

Phillips Beth Israel School of Nursing

Application for Admission

Admissions Policy

Applicants are selected following a comprehensive evaluation of their previous academic achievement and potential aptitude, standardized test scores, interviews and recommendations. Complete admission criteria are delineated in the School catalog and online at www.futurenursebi.org. Students are admitted without regard to age, race, color, sex, religion, ethnic origin, marital status, sexual preference, veteran status, or qualified disability.

How to Apply

1. Complete this application form, including the personal essay, and return it to:
Chairperson, Admissions Committee
Phillips Beth Israel School of Nursing
776 Sixth Avenue, Suite 4A
New York, New York 10001
Admission Office phone number (212) 614-6114
Deadline to submit your application: March 1st.
2. Attach the \$50 non-refundable application fee. Make the money order payable to: Phillips Beth Israel School of Nursing
3. Submit the following documents along with your application, as a portfolio, mailed directly to the Office of Admissions:
 - a. Official transcript of your high school record
Or, if you have received a General Equivalency Diploma, please send a copy of your scores, your diploma and a transcript of any college credits for which the G.E.D. was awarded. If you received your high school diploma outside of the U.S.A., your documents should be evaluated by a credentialing agency.
 - b. Official transcripts from the Registrar's Office of each college or post-secondary institution you attended.
 - c. Two letters of recommendation (academic and/or employment) on official letterhead stationary.
4. Scores from the National League of Nursing's Pre-admission R.N. Examination are required. Test results will be sent directly to the School from the NLN. Test scores are valid for a two year period.
5. It is your responsibility to ensure that the School has received all pertinent documents and that your application is complete by April 1st.

Admission Procedure

1. When all of the appropriate academic documents have been received, your application will be reviewed. The most qualified applicants meeting academic criteria will be called for a personal interview.
2. Your application and all pertinent documentation will then be submitted to the Admissions Committee for consideration and recommendation.
3. Applications received after the March 1st deadline cannot be guaranteed consideration for Fall admission, and all documents needed to complete your application portfolio must be received by April 1st. Candidates for the evening program beginning in January must follow the same timeframe.
4. A medical examination and appropriate immunizations by the Beth Israel Medical Center health service physician are required of all accepted students. A background check and toxicology screening are also required.

Name Mr. Ms.

Last Name First Name Middle Initial

List other last name(s) that may appear on documents:

Address & Telephone

Number Street Apt. No.

City State Zip Code

Home Telephone Cell Phone Work Telephone

E-mail Address:

Date of Birth

Month Day Year

Present Immigration Status

- US Citizen
- Permanent Resident Alien
- Permanent Resident No:
- Other (specify) F-1, H-1, H-4 etc.

If you are an International Student:

1) _____
Your country of birth Your native language

2) _____
Additional languages spoken

3) Complete addendum to Application for Admission form
"Confidential Declaration and Certificate of Finance"

Social Security #

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I am applying for:

- 2 Year Nursing Option Traditional schedule
- 2 Year Nursing Option ATOP schedule
- 3 Year Option
- 2 Year Nursing Option Evening schedule

High School Information or GED

Name of School Attended _____

How did you learn about the Phillips Beth Israel School of Nursing?

- Web
- Alumni
- Friend/Relative
- Other (describe) _____

What was the primary reason for your decision to apply?

- Program's reputation
- Recommendation from alumni/students
- School's location
- Scheduling flexibility
- Qualified/dedicated staff
- Ability to transfer credits
- Extensive clinical experience
- School's size
- NYS NCLEX-RN Exam Pass Rates

Have you previously applied to this school? Yes No
If "yes", when? _____ were you accepted? Yes No

Explain: _____

The National League for Nursing Pre-Admission Exam

What is the date of your scheduled NLN exam? _____

Note: You must allow three (3) weeks for the School to receive your test scores.

Family Data

Contact Person

(to be called if we are unable to reach you)

Name	Relationship	Telephone No.
Number	Street	Apt. No.
City	State	Zip Code

Optional Information:

Spouse (if applicable)	Last Name	First Name	Middle Initial	Occupation
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Number of Children (if applicable)	Number	_____	Ages	_____
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Number of Household Members

Dependents

List names, ages and relationships of all persons dependent on you for financial support.

Name	_____	Age	_____	Relationship	_____
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Name	_____	Age	_____	Relationship	_____
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Name	_____	Age	_____	Relationship	_____
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References

List two persons, not including relatives, who know your capabilities and can give information about you (e.g., teacher, counselor, employer). Arrange to have these two persons send a letter of recommendation directly to the Chairperson of the Admissions Committee at the School of Nursing, or submit the letter (in a sealed envelope) along with your portfolio.

Name	Position/Title
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Address

Name	Position/Title
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Address

Essay

Attach, on a separate sheet, an essay of at least 250 words describing:

- What factors influenced your decision to choose nursing as a career?
 - What are your plans for the future in nursing?
 - What accommodations have you made in your life to prepare for the nursing program?
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Other Data

If you answer "yes" to the following question, please explain your answer on a separate sheet of paper, appended to this application.

Have you ever been convicted of a felony? Yes No

NOTE: If you have been convicted of a felony, your application for New York State licensure will require special review and may not be approved.

Signature of Applicant

I acknowledge that the information submitted is true, complete, and correct, and I hereby authorize verification of this data as required by the School of Nursing.

Signature

Date

If the information submitted herewith is found to be untrue, incomplete or incorrect, I understand that I may be dismissed from the program or my application may be invalidated.