



NURSING
APPLICATION FOR ADMISSION
ADVANCED PLACEMENT PROGRAM

Application Deadlines:

June 1 (program begins in August-Charlotte, Collier, & Lee Campuses)
October 1 (program begins in January-Lee Campus)

APPLICATION CHECKLIST

BEFORE TURNING IN YOUR APPLICATION, PLEASE MAKE SURE:

- _____ Your grades are marked correctly for all general education courses you have completed
- _____ You have submitted 2 official transcripts from Edison College and all other post-secondary institutions, one to Edison College Registrar's Office and one to Edison College Nursing Programs by the application deadline. **THIS IS YOUR RESPONSIBILITY.**
- _____ You have paid \$15.00 application fee at the Cashier's office and attached the receipt to your application.
- _____ You have included a copy of your current professional license/certification.
- _____ You have included a copy of your LPN transcripts and current LPN license *(if applicable)*.
- _____ You have included a copy of your current CNA certification *(if applicable)*.
- _____ You have completed the HESI exam and your score is included with the application.
- _____ You have included the completed Disclosure Form in a sealed envelope with your name and **DISCLOSURE FORM** on the outside.

GOOD LUCK WITH YOUR EDUCATIONAL GOALS

PLEASE RETURN TO:

Edison State College
School of Nursing
Advanced Placement
8099 College Parkway
Ft. Myers, FL 33919-5566

Edison State College
School of Nursing
Advanced Placement
26300 Airport Road
Punta Gorda, FL 33950-5748

Edison State College
School of Nursing
Advanced Placement
7007 Lely Cultural Parkway
Naples, FL 34113-8977



SCHOOL OF NURSING
APPLICATION FOR ADMISSION/ADVANCED PLACEMENT PROGRAM

APPLICATION YEAR: _____ SEMESTER APPLYING: Spring _____ Fall _____
CAMPUS: Spring-Lee _____ Fall-Collier _____ Fall-Charlotte _____ Fall-Lee _____

Date you attended Pre-Nursing Orientation: _____

1. NAME _____
Other last name(s) records may be listed by _____

2. ADDRESS _____
CITY, STATE, ZIP _____

3. TELEPHONE NUMBER
HOME () _____ CELL () _____
WORK () _____ E-MAIL ADDRESS _____

4. SOCIAL SECURITY NUMBER _____

5. PROFESSION: LPN _____ Respiratory Therapist _____
RCVT _____ Paramedic _____

FL Professional License/Certificate Number _____
**Attach a current copy of license or certificate to application*

6. Year graduated from LPN, Paramedic, CVT, or RT Program: _____
School Attended _____

7. Number of year's experience in above profession: From: _____ To: _____
Where _____
(Optional)

8. Certified Nursing Assistant? **attach current copy* Yes _____ No _____

9. Date of HESI Exam (attach results) _____

10. Are you currently an ESC student? Yes _____ No _____
If no, have you applied for admission to the college? Yes _____ No _____

11. Please indicate the grades you received in the prerequisite courses. Note the letter grade or challenge score. *(This will be verified by means of your transcript).* **Grade** **Name of school where taken**

BSC 1093C (Anatomy and Physiology I)	_____	_____
MAC 1105 or higher or STA 2023 (College Algebra or Introductory Statistics)	_____	_____
ENC 1101 (English Composition I)	_____	_____
BSC 1094C (Anatomy and Physiology II)	_____	_____

12. Please indicate which general education courses required for Nursing you have taken, the grade you received and at what school the class was taken (this will be verified by means of your transcript).

<u>taken</u>	<u>Grade</u>	<u>Name of school where</u>
DEP 2004 (<i>Human Growth and Development</i>)	_____	_____
PSY 2012 (<i>General Psychology</i>)	_____	_____
HUN 1201 (<i>Nutrition</i>)	_____	_____
MCB 2010C (<i>Microbiology</i>)	_____	_____
HUM Elective (<i>Part A or B</i>)	_____	_____
HUM course number and name:	_____	_____

13. Please indicate the score you received on the NLN Nursing Mobility Profile I Exam:

_____ (This will be verified by the Nursing Program)

Exempt from Nursing Mobility Profile I Exam: _____

(LPN graduate from Lee, Charlotte, Collier or Sarasota County Vo-Tech within 5 years).

IT IS THE APPLICANT'S RESPONSIBILITY TO HAVE OFFICIAL TRANSCRIPTS SENT DIRECTLY TO THE REGISTRAR'S OFFICE, AS WELL AS THE NURSING PROGRAMS. THIS INCLUDES TRANSCRIPTS FROM ALL POST-SECONDARY INSTITUTIONS, INCLUDING EDISON COLLEGE.

Please submit this application along with receipt for the \$15 application fee to Nursing Programs by 4:00 p.m. June 1st for fall term admission (Collier/Charlotte), and October 1st for spring term admission (Lee).

IMPORTANT INFORMATION:

1. **Arrest Records:** *Graduation from ESC School of Nursing does not guarantee that the Board of Nursing will allow you to take the NCLEX-RN. The Board of Nursing can deny application for licensure for certain reasons.*
2. **Point System:** *In the event that there are more qualified applicants than spaces available, a point system for admission will be utilized.*
3. **Transfer Policy:** *“Under normal circumstances, transfers between campuses are prohibited. Should extenuating circumstances arise which are beyond the student’s control, transfer requests will be considered on a case-by-case basis by a committee comprised of Coordinators and the District Director of Nursing. All requests for transfer must include supporting documentation.”*

I CERTIFY that this application and the attached transcripts and predictor scores are complete and accurate. I understand that these documents are being used to make an academic decision regarding admission to the Associate Degree Nursing Program at Edison State College which is a limited access program.

Signature of Applicant

Date

**Edison State College
School of Nursing
Required Student Legal Disclosure**

Requirement to Disclose

The Edison State College (ESC) School of Nursing requires you to complete the attached **Student Disclosure Form**. Pursuant to state law, an applicant for a license to practice as a registered nurse must not have been convicted of a crime that has a direct bearing on the individual's ability to practice nursing competently nor have committed an act that would constitute a ground for disciplinary sanction under state law.

While a criminal history is not an automatic barrier to consideration for admission to Edison State College School of Nursing, each applicant will be considered on a case by case basis. Serious crimes, such as crimes of violence or dishonesty, are particularly disfavored. Applicants are advised that the School relies on third parties, such as hospitals and other health facilities, to provide clinical education and that a criminal history can affect the School's ability to find a placement. ESC School of Nursing has no control over these third parties and the School makes no guarantee that it can place any student, with or without a criminal history. Candor about the applicant's criminal history is highly important: failure to disclose may result in the withdrawal of acceptance or, in the case of an accepted or matriculated student, dismissal from Edison State College School of Nursing.

You are required to notify the ESC School of Nursing Program Coordinator on the campus to which you are seeking or granted admission on an annual basis, or more frequently, of any changes in your status.

Full Disclosure Required

Applicants are required to disclose any arrests, charges, convictions, or probation/diversion in writing (even if a charge has been dismissed). You must report **anything** that may come up on a national or Florida state background check. You must complete this form to the best of your ability. If in doubt, disclose the charge. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure whether to disclose it, you must disclose the information.

1. I understand that if I am a finalist for admission that I must submit to and pay any costs required for criminal background checks. I understand that information obtained from a criminal history check may result in a failure to be approved for required placement assignments, and as such may result in my inability to progress through the ESC School of Nursing program.
2. I understand a clinical agency may require additional components of a criminal background check, other than those required by the School of Nursing, as well as drug screening. I understand I am required to pay for any and all criminal background checks and drug screens required.
3. The School of Nursing and/or campus may review the Florida Sex Offenders Registry for each nursing student prior to admission and may do so periodically after admission. I understand that the results of such check will affect my ability to participate in ESC School of Nursing program.
4. I understand I must disclose in writing any convictions of any misdemeanors or felonies in Florida, any State, or other jurisdiction. I understand if an assigned clinical agency does not accept me as a nursing student based on my criminal background, it may result in an inability to progress through the ESC School of Nursing program, as such required agency placements are prerequisites to the completion of any School of Nursing degree.
5. I understand the ESC School of Nursing reserves the authority to determine my eligibility to be admitted to the program and/or progress in the program. I understand that my criminal background check and drug screen will be a factor used to determine if I will be admitted to the program.

Signature

Date

Printed Name

Student ID Number

Edison State College School of Nursing Student Disclosure Form

Applicants to the Edison State College School of Nursing are required to disclose to the Admission Committee any arrests, charges, convictions, or probation/diversions (even if a charge has been dismissed):

1. Name of Student (Print): _____

2. Maiden Name, if Applicable (Print): _____

3. Enter All Other Names Used (Print): _____

4. Student ID: _____

5. Date of Birth: _____

6. Have you ever been arrested for, charged with, or convicted of, any criminal offense? Yes No

If the answer above is "yes," set forth the dates and details here (*use additional sheets if necessary*):

7. Are there any pending criminal charges that have been filed against you? Yes No

If the answer above is "yes," set forth the dates and details here (*use additional sheets if necessary*):

8. Have you ever participated in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld? Yes No

If the answer above is "yes," set forth the dates and details here (*use additional sheets if necessary*):

I understand that providing false or misleading information regarding my criminal history, failing to disclose the requested information, or not successfully passing any required criminal history check may result in the withdrawal of admission or, in the case of accepted or matriculated students, dismissal from the Edison State College School of Nursing.

Date: _____

Signature: _____

