



Application for Admission – Practical Nursing Program

- Please enclose a \$100 (non-refundable) Application Fee along with this application. Please make check and/or money order payable to: Dotlen Academy of Science. Send your application: ATTN. Admission Office, 105 East Main Street, Norristown, PA 19401.
 - Applications to Dotlen Academy of Science programs are selected in accordance with nondiscriminatory practices.
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You are encouraged to give careful consideration to each question on this form. Please fill out this application completely and return promptly to Dotlen Academy of Science.

Please print or type information:

Date: _____

Name: (First) _____ **(Middle)** _____ **(Last)** _____

Previous Name (if applicable): _____

SSN: _____

Address:
(Street) _____

(City) _____ **(State)** _____ **(Zip)** _____

Have you resided at the above-mentioned address for at least two years or more? Yes ___ **No** ___
If not, please provide your previous address:

Phone Number:
(Home) _____ **(Cell)** _____

Email: _____ Date of Birth _____

Emergency Contact :(Name) _____ (Phone) _____

Are you a U.S. citizen? Yes ___ No ___

If no, do you have a permanent resident card? Yes ___ No ___

Card Number: _____

Please provide a copy of your Permanent Resident Card or Visa with your application

Will you be receiving?

US Veterans benefits? Yes ___ No ___

Unemployment Compensation benefits for educational re-training during attendance: Yes ___ No ___

Have you applied for education funding through Career Link, if applicable: Yes ___ No ___

Will you be applying for financial assistance while in attendance? Yes ___ No ___

Are you in default or overpayment on any previous student loans? Yes ___ No ___

How did you hear about our program? Please put a check mark on any of the following that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Television | <input type="checkbox"/> Open House | <input type="checkbox"/> Friend/ Family/ Coworker |
| <input type="checkbox"/> High School Visit | <input type="checkbox"/> Current Student | <input type="checkbox"/> Website |
| <input type="checkbox"/> Clinical Experience | <input type="checkbox"/> Alumnus | <input type="checkbox"/> Other |

Have you ever taken the TEAS/ or nursing entrance examination? Yes ___ No ___ If so, please list:

Nursing: (Name of exam) _____ Score _____

Have you ever applied to Dotlen Academy of Science? Yes ___ No ___ Program _____

If yes, when? _____

Have you attended a nursing program before? Yes ___ No ___

If yes, please check type: ___ BSN ___ ADN ___ Diploma ___ LPN

Program Name: _____ Dates: _____

Where: _____ Reason for leaving: _____

Have you ever pled guilty or been convicted of a crime? Yes ___ No ___

If yes, please describe ALL offenses with date(s), outcome(s), and location of court(s).

CRIMINAL BACKGROUND CHECK

CRIMINAL, AND CHILD ABUSE CLEARANCES (ACT 33/34)/ FBI FINGERPRINTING

Act 33/34 Criminal, child abuse background checks and Act 72 FBI fingerprinting will be completed on all students prior to the first day of class (students are responsible for fees associated with clearances). Prior conviction of a felony or certain misdemeanors, other than minor traffic offenses, may make students ineligible to participate in various clinical experiences and possibly may make it impossible for an individual to complete the scheduled program of study. Additionally, prior conviction of a felony or misdemeanor may make students ineligible for professional licensure, professional certification, or professional registration, dependent upon the specific regulations of individual health professions and state of practice. It is the student's responsibility to obtain verification of ability to acquire licensure through the Pennsylvania State Board with said violation.

A person convicted of any felonious act may be prohibited from licensure by any State Board of Nursing at any time. Acceptance into the Dotlen Academy of Science Practical Nursing Program does not guarantee approval by State Boards of Nursing to permit licensure.

If a student is charged of a felony, misdemeanor, or other various offenses, other than a minor traffic offense, during the time they are a student, it is the student's responsibility to notify the Director, School of Nursing. A conviction may lead to program dismissal due to the inability to obtain state licensure. Any false statements made by the applicant at any time during the application process, or refusal to submit or consent to a criminal and child abuse background check will disqualify the applicant from participation in laboratory/clinical aspects of the program resulting in an inability to meet program outcomes thus requiring dismissal from the program.

All background checks must be completed by the start of classes. Students must adhere to the deadlines set by the Admissions Office and the faculty to file the background checks. All students must comply with this requirement. The student cannot attend class or clinical experience if this requirement is not satisfied and may fail the course due to missed experiences if this requirement is not satisfied. HVK SON is required to give proof to the clinical agencies that students have passed the criminal and child abuse background checks.

Any applicant who questions a prior conviction in relation to licensure should refer to the Pennsylvania State Board of Nursing website <https://www.dos.pa.gov/ProfessionalLicensing/Pages/ACT-53-2020.aspx> and review *ACT 53 of 2020 Best Practices Guide*.

I _____ am aware that Dotlen Academy of Science does not guarantee State Board of Nursing approval of licensure to candidates with certain criminal backgrounds. I acknowledge having read the above and recognize it is my responsibility to secure my eligibility. **Initial** _____

If you have any questions or concerns regarding the criminal and child abuse background check, contact the Admissions Office.

EDUCATION: List ALL schools attended

For the graduating high school senior or the high school graduate, please request that your high school(s) mail an OFFICIAL transcript to Dotlen Academy of Science Admissions Office. If you are currently in high school, request an unofficial copy for review and have your school mail an OFFICIAL copy of your FINAL transcript to the Admissions Office, upon graduation.

For high school completed by GED, have an official copy of your scores and official high school transcript (up to time of withdrawal/dismissal) sent directly to Dotlen Academy of Science Admissions Office.

Date(s)- Start/end	High School	City/State	Diploma/GED

POST-SECONDARY EDUCATION: List ALL schools attended beyond high school beginning with your current or most recent institution. Report all schools whether or not credit was earned. Attach a supplemental list if necessary. Request that EACH institution mail an OFFICIAL transcript directly to Dotlen Academy of Science Admissions Office.

Date(s)- Start/end	College/University/Trade	City/State	#Credits	Credentials Earned (Degree/Diploma/Certificate)

CERTIFICATION

I hereby certify that all statements on this application and essay are correct to the best of my knowledge and that I understand that falsifications or omissions of information may result in disqualification or dismissal of this application to Dotlen Academy of Science Admissions Office. I authorize official representatives of Dotlen Academy of Science Admissions Office to verify information provided in this application. Application materials submitted as part of the application process will become the property of Dotlen Academy of Science. Materials will NOT be returned. Please keep a copy for your records, if desired before submitting. I agree to abide by the policies and regulations of Dotlen Academy of Science Please note: Drug and alcohol screenings will be required of students as a condition of Practical Nursing Admission requirement, eligibility to participate in theory, laboratory, clinical, practicum classes or all school and/or hospital activities.

Signature: _____ **Date:** _____