

St. Elizabeth College of Nursing 2215 Genesee Street Utica, New York 13501

Dear Applicant:

Thank you for expressing an interest in St. Elizabeth College of Nursing. Enclosed you will find the application for admissions.

A \$65.00 non-refundable application fee is required upon submission of your application.

To determine eligibility in meeting our admission criteria, please visit us on line at <u>www. secon.edu</u>.

If you have any questions please do not hesitate to call (315) 801-8253 for more information. On behalf of St. Elizabeth College of Nursing, we look forward to meeting you in the near future.

Sincerely, Admissions Department St. Elizabeth College of Nursing

Application Checklist

- \Box Application completed in full
- \Box Application Addendum form
- \Box Application fee (\$65.00)
- □ All High School, College and/or LPN Transcripts
- $\hfill\square$ Signed/Dated Technical Standards for Nursing Students Form
- \Box Pre-Requisite Algebra in the last three (3) years



Application For Admission

Office Use Only					
App:					
MAT:					

St. Elizabeth College of Nursing (SECON) 2215 Genesee St. Utica,

Phone: (315) 801-8253 Fax: (315) 801-8271 E-Mail: conadmis@secon.edu

□Weekday	Weekend	(Please select 1 st choice)	Da	te		
Name	Lest Norres	First Name	. اد د ۱۸	[:.]	Maidan Nama	
	Last Name	First Name	Middle Initial		Maiden Name	
Other names that ma	y appear on edu	cational records				
Address	Num	ber and Street				
	Null					
	City	State	2	Zip Code	County	
Home Telephone	Area Code	Number	Work Telephone	Area Code	Number	
Cell Phone	Area Code	(Cell Phone Provider			
					□No	
International Student:	Yes	Io Non-Resident Alien	: 🛛 Yes 🖓 No	If ves. A # is r	equired	
				ii y co, ii ii io ii	equil eu	
Person to be notig	fied in case of	emergency:				
U	v	e	Relation	ship		
Name						
Name						
Name		er and Street				
Name	Numbe	er and Street	Telephor			
Name Address	Numbe	er and Street	State	ne Number _		
Name Address	Numbe City Sly applied for ac	er and Street	State	ne Number	Zip Code	
Name Address Have you previous Have you previous	Number City Sly applied for ac	er and Street	State State	■No If yes, d	Zip Code ates: ates:	

If you have a current Nursing license, has it ever been placed on hold, suspended or put on probation?

SECON has designed its educational program curriculums for the following degree: Associate's Degree in Applied Science (AAS) in Nursing- that if successfully completed will be sufficient to meet the educational licensure requirements for a Registered Professional Nurse in New York State. SECON cannot provide verification of an individual's ability to meet licensure requirements unrelated to its educational programming. Such individual determinations are made by State licensing boards. If an applicant has charges pending or has been convicted of a felony and/or a misdemeanor, a license may be delayed or denied by the New York State Department of Education Office of the Professions. For further information on nursing licensure requirements in New York State, go to: http://www.op.nysed.gov/.

	as it app	bears on your high school trans	script:		
Dates: From To		Name of High School	Cit	y and State	Date Graduated
-	General Equivalency	Diploma (GED), indicate date	received and attach a	a copy with the appli	cation.
	SAT examinations		No	Date	
114.0 904 441011	ACT examination		No		
	Education: You M Elizabeth College of	UST disclose all formal educat			
Dates: From	То	Institution	Major		Credits/Degree Earned
Employment: L	ist all work experien	ce beginning with your most r	ecent employment.		
Dates: From	То	Employer	-	nd State	Position
information or give and all admission-	ing false information m related requirements, in	ay make me ineligible for admissi cluding but not limited to, health i	on or to continue my en records, drug screening,	rollment at St. Elizabet background investigati	application. I understand that withholding h College of Nursing. I consent to any ons and public health and clinical agency cessful completion of such examinations
Associates Degree College of Nursing	in Applied Science of g has not made a determ	Nursing. The program meets the li	censure requirements for ts for licensure. Those in	or all applicants residing ndividuals residing in s	fice of the Professions to award an g in New York State. St. Elizabeth tate's other than New York shall receive <u>nbers/contact-bon.page</u> .
Signature				Date	
required by Title I	X and its regulations, ir		nent. Inquiries about Ti	tle IX may be referred	n program or activity that it operates, as to St. Elizabeth College of Nursing's 3's Title IX Coordinator is:
Julie Wells-Tsiatso	os, MSN, RNC-OB, MI z Faculty Development eet				
To report informat		crimination policy and grievance p may constitute sex discrimination discrimination/.			

ST. ELIZABETH COLLEGE OF NURSING IS A DRUG & ALCOHOL FREE EDUCATIONAL INSTITUTION

APPLICATION FOR ADMISSION ADDENDUM

Applicant Name:

The following is requested for State Reporting and Financial Aid use only. This information will be held in strict confidence and will not be used in any way for determining eligibility criteria for admission to St. Elizabeth College of Nursing.

Ethnic Identity (please check one)

White Hispanic/Latino Native Hawaiian or other Pacific Islander American Indian or Alaskan Native			Asian Non-Resident Alien Black or African American Two or more races	
Race and ethnicity unknown				
Date of Birth:	Gender:	Male	Female	Non-Binary
Social Security Number:				
Mother's Maiden Name:				
Is English your native language? Yes	No			
If no, what is your native language?				
Will you need Financial Aid?		Yes	No	
Do you currently hold an Associates Degree?		Yes	No	
Do you currently hold a Bachelor's Degree?		Yes	No	
Do you currently hold a Master's Degree?		Yes	No	
Are you eligible for Veterans Assistance?		Yes	No	
Does your employer offer tuition reimbursemen	nt?	Yes	_ No	
Will you be in need of Housing Facilities?		Yes	_ No	

St. Elizabeth College of Nursing Technical Standards for Nursing Students

Dear Prospective Student:

In keeping with the Americans with Disabilities Act of 1990, the following technical standards are listed so that potential students can decide whether or not they may be able to complete the requirements of the nursing program with or without accommodations. Applicants, who are unsure if they can meet these criteria, or know they will need help in meeting them, should contact the College's Disability Services Coordinator, at (315) 801-3078, to discuss the use of accommodations and/or auxiliary aids.

A candidate for an associate degree in nursing must have the abilities and skills necessary for use of the nursing process. The following is a representative list of the technical standards, with or without accommodation, expected of students as they progress through the nursing program.

Nursing students encounter members of our community with diverse backgrounds and disease entities. Members of the community entrust St. Elizabeth College of Nursing students to provide care regardless of all health care conditions inclusive of those with infection disease processes and psychiatric conditions. Those students pursuing a nursing profession must recognize that nurses care for all members of our community regardless of diagnosis, race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin.

<u>Communication</u> (English, in multiple modes): examples of relevant activity include, but are not limited to:

- Elicit health history/information from a client, health records, and computers
- Give and receive relevant verbal and nonverbal feedback
- Record information accurately and efficiently
- Communicate effectively in a phone conversation
- Comprehend the written and spoken word
- Read and understand written documents in the clinical setting such as medical records, medication administration records, flow sheets

Observation and Sensory skills: examples of relevant activity include, but are not limited to:

- Assess pertinent body systems including inspection of skin, respirations, temperature, color, odors and motor function of the client
- Auscultate (listen for cardiac, lung and abdominal sounds)
- Palpate (feel) for pulses, lumps, edema, subcutaneous crepitus, infiltrated IV fluids
- React/respond to signals, alarms and other displays indicating immediate client need

<u>Manual Dexterity and Motor Skill</u>: examples of relevant activity include, but are not limited to:

- Perform cardiopulmonary resuscitation (CPR)
- Position and transfer clients safely
- Lift, position, or move an unconscious patient in order to perform life-saving procedures
- Move efficiently enough to meet the needs of several patients in a timely fashion
- Perform dressing changes to wounds
- Perform intimate hygienic care and handling body fluids while maintaining privacy and dignity for the client, inclusive of toileting needs
- Use appropriate hand washing techniques
- Gown, glove and mask appropriately
- Perform sterile technique
- Perform nursing procedures such as bed bath, making an occupied and unoccupied bed, oral care, urinary catheterization
- Apply and or utilize other client care equipment and devices such as stethoscopes, blood pressure cuffs, thermometers and monitors
- Administer medications; manipulate small equipment and containers such as syringes, vials, and ampules to administer medications
- Perform range of motion (passive) exercise for the client

<u>Conceptual and Analytical Reasoning</u>: examples of relevant activity include, but are not limited to:

- Demonstrate abilities to calculate, measure and analyze
- Process information accurately, thoroughly, and quickly to prioritize tasks, and perform math computations for medication dosage calculations
- Exercise good judgment
- Utilize critical thinking in the process of delivering care and comfort to clients

Emotional Stability, Behavioral/Social Attributes: examples of relevant activity include, but are not limited to:

- Exercise sound judgment, complete assessment and intervention activities, and develop sensitive interpersonal relationships with clients/families and others responsible for health care
- Demonstrate flexibility to function effectively under stress and adapt to multiple situations
- Handle strong emotions
- Demonstrate compassion
- Establish therapeutic relationships in a caring manner
- Focus and maintain attention on tasks proficient in communication

Approved by Faculty Organization – January 5, 1998 Approved by Legal Counsel – January 12, 1998 Reviewed by Faculty and Legal June 2024

St. Elizabeth College of Nursing Technical Skills Acknowledgement Form

To: Admissions Department

I have received, read, and understand the contents of the *Technical Standards for Nursing Students*. I understand that this representative list of standards is expected of students as they progress towards graduation from the nursing program, with or without accommodations. I have been given the opportunity to ask questions regarding the *Technical Standards for Nursing Students*.

Applicant Name (print): _____

Applicant Signature: _____

Date: _____