

Practical Nursing Program Application

OHE Qualified Teachout Student

Part 1: Applicant Information:

Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	<i>Street</i>		
	<i>City</i>		<i>Apt/Unit #</i>
	<i>State</i>		<i>Zip Code</i>
Contact:	<i>Phone</i>		<i>Email Address</i>
Emergency Contact:			
	<i>Phone</i>	<i>Relationship</i>	<i>First & Last Name</i>

Part 2: 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

Part 3: Additional Documentation

Please attach the following documents to your application:

(Please note no Google Docs or screenshots accepted – must be PDF or Word file)

- ☐ Copy of your official audited transcript from The Office of Higher Education. This must come directly from OHE to the school. We will not accept a transcript sent by the student.

The following is required and will be accepted if results are within ONE YEAR:

- ☐ Copy of background check
- ☐ Copy of toxicology screening
- ☐ Physical and immunizations, including Covid vaccination and booster.

If the above is **not** within one year, you must provide us with current documents per below:

- Background checks through **CastleBranch** (Cost is \$64).
 - Drug screenings through Griffin's **Occupational Medicine** (Cost is \$45).
 - Student Health Form
- Please refer to additional downloads on teach-out web page for instructions for the above.*

Part 4: 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.**