

Mount Carmel College of Nursing
Application for Admission
Second Degree Accelerated Program
2013-14 Academic Year

dream

second degree
accelerated program

+

a
career
in
nursing





Mount Carmel College of Nursing Second Degree Accelerated Program Admission Procedures

Thank you for your interest in applying for admission to the Second Degree Accelerated Undergraduate Program designed for those who have completed a baccalaureate or higher degree in a field other than nursing. This is a full-time program that will take 13 months to complete following completion of all prerequisites. **A cumulative GPA of 3.0 is required at application deadline** to apply to the Second Degree Accelerated Program. Applications are accepted February 1, 2012 through May 31, 2012. All application materials must be received by May 31, 2012 for your application to be considered for admission. Incomplete applications will not be considered for admission. Your baccalaureate degree must be conferred by June 30, 2012.

Admission Requirements:

- Completed baccalaureate or higher degree from a regionally accredited institution*
- Official transcripts from all colleges or/universities attended
- Official High School transcript
- **Minimum 3.0 cumulative grade point average (GPA) by application deadline from all colleges or/universities attended**
- Face-to-face or phone interview for qualified applicants (at the discretion of the admissions committee)
- TOEFL score of 550 (paper based), 213 (computer based) or 79 (new internet based) for ESL students
- Recommended minimum Science GPA of 3.0
- \$30 non-refundable application fee
- Completion of the following prerequisites:
Prerequisites are not required to be completed prior to submitting the application but must be completed prior to January 2, 2013.
- Anatomy and Physiology I and II**
- Microbiology**
- Organic Biochemistry**
- Human Nutrition**
- Human Growth & Development
- Statistics
- Comparative Religion Course
- English Composition
- General Psychology
- Introduction to Sociology
- Humanities/Social Science Electives (5 semester hours)

*If the College Degree is earned from an institution of higher education outside the United States, the applicant must contact the World Education Services for an evaluation as to equivalency degree in the United States. (www.wes.org)

** Science courses must be completed within five years of January 2, 2013. Proficiency testing for science courses is available.

Additional materials to be submitted prior to enrollment:

- Current professional-level CPR Certification (American Heart Association or American Red Cross)
- Completed institutional health requirements
- Criminal background check (state and federal)

NOTE: The Admission Committee reserves the right to require additional information.

Submit the Following Documents to Complete the Application Process:

- **APPLICATION FOR ADMISSION:** Complete and sign.
An incomplete and/or unsigned application will be returned to the applicant.
- **APPLICATION FEE:** Non-refundable, one-time \$30 application fee (check or money order made payable to Mount Carmel College of Nursing) must accompany application.
- **ESSAY (Typed):** In 300 total words or less answer the following question: 1) As a future nurse, what do you think you will contribute to nursing?
- **HIGH SCHOOL/COLLEGE/UNIVERSITY TRANSCRIPT:** Contact each high school/college/university attended to request that an official transcript be sent to MCCN. No copies or faxed transcripts will be accepted.
- **ACTIVITIES/INTERESTS RESUME:** Please include a typed document highlighting employment, community service, athletics, hobbies, interests, honors and awards.
- **COPY OF VISA OR PERMANENT RESIDENT CARD AND TOEFL SCORES:** (if applicable).

NOTE: All applicants will be notified in writing once all of the application materials have been received.

CONTACT US TODAY!



Send all inquiries and admission materials to:

Office of Admissions/Second Degree Accelerated Program
Mount Carmel College of Nursing
127 South Davis Avenue, Columbus, Ohio 43222
614-234-1085 or toll-free 1-800-556-6942
Fax: 614-234-5427
E-mail: admissions@mccn.edu
www.mccn.edu

If you have any questions about the admission process please visit our website www.mccn.edu, e-mail us (admissions@mccn.edu) or call us at 614-234-1085 or 800-556-6942. The Office of Recruitment & Admissions is open Monday through Friday between 9:00 a.m. and 5:00 p.m.

**MOUNT CARMEL COLLEGE OF NURSING
SECOND DEGREE ACCELERATED ADMISSION APPLICATION**

The 13 month Second Degree Accelerated Program always begins in January.

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 _____

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 _____

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):



EDUCATION

High School _____ Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Counselor _____ Month/Year of Graduation _____

COLLEGE/UNIVERSITY INFORMATION:

If you are attending, have attended and/or graduated from a college or university, please complete the following:
(Reminder: You must have received at least a baccalaureate degree prior to enrollment in the Second Degree Accelerated Program)

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

COURSE ENROLLMENT:

Please list all courses you are currently taking and/or planning to take before your planned semester of enrollment at Mount Carmel College of Nursing. If you make any changes or modifications to this list once you have submitted it, you must notify us immediately in writing (letter, fax, or e-r of the changes. Failure to do so may jeopardize your enrollment at Mount Carmel.

Course Number (ex. Bio 101)	Title of Course (ex. Intro to Bio)	Term/Quarter/Semester (ex. Fall, 2010)	College/University Name (ex. Empire College)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: If you have taken, are currently taking, or planning to take any nursing classes, you may be required to submit a course description an syllabus for each nursing course. If necessary attach paper.

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.