**Practical Nursing Program Application**

**Part I: Application Requirements:**

> 18 years of age at time of program start

Diploma or highest degree earned

Completed *Practical Nursing Program Application*

Application fee $100.00 (non-refundable) **Application will not be reviewed until fee is paid.**

Online applications only, no handwritten applications will be accepted. Application is fill-in. Please reach out if you need assistance.

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 screening, drug/toxicity screening and the background check.

**Part 2: Applicant Information:**

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

**Part 3: 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:** Information gathered here is for data collection purposes only. The 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 4: Education**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **High/Secondary School:** | | | | Name of School | | | | | **Address:** | | | | School Address | | | |
| **From:** | Click to enter a date | | **To:** | | Click to enter a 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 | | | | | |
| **From:** | Click to enter a date | | **To:** | | Click to enter a 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 | | | | |
| **From:** | Click to enter a date | | **To:** | | Click to enter a 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*

**Part 5: 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.*

**Part 6: 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.

**Part 7: Additional Documentation**

Please attach the following documents to your application:

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

Professional Resume

Copy of diploma for any currently held degrees including high school diploma/GED

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

All of the above documentation **must** be included in one email along with this application.

**Part 8: Application Fee**

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

**Please note: your application will be marked “incomplete” until all paperwork requested is sent in.**

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

Credit card (please call 203.732.1276, Press 1 for PN program (to pay over the phone)

Cash (please pay in person)

Check (please pay in person or mail to the address below):

Griffin Hospital School of Allied Health Careers

Practical Nursing Program

1186 New Haven Road

Naugatuck, CT 06770

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

**Part 9: 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 Griffin Hospital 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.**