



**Joseph F. McCloskey School of Nursing**

420 South Jackson Street  
Pottsville, PA 17901

Telephone: (570) 621-5027

email: Sonadmissions@lvhn.org

www.schuylkillhealthschoolofnursing.com

**APPLICATION FOR ADMISSION**

Please check one choice:

\_\_\_\_\_ A \$50.00 application fee is attached.

\_\_\_\_\_ I'm entitled to an employee waiver\* ( Name of Lehigh Valley Health Network Employee \_\_\_\_\_ )

\_\_\_\_\_ I'm entitled to a hardship waiver according to the SAT Program Fee Waiver Service (attached)

**\*Note: Application fee will be waived if you are an employee of Lehigh Valley Health Network or an immediate family member of an employee (mother, father, son, daughter or spouse)**

**You are urged to give careful consideration to each question on this form. It is your advantage to fill out this application completely and return it promptly to the School of Nursing. Please print in ink or type all information.**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no, non-citizens must show original permanent resident card (I-551) for photocopying to maintain on file. Also, applicant must obtain a G639 form from the Department of Homeland Security.*

Is English your first language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If English is not your first language, you must submit TOEFL (Test of English as a Foreign Language) scores at the time of application.

Mr.

Ms.

Mrs.

Name: \_\_\_\_\_  
First Middle Last

List all previous last names (if applicable) \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ e-mail address (optional) \_\_\_\_\_

Alternate contact information: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cell phone: \_\_\_\_\_



Have you previously applied for admission to this School?

\_\_\_\_ Yes    \_\_\_\_ No                      Date \_\_\_\_\_

When do you desire to enter School? \_\_\_\_\_

**Required Essay: Please Attach**

On an 8 1/2" x 11" sheet of plain paper, please **type** your full name, and an account of your:

- (1) Experiences and activities since you last attended school if more than six months have elapsed;
- (2) Reasons for selecting nursing as a career;
- (3) Reasons for choosing the Joseph F. McCloskey School of Nursing;
- (4) Future plans and goals for your Professional Nursing Career.

**This is an important part of your application.**

Have you ever been convicted\* of a crime, felony, or misdemeanor and/or do you currently have any criminal charges pending and unresolved in any court?     Yes     No

Have you ever been convicted\* of any crime associated with alcohol or drugs?     Yes     No

*\*Conviction includes judgement, found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial, or ARD.*

The "Professional Nursing Law" of Pennsylvania (No. 1985-109, Section 6) specifies that all applicants for licensure to practice nursing may be denied a license or the privilege of sitting for the licensing examination if they have been convicted of a felony or other crime. Personal concerns regarding this position should be directed to the State Board of Nursing in Harrisburg, Pennsylvania (717-783-7142) before completing this application.

\*By signing this application, I am agreeing to grant permission for the Administration and Committee on Admissions, Promotion and Graduation of the School of Nursing to review all pertinent materials in my file. I understand the School of Nursing will abide by the Family Educational Rights and Privacy Act of 1974.

**I certify that all of the information provided is complete, correct and honestly presented. I understand that any incomplete, incorrect or false statement will result in immediate denial, or revocation of admission and dismissal from the school.**

\_\_\_\_\_  
(Signature)

Admission to the Joseph F. McCloskey School of Nursing is open to any qualified candidate regardless of race, creed, color, national origin, religion, age, sex, marital status, socio-economic status, handicap, or life style.

The Joseph F. McCloskey School of Nursing is approved by the Pennsylvania State Board of Nursing and nationally accredited by the Accreditation Commission for Education in Nursing (ACEN).