

Practical Nursing Program Application

Application Requirements:

- ≥ 18 years of age at time of program start
- High school diploma, GED, or U.S. Department of Education High School Equivalency Diploma
- Completed *Practical Nursing Program Application*
- Application fee \$100.00 (non-refundable) **Application will not be reviewed until fee is paid**

All applicants who meet the minimum stated requirements listed above and pass the initial application review must undergo an admissions interview prior to the school rendering a decision regarding the applicant's acceptance. Acceptance offers will be contingent upon the applicant obtaining a sufficient score on the HESI A2 Entrance Exam and receiving favorable screening results from the physical health and drug/toxicity screens.

Applicant Information:

Name:	Last Name <i>Last</i>	First Name <i>First</i>	Middle Initial <i>M.I.</i>
Address:	Street Address <i>Street</i>		Apt/Unit # <i>Apt/Unit #</i>
	City <i>City</i>	State <i>State</i>	Zip Code <i>Zip Code</i>
Contact:	Phone	E-mail address	
Emergency Contact:	Phone	Relationship	First & Last Name

Background Information:

Are you a U.S. citizen? Yes No

If no, are you authorized to work in the United States? Yes No

Do you or have you worked for Griffin Health/Griffin Hospital? Yes No

If yes, when and in what capacity? Click or tap here to enter text.

Have you even been convicted of a felony? Yes No

If yes, please attach a separate page (typed) that includes the date of each incident, explains the circumstances, and reflects upon what you learned from the experience.

Additional demographic information: The questions in this section are optional. Information you provide will not be used in a discriminatory manner and is not factored into acceptance decisions.

For each question, please select all that apply to you and your identity.

With what gender do you identify? Select all that apply:

- Female
- Male
- Nonbinary or gender nonconforming
- Prefer not to say

With what race and/or ethnicity do you identify? Select all that apply:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic/Latinx
- Native Hawaiian or Pacific Islander
- White
- Other not listed: [Click or tap here to enter text.](#)
- Prefer not to say

Education

High/Secondary

School: Name of School **Address:** School Address
Click to enter a date Click to enter a date

From: date **To:** date **Did you graduate?** YES NO **Diploma:** Diploma Received (e.g. High School, GED, etc.)

****Please attach a copy of diploma and/or official transcripts****

College/ University: Name of School **Address:** School Address
Click to enter a date Click to enter a date

From: date **To:** date **Did you graduate?** YES NO **Degree:** Choose an item.

****Please attach a copy of diploma and/or official transcripts****

Other: Name of School **Address:** School Address
Click to enter a date Click to enter a date

From: date **To:** date **Did you graduate?** YES NO **Degree:** Choose an item.

****Please attach a copy of diploma and/or official transcripts****

If more space is needed, please attach additional sheets

Work & Other Related Experiences

Company: Company Name **Phone:** Company Phone #

Address: Company Address **Supervisor:** Supervisor's Name

Job Title: Job Title **Dates of Service:** MM/YY – MM/YY

Responsibilities: Briefly describe your job responsibilities

Company: Company Name **Phone:** Company Phone #

Address: Company Address **Supervisor:** Supervisor's Name

Job Title: Job Title

Dates of Service: MM/YY – MM/YY

Responsibilities: Briefly describe your job responsibilities

Company: Company Name

Phone: Company Phone #

Address: Company Address

Supervisor: Supervisor's Name

Job Title: Job Title

Dates of Service: MM/YY – MM/YY

Responsibilities: Briefly describe your job responsibilities

If more space is needed, please attach additional pages.

Professional References & Letters of Recommendation

Please list three professional references. These may include teachers, guidance counselors, supervisors, employers, etc. **Relatives and friends are NOT acceptable references.** Please request each reference write a letter of recommendation indicating why they feel the applicant is a strong candidate for the Griffin Hospital School of Allied Health Careers Practical Nursing Program. Letters submitted via hardcopy must be in a sealed envelope with the author's signature across the closed seal. Alternatively, references can email their letters to PNprogram@griffinhealth.org, fax them to (203) 734-1132, or mail them to:

Griffin Hospital School of Allied Health Careers
Attn: Practical Nursing Program
300 Seymour Ave Ste 201A
Derby, CT 06418-1343

Reference Contact Information:

Full Name: Full Name Relationship to Applicant: Applicant

Company: Name of Organization Phone: Phone #

E-mail: Preferred E-mail Address

Full Name: Full Name Relationship to Applicant: Applicant

Company: Name of Organization Phone: Phone #

E-mail: Preferred E-mail Address

Full Name: Full Name Relationship to Applicant: Applicant

Company: Name of Organization Phone: Phone #

E-mail: Preferred E-mail Address

Personal Statements

Note: Please answer each part separately.

Part I

On a separate page, submit a typewritten essay answering one of the questions listed below. A typewritten essay will help us become acquainted with you and demonstrate your ability to organize and process your thoughts when expressing yourself. Your essay should be 500-600 words in length. Please choose from one of the following topics, and indicate which question you are answering:

1. Describe a significant experience, achievement, or ethical dilemma you have faced and its impact on you.
2. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
3. Describe a problem you've solved or a problem you'd like to solve. It can be an intellectual challenge, a research query, an ethical dilemma – anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or steps that could be taken to identify a solution.

Part II

On a separate, typewritten page, write one to two paragraphs discussing why you want to attend nursing school.

Additional Documentation

Please attach the following documents to your application:

- Professional Resume
- Copy of diploma for any currently held degrees
- Copy of transcripts for schools or academic programs attended
- Copy of birth certificate, license, passport, or other official documentation that contains proof of date of birth

Application Fee

All applications must be accompanied by the \$100 non-refundable application fee.

Applications cannot be reviewed until the fee is paid.

Please indicate below how you plan on paying the application fee:

- Credit card (please call 203.732.7147 to pay over the phone)
- Cash (please pay in person)
- Check (please pay in person or mail to the address below):

School of Allied Health Careers Practical Nursing Program
300 Seymour Ave
Suite 201A
Derby, CT 06418-1343

****The School of Allied Health Careers is NOT responsible for payment sent & lost in the mail****

Attestation & Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in release from the Griffin Hospital School of Allied Health Careers Practical Nursing Program.

Signature: _____

Date: _____

Griffin Hospital School of Allied Health Careers does not discriminate, nor will tolerate from other disciplines, discrimination on the basis of race, color, national or ethnic origin, religion, age, gender, marital status, sexual orientation, handicap, veteran status, gender identify or any other basis prohibited by law in the administration of its educational policies, admission policies, scholarship and loan program, and other programs administered by the School of Allied Health Careers.

Thank you for applying to the Griffin Hospital School of Allied Health Careers Practical Nursing Program. We look forward to reviewing your application.