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 the personal essay, and return it to:
   Chairperson, Admissions Committee
   Phillips School of Nursing at MSBI
   776 Sixth Avenue, Suite 4A
   New York, New York 10001
   Admission Office phone number (212) 614-6114
   Deadline to submit your application: March 1st.
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 transcript of your high school record. If you have received a General Equivalency Diploma, please send a copy of your scores and your diploma. If you received your high school diploma outside of the U.S.A., your documents should be evaluated by a credentialing agency
   □ Official transcripts from each college or post-secondary institution you attended
   □ Two letters of recommendation (academic and/or employment) on official letterhead stationery.
4. Scores from the HESI Admissions Assessment (A2) Examination are required. Test scores are valid for a two year period.
5. It is your responsibility to ensure that the School has received all pertinent documents and that your application is complete by April 1st.

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 March 1st deadline cannot be guaranteed consideration for Fall admission, and all documents needed to complete your application portfolio must be received by April 1st.
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.

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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List other last name(s) that may appear on documents:

**Address & Telephone**

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<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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| Home Telephone | Cell Phone | Work Telephone |

E-mail Address: ________________________________________________

**Date of Birth**

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<th>Month</th>
<th>Day</th>
<th>Year</th>
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**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

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<tr>
<th>City</th>
<th>State</th>
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<tr>
<th>Years attended</th>
<th>Date of Graduation</th>
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□ I have a GED (copy included with this application)
### College Information

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<tr>
<th>Name of Institution</th>
<th>State</th>
<th>Dates Attended/Graduated</th>
<th>Degree Earned</th>
<th>cum GPA</th>
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List all current and past college(s) and/or nursing programs attended in order of attendance (List most recently attended college first)

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/

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

<table>
<thead>
<tr>
<th>Dates (Mo. &amp; Yr.) From/To</th>
<th>Job Title</th>
<th>Employer</th>
<th>Location City &amp; State</th>
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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  ☐ School size

Have you previously applied to this school?  ☐ Yes  ☐ No
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

Essay
Attach, on a separate sheet, an essay of at least 250 words describing:
● What factors influenced your decision to choose nursing as a career?
● What are your plans for the future in nursing?
● What accommodations have you made in your life to prepare for a fast track/full time nursing program?

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.