

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 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

Ш	Application completed in full
	Application Addendum form
	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 E-Mail: conadmis@secon.edu

□Weekday	□Weekend	(Please select 1st choice)	Γ	Oate	
Name	Last Name				
				e Initial	
Other names that ma	ay appear on edu	cational records			
Address	Nun	nber and Street			
	City	Sta	te	Zip Code	County
Home Telephone	Area Code	Number	_ Work Telephon	eArea Code	Number
Cell Phone	Area Code	Number	Cell Phone Provid	er	
E-mail Address:			U.S. Citizen:	□Yes	□No
International Student	t: 🔲 Yes 🔲 1	No Non-Resident Alier	n: 🔲 Yes 🔲 N	o If yes, A # is re	equired
Person to be not	ified in case of				
Name			Relatio	nship	
Address			Teleph	one Number	
	Numb	er and Street			
	City	7	State		Zip Code
1		completed within 3 ye			
Yes	_ No If Ye	s, Date & Where Taken			
When do you wish to	o enter this progr	am?			
Have you:					
Attended a St. Eli	zabeth College o	Nursing Open House?	□Yes	□No If yes, da	ates:
Previously applie	ed for admission	to this College?	□Yes	□No If yes, da	ates:
Previously attend	led this program	?	□Yes	□No If yes, da	ites:
How did you hear	r about the progr	am?			
Have you ever been	n convicted of a fe	lony or a misdemeanor?	If ye	s, explain:	
		has it ever been placed o			ion?

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.

·		th schools or secondary school				
Dates: From	То	Name of High School		City and St	tate	Date Graduated
GED Date Receive	ved					
Have you taken:	SAT examination					
	ACT examination: You Elizabeth College	MUST disclose all formal e			n if no courses will	
Dates: From	To	Institution	M	ajor	Credits/Degree Earned	e
Employment: Li Dates: From	ist all work experi	ence beginning with your n	_	oyment.	Position	_
that withholding in: College of Nursing I consent to any and public health and cl upon successful con York, State Educati licensure requirements for lice requested. For more	formation or giving d all admission-relat linical agency immu impletion of such exi ion Department, Offents for all applicant censure. Those indive information go to:	that have not knowingly with false information may make med requirements, including but nization requirements. I agree aminations and tests. St. Elizablice of the Professions to awards residing in New York State. iduals residing in state's other https://www.ncsbn.org/14730. Department of Education Offi	t not limited to, heathat admission to Speth College of Nurl an Associates Dest. Elizabeth Collethan New York shahtm. Graduation fi	alth records, drug senset. Elizabeth Collegersing is registered by gree in Applied Sciege of Nursing has neall receive notification the Nursing pro	reening, background e of Nursing may be the University of the ence of Nursing. The ot made a determina- on regarding licensu gram does not guara	investigations and made conditional the State of New program meets that tion of each state's re requirements if ntee Registered
Professions. For mo	•	eanor, a license may be delayed o: http://www.op.nysed.gov/.	d or denied by the		partment of Educatio	on Office of the
Signature				Date		

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 Firstrict confidence and will not be used in any way for d Elizabeth College of Nursing.	
Ethnic Identity (please check one)	
 White Hispanic/Latino Native Hawaiian or other Pacific Island American Indian or Alaskan Native Race and ethnicity unknown 	AsianNon-Resident Alien erBlack or African AmericanTwo or more races
Date of Birth:Sex:	MaleFemale
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

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.

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.