



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](http://www.secon.edu).

If you have any questions please do not hesitate to call (315) 624-4030 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 (\$65.00)
- ☐ All High School, College and/or LPN Transcripts
- ☐ Signed/Dated Technical Standards for Nursing Students Form
- ☐ Pre-Requisite Algebra in the last three (3) years



# Application For Admission

Office Use Only

App: \_\_\_\_\_

MAT: \_\_\_\_\_

**St. Elizabeth College of Nursing (SECON) 2215 Genesee St. Utica,**

**Phone: (315) 624-4030**

**E-Mail: [conadmis@secon.edu](mailto:conadmis@secon.edu)**

☐ **Weekday**    ☐ **Weekend** (Please select 1<sup>st</sup> 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 \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Area Code Number Area Code Number

Cell Phone \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_  
Area Code Number

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 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Number and Street

City State Zip Code

Have you previously applied for admission to this College? ☐ Yes ☐ No If yes, dates: \_\_\_\_\_

Have you 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? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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

SECON has designed its educational program curriculums for the following degree: Associate's Degree in Applied Science (AAS) in Nursing- that if successfully completed will be sufficient to meet the educational licensure requirements for a Registered Professional Nurse in New York State. SECON cannot provide verification of an individual's ability to meet licensure requirements unrelated to its educational programming. Such individual determinations are made by State licensing boards. 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 further information on nursing licensure requirements in New York State, go to:

<http://www.op.nysed.gov/>

**Secondary Education:** List all high schools or secondary schools attended. Please print your name exactly as it as it appears on your high school transcript: \_\_\_\_\_

Dates: From	To	Name of High School	City and State	Date Graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you earned a General Equivalency Diploma (GED), indicate date received and attach a copy with the application.

GED Date Received \_\_\_\_\_.

Have you taken: SAT examinations? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

ACT examinations? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

**Post-Secondary Education:** You MUST disclose all formal education beyond high school even if no courses will transfer into St. Elizabeth College of Nursing.

Dates: From	To	Institution	Major	Credits/Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employment:** List all work experience beginning with your most recent employment.

Dates: From	To	Employer	City and State	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By submitting this application, 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 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 individual notification regarding licensure requirements. For more information <https://www.ncsbn.org/membership/us-members/contact-bon.page>.

Signature \_\_\_\_\_ Date \_\_\_\_\_

St. Elizabeth College of Nursing does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX and its regulations, including in admission and employment. Inquiries about Title IX may be referred to St. Elizabeth College of Nursing's Title IX Coordinator, the U.S. Department of Education's Office for Civil Rights, or both. St. Elizabeth College of Nursing's Title IX Coordinator is:

Julie Wells-Tsiatsos, MSN, RNC-OB, MNN, C-EFM  
Dean of Student & Faculty Development  
2215 Genesee Street  
Utica, NY 13501  
Email: [jwells-tsiatsos@secon.edu](mailto:jwells-tsiatsos@secon.edu)  
(315) 624-4057

St. Elizabeth College of Nursing's nondiscrimination policy and grievance procedures can be located at <https://www.secon.edu/policies/>. To report information about conduct that may constitute sex discrimination or make a complaint of sex discrimination under Title IX, please refer to <https://www.secon.edu/about/title-ix-and-discrimination/>.

ST. ELIZABETH COLLEGE OF NURSING IS A DRUG & ALCOHOL FREE EDUCATIONAL INSTITUTION

**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)

<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Resident Alien
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Two or more races
<input type="checkbox"/> Race and ethnicity unknown	

Date of Birth: \_\_\_\_\_ Gender: ☐ 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 ☐

## **St. Elizabeth College of Nursing**

### **Technical Standards for Nursing Students**

Dear Prospective Student:

In keeping with the Americans with Disabilities Act of 1990, the following technical standards 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.

A candidate for an associate degree in nursing must have the abilities and skills necessary for use of the nursing process. The following is a representative list of the technical standards, with or without accommodation, expected of students as they progress through the nursing program.

Nursing students encounter members of our community 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 those with infection 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, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin.

**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)
- Palpate (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 Skill:** 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

Approved by Faculty Organization – January 5, 1998  
Approved by Legal Counsel – January 12, 1998  
Reviewed by Faculty and Legal June 2024

**St. Elizabeth College of Nursing**  
**Technical Skills Acknowledgement Form**

To: Admissions Department

I have received, read, and understand the contents of the *Technical Standards for Nursing Students*. I understand that this representative list of standards is expected of students as they progress towards graduation from the nursing program, with or without accommodations. I have been given the opportunity to ask questions regarding the *Technical Standards for Nursing Students*.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_