 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, and perform math computations for medication dosage calculations
- Exercise good judgment
- Utilize critical thinking in the process of delivering care and comfort to clients.

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Emotional Stability, Behavioral/Social Attributes: 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 multiple situations
- Handle strong emotions
- Demonstrate compassion
- Establish therapeutic relationships in a caring manner
- Focus and maintain attention on tasks Proficient in communication.

Revised November 2021