



Phillips School of Nursing at Mount Sinai Beth Israel

RN-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 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
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
 - Copy of RN license (free from restrictions and limitations)
 - Resumé – your current resumé outlining your varied experiences
 - Statement of purpose. Your essay should be no longer than 2 double spaced pages (8½ x 11) addressing the following topics:
 - your interest in the RN to BSN program at the Phillips Beth Israel School of Nursing
 - your characteristics, experiences, abilities and plan that will enhance your ability to be successful in the RN to BSN program
 - any additional information you feel is important for admission to the program
 - Documentation of current professional liability (malpractice) insurance
 - Two letters of recommendation (academic and/or employment) on official letterhead stationery.
 - Copy of current CPR for Healthcare Providers card (front and back)
4. It is your responsibility to ensure that the School has received all pertinent documents and that your application is complete. Applications will be received throughout the year since students are admitted every semester.

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. A medical examination and appropriate immunizations by the Beth Israel Medical Center health service 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

Social Security #

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I am applying for:

Fall semester admission **or** Spring semester admission
 Full-time studies Part-time studies

Licensure: RN license # _____

State _____

NCLEX pending

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

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

or submit current resumé Have you served in the United States Armed Forces? Yes No
If "yes", please attach the copy of your discharge papers that indicate your dates of service.

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

- Website/Social Media Alumni 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: _____

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.

Name	Position/Title	Address
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