

Mount Carmel College of Nursing
Application for Admission
Master of Science Program
2011-12 Academic Year

dream

master of science program



a
career
in
nursing



MOUNT CARMEL
College of Nursing



www.mccn.edu

Mount Carmel College of Nursing Graduate Program Admissions

Thank you for your interest in applying for admission to the Master's Program option for registered nurses at Mount Carmel College of Nursing. Your application can be considered when the required information has been provided.

Mount Carmel now offers a Master's Program with multiple tracks:

- ✓ **NEW Family Nurse Practitioner (FNP) Program**
- ✓ **Adult Health – leading to Clinical Nurse Specialist (CNS)**
- ✓ **Nursing Administration**
- ✓ **Nursing Education**

Please refer to the specific program track curriculum located on the enclosed inserts.

CONTACT US TODAY!

Send all inquiries and admission materials to:



Mount Carmel College of Nursing
Kip Sexton, MS, RN
Graduate Advisor
127 South Davis Avenue, Columbus, Ohio 43222
E-mail: esexton@mchs.com
(614) 234-5169 toll-free 1-800-556-6942
Fax: 614-234-5427
www.mccn.edu

dream it. dare it. do it.

Mount Carmel College of Nursing is an equal opportunity educational institution.



MOUNT CARMEL COLLEGE OF NURSING
MASTER OF SCIENCE PROGRAM ADMISSION APPLICATION

PLEASE SELECT GRADUATE TRACK: (check one) ENTERING SEMESTER/SESSION: (check one)

- FAMILY NURSE PRACTITIONER (FNP)
CLINICAL NURSE SPECIALIST (CNS)
NURSING ADMINISTRATION
NURSING EDUCATION
FALL SEMESTER (August)
SPRING SEMESTER (January)
SUMMER SESSION (May)

HAVE YOU EVER APPLIED TO MOUNT CARMEL COLLEGE OF NURSING (MCCN) IN THE PAST?

- NO
YES Year _____ (If you previously applied and paid your application fee, it is not required again.)

SOCIAL SECURITY NUMBER _____ - _____ - _____

LAST NAME PREVIOUS NAME (S) if any

FIRST NAME MIDDLE NAME SUFFIX (e.g. Jr., II)

LOCAL ADDRESS

CITY STATE ZIP

PERMANENT ADDRESS (If different from local address)

APARTMENT NUMBER P.O. BOX NUMBER

CITY STATE ZIP

COUNTY OF PERMANENT RESIDENCE COUNTRY (IF OTHER THAN USA)

EMAIL ADDRESS

HOME PHONE WORK PHONE

CELL PHONE

(TEAR HERE AND KEEP PAGE FOR REFERENCE)

FOR REPORTING PURPOSES ONLY:
MARITAL STATUS:

- Unmarried Married

GENDER:

- Male Female

DATE OF BIRTH:

_____/_____/_____

RACE/ETHNICITY:

MCCN is asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college community, to describe the racial/ethnic backgrounds of our students. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?

- Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Pacific Islander
White

RELIGIOUS AFFILIATION:

Please check one:

- Buddhist Muslim
Catholic Protestant
Greek Orthodox Other
Hindu No Affiliation
Jewish

Would you like to receive the forms for financial assistance consideration? Please note: Need-based financial assistance is only available to U.S. Citizens and Permanent Residents.

- Yes No

LEGACY STATUS:

Are any family members MCCN Alumni?

- Yes No

If so, please list name(s):

ARE YOU A (PLEASE CHECK ONE):

- U.S. CITIZEN PERMANENT RESIDENT (provide copy of card)
NON-RESIDENT ALIEN (Visa type and date of entry to U.S.) _____

(Mount Carmel College of Nursing does not issue an I-20).

WHICH FACTOR MOST INFLUENCED YOUR DECISION TO APPLY TO MOUNT CARMEL? (CHOOSE ONE)

- ACADEMIC CURRICULUM CONTACT WITH CURRENT STUDENTS CONTACT WITH ALUMNI
LOCATION OF CAMPUS CATHOLIC COLLEGE OVERALL REPUTATION
OTHER _____

EMPLOYMENT

MAY WE CONTACT YOU AT WORK? YES NO SHIFT: DAY EVENING NIGHT

EMPLOYER'S NAME DEPARTMENT/POSITION

CITY STATE ZIP

TELEPHONE FAX

EMERGENCY CONTACT INFORMATION

In case of an emergency please contact:

NAME RELATIONSHIP TO APPLICANT

WORK PHONE HOME PHONE CELL PHONE EMAIL ADDRESS



ACADEMIC INFORMATION

RN LICENSURE: Ohio # _____

LIST ANY OTHER STATES OF ACTIVE LICENSURE _____

COLLEGE WHERE YOU RECEIVED YOUR BACCALAUREATE IN NURSING _____

YEAR OF GRADUATION _____

ADDITIONAL ACADEMIC EXPERIENCE

List ALL OTHER colleges attended at which you have taken courses for credit, beginning with the most recent. Attach additional sheets as needed.

Institution (Please list all institutions)	City/State	First-Last Dates of Attendance	Degree Earned
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____
_____	_____/_____	_____-_____-_____	_____

MUST CHECK ONE FOR EACH QUESTION:

Yes **No** The law regulating the practice of nursing states that the Ohio Board of Nursing may deny a convicted felon a license or the privilege of sitting for the examination [Section 4723.28 of the Revised Code]. Do you have a felony conviction record?

Yes **No** In addition, certain clinical agencies may deny clinical access to persons convicted of specific misdemeanors. Do you have a misdemeanor conviction record?

MUST BE READ AND SIGNED: I certify that I have provided accurate information in this application and that the essay and other materials submitted are my original/official work. I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the refusal of admission consideration, cancellation of admission and/or dismissal from the college. If I am admitted to Mount Carmel College of Nursing (MCCN), I understand and agree that the College may rescind my admission at any time prior to my enrollment in the event that I should engage in conduct or behavior which, in the judgment of the administration, would constitute a violation of the College's Code of Conduct. I agree that all information supplied in this application and in any documents received in connection with this application becomes and shall remain the property of MCCN and, except as required by law, I shall have no rights with respect to such documents or to the information contained therein. The college also reserves the right to revoke any degree or certification that it may have awarded in reliance on any information contained in my application materials for admission if it subsequently transpires that this information was fraudulent misrepresentation of fact.

Applicant's Signature (Required) _____ Date _____

Mount Carmel College of Nursing believes that certain functional abilities and performance standards are necessary for the safe practice of professional nursing. These include:

- the ability to see, hear, touch, smell and distinguish colors
- the ability to speak and write with accuracy, clarity and efficiency
- manual dexterity (gross and fine movements)
- the ability to learn, think critically, analyze, assess, solve problems, and reach judgement
- emotional stability and the ability to accept responsibility and accountability

Students will need to demonstrate satisfactory application of these functions and competencies during their course of study in nursing. Students should consider their ability to demonstrate these functions and competencies when applying for admission to Mount Carmel College of Nursing.