MOUNT CARMEL COLLEGE OF NURSING

SECOND DEGREE ACCELERATED PROGRAM

2021-22 Application to MCCN

Please fill out the complete application.

□ The 13-month Second De □ Spring - 2021 □ S	and our own college community, to describe the aggregate racial/ethnic backgrounds of our students. In order to respond to these requests, we ask you to			
The 18-month Second De	gree Accelerated Progra	m-Hybrid	answer the following two questions:	
□ Spring - 2021 □ S □ Fall - 2021 □ F	Do you consider yourself to be Hispanic/ Latino? Yes No In addition, select one or more of the			
HAVE YOU EVER APPLIED TO I (MCCN) IN THE PAST?	MOUNT CARMEL COLLEGE	OF NURSING	following racial categories to describe yourself:	
			American Indian or Alaska Native Asian	
YES Year(If you previou	sly applied and paid your applica	ition	Asian Black or African American	
fee, it is not required again.)			 Native Hawaiian or Pacific Islander White 	
SOCIAL SECURITY NUMBER			_ white	
			RELIGIOUS AFFILIATION: Please check one:	
LAST NAME	PREVIOUS NAME (S) if any		□ Buddhist □ Protestant □ Catholic □ Other □ Greek Orthodox □ No Affiliation	
FIRST NAME	MIDDLE NAME	SUFFIX (e.g. Jr., II)	☐ Hindu ☐ Jewish	
LOCAL ADDRESS			Would you like to receive the forms for financial assistance consideration? Please note: Need-based financial	
CITY	STATE	ZIP	assistance is only available to U.S. Citizens and Permanent Residents.	
PERMANENT ADDRESS (If different from lo	cal address)			
	·····		Are you a veteran? Yes No Branch of Service	
APARTMENT NUMBER	P.O. BOX NUMBER		Are you an eligible dependent of a veteran?	
A A A A A A A A A A A A A A A A A A A	1.0. DOX NONDER		□ Yes □ No	
CITY	STATE	ZIP	Are you currently on active duty? Service Dates To From Exit Status	
		<u>.</u>	National Guard 🛛 Yes 🗌 No	
COUNTY OF PERMANENT RESIDENCE	COUNTRY (IF OTHER THAN USA	()	Reserves 🗌 Yes 🗌 No	
EMAIL ADDRESS			LEGACY STATUS: Are any family members MCCN Alumni?	
			🗆 Yes 🗌 No	
HOME PHONE	WORK PHONE		If so, please list name(s):	
CELL PHONE	FAX			

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, munity, to acial/ethnic ents. In order to s, we ask you to questions:

to be Hispanic/

American Indian or Alaska Native
Asian
Black or African American

BI	ac	k	or	A	tri	са	n.	Ar	ne	eri	ca	r

ARE YOU A (PLEASE CHECK ONE):							
U.S. CITIZEN	U.S. CITIZEN PERMANENT RESIDENT (provide copy of card)						
	LIEN (Visa type and date of entry to U.S	5.)					
(Mount Carmel Coll	ege of Nursing does not issue an I-20).						
WHICH FACTOR MOS	T INFLUENCED YOUR DECISION TO APPLY	TO MOUNT CARMEL? (CHOOSE O	NE)				
ACADEMIC CURR	ICULUM	TUDENTS 🗌 CONTACT WITH AI	UMNI				
	MPUS 🗌 CATHOLIC COLLEGE 🗌 OVE	RALL REPUTATION					
TESTING							
\Box Test of English as a F	oreign Language (TOEFL) Date 1	Date 2	Date 3				
Admission to MCCN							
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
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If necessary attach paper.

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-mail) 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, 2019)	College/University Name (ex. Empire College)

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.



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. You may also pay online with a credit card or over the phone.
- 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.
- ACTIVITES/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 by e-mail once all of the application materials have been received.



127 South Davis Avenue, Columbus, Ohio 43222 614.234.4CON or toll-free 1.800.556.6942 Fax: 614.234.5427 Email: admissions@mccn.edu www.mccn.edu

Mount Carmel College of Nursing does not discriminate on the basis of race, creed, color, national origin (ancestry), religion, sex (including sexual harassment), veteran status, age (40 years old or more), weight, height, marital status (past, present, or future), sexual orientation, gender identity, genetic makeup/information, disability or any other class protected by law in the administration of its admission or academic policies, financial aid, scholarship program, or any other programs. The complete nondiscrimination notice and Title IX compliance contact information can be found at <u>www.mcc.nedu/equity</u>

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