



Phillips School of Nursing at Mount Sinai Beth Israel

Accelerated BSN Program

Application for Admission

Admissions Policy

Applicants are selected following a comprehensive evaluation of their previous academic achievement and potential aptitude, interviews and recommendations. Complete admission criteria are delineated in the School catalog and online at www.pbisn.edu. Students are admitted without regard to age, race, color, sex, religion, ethnic origin, marital status, sexual preference, veteran status, or qualified disability.

How to Apply

1. Complete this application form, including a writing sample (copy of college term paper), and return it to:
Chairperson, Admissions Committee
Phillips School of Nursing at MSBI
776 Sixth Avenue, Suite 4A
New York, NY 10001
Admission Office phone number (212) 614-6114
Deadline to submit your application: November 1st (for Spring Institute); March 1st (for Summer ABSN start)
2. Attach the \$50 non-refundable application fee. Make the money order payable to: Phillips School of Nursing at MSBI.
3. Submit the following documents along with your application, as a portfolio, mailed directly to the Office of Admissions:
 - Official transcripts from each college or post-secondary institution you attended
 - Two letters of recommendation (academic and/or employment) on official letterhead stationery
 - Writing sample
4. It is your responsibility to ensure that the School has received all pertinent documents and that your application is complete by November 15th.

NOTE: This program is **ONLY** open to students possessing a baccalaureate degree (from US or foreign country) in another discipline/major.

Admission Procedure

1. When all of the appropriate academic documents have been received, your application will be reviewed. The most qualified applicants meeting academic criteria will be given priority status.
2. Your application and all pertinent documentation will then be submitted to the Admissions Committee for consideration and recommendation.
3. Applications received after the November 1st deadline cannot be guaranteed consideration for Spring admission, and all documents needed to complete your application portfolio must be received by November 15th.
4. A medical examination and appropriate immunizations by the Mount Sinai Beth Israel Employee Health Services physician are required of all accepted students. A background check and toxicology screening are also required.

Name Mr. Ms.

Last Name First Name Middle Initial

List other last name(s) that may appear on documents:

Address & Telephone

Number Street Apt. No.

City State Zip Code

Home Telephone Cell Phone Work Telephone

E-mail Address:

Date of Birth

Month Day Year

Present Immigration Status: US Citizen Permanent Resident Alien
 Permanent Resident No.
 Other (specify) F-1, H-1, H-4 etc.

If you are an International Student:

1) _____
Your country of birth Your native language

2) _____
Additional languages spoken

3) Complete addendum to Application for Admission
From "Confidential Declaration and Certificate of Finance"

Social Security #

____ - ____ - _____ (optional) **note:** The SS# is needed if applying for financial aid

High School Information or GED

Name of School Attended _____

Location of School _____

City State Country

Years attended Date of Graduation

I have a GED (copy included with this application)

College Information Name of Institution State Dates Attended/Graduated Degree Earned cum GPA

List all current and past college(s) and/or nursing programs attended in order of attendance (List most recently attended college first)

1. _____
2. _____
3. _____
4. _____

Remember: Have your official transcript(s) sent to the School of Nursing; transfer credit will not be awarded if the college is not listed here prior to admission to our School. In addition, withholding information or giving false information about prior post- secondary institutions attended subjects the applicant to ineligibility for admission to the program and/or dismissal from the program.

Honors, Awards, Activities

List high school and/or college honors or awards you have received, along with significant school and/or community activities:

Work Experience/

Dates (Mo. & Yr.) From/To Job Title Employer Location City & State

Beginning with the most recent, indicate any full-time or part-time employment or military service:

Have you served in the United States Armed Forces? Yes No

If "yes", please attach the copy of your discharge papers that indicates your dates of service.

How did you learn about the Phillips School of Nursing at MSBI?

Web/Social Media Alumnae Friend/Relative Other (describe) _____

What was the primary reason for your decision to apply?

- Program's reputation Recommendation from alumni/students School's location Scheduling flexibility
- Qualified/dedicated staff Ability to transfer credits Extensive clinical experience Other _____

Have you previously applied to this school?

If "yes", when? _____ Were you accepted? Yes No

Explain: _____

Emergency Contact Person

(to be called if we are
unable to reach you)

Name

Relationship

Telephone No.

References

List two persons, not including relatives, who know your capabilities and can give information about you (e.g., teacher, counselor, employer). Arrange to have these two persons send a letter of recommendation directly to the Chairperson of the Admissions Committee at the School of Nursing, or submit the letter (in a sealed envelope) along with your portfolio.

1.

Name

Position/Title

Address

2.

Name

Position/Title

Address

Other Data

If you answer "yes" to the following question, please explain your answer on a separate sheet of paper, appended to this application.

Have you ever been convicted of a felony? Yes No

NOTE: If you have been convicted of a felony, your application for New York State Licensure will require special review and may not be approved.

Signature of Applicant

I acknowledge that the information submitted is true, complete, and correct, and I hereby authorize verification of this data as required by the School of Nursing.

Signature

Date

Note:

If the information submitted herewith is found to be untrue, incomplete or incorrect, I understand that I may be dismissed from the program or my application may be invalidated.