

Practical Nursing Program Application OHE Qualified Teachout Student

Part 1: 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 | State | Zip Code |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Contact: | Phone | E-mail address | |
| Emergency Contact: | Phone | Relationship | First & Last Name |

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.

Part 4: Attestation, Consent, and Signature

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

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

I understand that before my application is finalized and I can be enrolled in the program, I will be required to complete a drug screening through Griffin's Occupational Medicine Center, submit a completed student health form, and provide documentation of a completed physical exam within the past year. I also understand that all immunizations required by the Griffin Hospital School of Allied Health Careers must be up-to-date, including my vaccination and/or booster for COVID-19. By signing below, I am providing my consent to the Griffin School of Allied Health Careers to initiate a background check and take other steps necessary for my application to be considered.

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.**