

**Elmhurst College
Department of Nursing
Application for Admission**

In keeping with the mission of Elmhurst College, we are a collaborative learning community that educates baccalaureate and graduate students for professional practice, leadership, and scholarship who contribute to complex health care systems that serve diverse individuals, families and communities

Term for which you are seeking admission: Fall 20_____

last four digits of social security number: _____

e number (for current students): _____

name: _____
last first middle (maiden, if it appears on transcripts)

current address: _____
street address city state zip

telephone: _____ **cell phone** _____ **campus phone:** _____

email: _____ **campus mail box:** _____

Have you ever been refused admission to the nursing program at Elmhurst College or at another college or university? (check one) YES* NO

*If yes, provide details in an attached letter to the Undergraduate Pre-licensure Director of the Department of Nursing. Additional documentation is required.

Submit the following documents with this application:		
<input type="checkbox"/>	Signed Verification of Health Requirements form	Return all application materials to: Elmhurst College Department of Nursing 190 Prospect Avenue Elmhurst, IL 60126 For further information, contact Professor Laura Brennan Department of Nursing brennanl@elmhurst.edu 630-617-3513 Application due by the first day of spring term
<input type="checkbox"/>	Signed Verification of Truthfulness in Application to the Nursing Program form	
<input type="checkbox"/>	A one-page written personal statement	
<input type="checkbox"/>	Two (2) professor recommendations in sealed envelopes signed across the envelope flap	
<input type="checkbox"/>	Copies of every college transcript from every college attended (if EC student, copy of bluenet transcript)	
<input type="checkbox"/>	A copy of registration for all courses in progress	
<input type="checkbox"/>	If applicable, written recommendation(s) from the director(s) of all previous nursing program(s) attended	
<input type="checkbox"/>	If taken off EC campus, copy of Admission Assessment Exam scores	

Verification of Truthfulness in Application to the Nursing Program

name: _____

(please print)

last four digits of social security number: _____

Students in the nursing program are required abide by all policies published in the [STUDENT HANDBOOK](#) for the Prelicensure Option in the Baccalaureate Program, available on the college website.

At the completion of their studies, nursing graduates must apply to the Illinois Division of Professional Regulation for licensure as a registered nurse by examination. At the time of application, each graduate will be asked to answer the following questions and under penalties of perjury, declare that s/he has answered each question to the best of his/her knowledge, that the answers are true, correct, and complete. As of Aug 2016, the questions are as follows.

Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)?
Have you been convicted of a felony? If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board?
Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession?
Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?
Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position?
Are you more than 30 days delinquent in complying with a child support order?
Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

With my signature below, I certify the following:

- *If accepted into the nursing program, I am aware that I will be required to abide by all policies published in the [STUDENT HANDBOOK](#) for the Prelicensure Option in the Baccalaureate Program.*
- *I am aware that I will need to answer each of the above questions truthfully at the time of application for my RN license.*
- *All information provided in my application is complete, authentic, and accurate.*
- *My personal statement is original, written by me. It has not been submitted with another application or used in any coursework and was not adapted from any other source.*
- *I understand that providing incomplete, plagiarized, or false information in this application will result in disciplinary action as outlined by the [Elmhurst College Academic Integrity Policy](#) and/or denial of admission to or removal from the nursing program at Elmhurst College.*

Signature of applicant

Elmhurst College

Date

Verification of Health Requirements

name: _____

(please print)

Students must have adequate physical and mental health to participate in clinical. At the discretion of the Department of Nursing Director, before a student can participate in clinical, documentation from a healthcare provider approved by the Director of the Department of Nursing may be required for assurance the student can participate in clinical without restrictions. Additionally, it is the student's responsibility to inform clinical faculty of any change in health status during a clinical course.

The following requirements must be met by all students prior to the beginning of the first clinical course. Students will be given the appropriate forms to complete. All of these services and tests can be obtained through Student Health Services. Students unable to complete these requirements will not be allowed to continue in the undergraduate nursing program.

1. Health Record including immunization dates on file in Student Health Services.
2. Hepatitis B Vaccination (3 doses)
 - 1st Dose – Now
 - 2nd Dose – 1 month
 - 3rd Dose – 6 months
3. Hepatitis B Surface Antibody (anti-HBs) results, 1-2 months after series is completed.
 - If anti-HBs is at least 10 mIU/mL (positive), the person is immune. No further serologic testing or vaccination is recommended.
 - If anti-HBs is less than 10 mIU/mL (negative), the person is unprotected from hepatitis B virus (HBV) infection and must be revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
4. Immunity Titers documenting immunity for measles, mumps, rubella and varicella zoster (measles IgG, mumps IgG, rubella IgG, and varicella zoster IgG). Students who do not test positive for antibodies for any of these diseases are required to obtain a booster vaccination for that disease. No re-titer will be necessary
5. Tetanus/Diphtheria (Tdap) booster vaccination within the past 10 years.
6. Negative TB test (Mantoux 2 step), results (or chest x-ray for positive responders). The TB test must be repeated annually. 1 step is acceptable after the first year.

OR

1 step is acceptable when the student can provide documentation of history of negative annual results for the previous three years.
7. Annual flu vaccine, on the schedule required by clinical agency (September 4th thru October 24th)
8. Additional health requirements that are specified by a clinical agency where the student will be completing clinical.

Signature of applicant

Date

Letter of Recommendation



Department of Nursing
190 Prospect Avenue
Elmhurst, IL 60126-3296

630.617.3345 telephone
630.617.3736 fax
www.elmhurst.edu

Directions:

Two (2) letters of recommendation are required as part of the application for admission to a nursing program at Elmhurst College. Please request your recommendations from recent professors. No more than one recommendation may come from a science professor. Request that the professor return this form to you in a sealed envelope that has been signed across the envelope flap.

Part A: To be completed by applicant

name _____ last four digit of social security number or Elmhurst College ID # _____

address _____ city _____ state _____ zip _____

telephone (home) _____ cell phone _____ e-mail address _____

- I waive the right provided by the Family Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Elmhurst College.
- I do not wish to waive my right. I wish to retain my right to view this letter in my file at Elmhurst College.

signature of applicant _____ date _____

Part B: To be completed by recommender

Please rate the applicant on the following qualities:

	Excellent	Above Average	Average	Area for Growth	Cannot Rate
Skill in speaking in front of a group					
Writing skills on assignments, reports, etc.					
Consistency in producing high-quality academic/professional work					
Skill in working with others in a positive, productive manner					
Appreciation of and receptivity to diversity, innovation, and change					
Ethical behavior					
Leadership potential					
Commitment to nursing as a profession					

Please submit any additional comments (on the back or on a separate sheet) regarding your relationship to the applicant and your knowledge of the applicant's personal qualities, motivation, and ability to be successful in a nursing program at Elmhurst College.

Return this form to the applicant in a sealed envelope and signed across the envelope flap.

recommender signature _____ date _____

title/school _____

telephone number _____ e-mail address _____

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