University Of Pittsburgh
School Of Nursing

RN Options
Pitt - Johnstown

Instructions for completing the Application for Admission

1. Please type or print legibly.
2. Supply a copy of your current Pennsylvania RN license.
3. Submit two (2) official transcripts from all colleges or universities you have attended, whether a degree was awarded or not. If you are currently attending classes, submit an updated transcript upon completion of the classes.

Official transcript:

a. Request official transcripts be sent directly to the RN Options Program (University of Pittsburgh at Johnstown, 450 Schoolhouse Road, 141 Blackington Hall, Johnstown, PA 15904).

b. If you pick a transcript up from a school, have the Registrar/Transcript Office sign/stamp across the back seal. DO NOT OPEN THE ENVELOPE. Mail the sealed envelope to the program offices with your application.

c. If you graduated from a hospital school of nursing, please follow the transcript instructions above. If college credits were earned in the diploma program it is necessary to request a transcript from the college granting the credits (even if the credits are posted on the diploma transcript).

4. Submit completed letters of recommendation from three individuals who are able to assess your motivation and ability to be successful in advanced study.

To complete letters of recommendation process:

a. Type or print your name on the top of each of the three Letter of Recommendation forms.

b. Address three envelopes to yourself, and place a stamp on the envelope.

c. Give an envelope and a form to a person who can describe your academic ability, such as an instructor or director of your nursing program.

d. Give an envelope and a form to a nurse manager, nurse preceptor, or other supervisor at work who can describe your work performance and clinical skills.

e. Give an envelope and a form to another professional, preferably someone in an advanced role or practice position, who can describe your ability to succeed in graduate school.

f. When each of those people has completed the form, it will be placed inside the envelope, sealed, with a signature across the seal. Then it will be mailed back to you. When you receive it, DO NOT OPEN IT. Mail the sealed envelopes to the Program offices with your application.

5. If applicable (see notation on checklist), include a check for $45.00 for the application fee, made payable to the University of Pittsburgh.

6. Use the enclosed checklist to be sure your application is complete. When it is complete, mail the application.

7. You will be notified when we receive your application. You will be informed if additional information is needed to complete your application process.

** Please Note:

You will be required to provide Act 33/34 clearances, and you may be asked to provide a drug screen prior to clinical assignment at some agencies. If you have a concern about your ability to meet these requirements, and wish to discuss your concern, please call (814) 269-2995. If you are unable to meet these requirements, you may not be able to graduate.

Revised 4/09
UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING
RN OPTIONS at PITT - JOHNSTOWN
APPLICATION FORM
(Please type or print all information)

Name: ____________________________________________________________
     S.S.# (USA) _______ - ______ - ______
     Last               First                    (Middle/Maiden)

Home Address: ______________________________________________________
No. & Street
City                           County                       State             Zip Code

Mailing Address: (if different than above)
No. & Street
City                           County                       State             Zip Code

Telephone:               Day: (_______)                  Eve: (_______)
Cell: (_______)                  Fax: (_______)

Email: __________________________

DEMOGRAPHIC INFORMATION (Optional): Your responses to the following questions are voluntary and will be kept confidential. Refusal to complete the information will not be used to deny access or admission. The information will, however, assist the University in providing data to demonstrate compliance with civil rights laws.

DATE OF BIRTH: __________________________
GENDER: __________________________
ETHNIC STATUS: __________________________
     American Indian or Alaskan Native          ____
     Asian / / / Male Female     Black of African American     White
     Native Hawaiian or Other Pacific Islander

CITIZENSHIP: (please check one)
   ___ US (US Citizen)   ___ FP (US Immigrant Permanent Resident)   ___ FS (Non-Immigrant Student, Visitor)   ___ RF (Refugee in the US)

US Citizen - A person owing allegiance to the United States of America.
Non-Immigrant (Student Visitor) - All aliens who have residence in a foreign country which they have no intention of abandoning and whose stay in the United States is limited to a defined period of time and a definite purpose that, by its nature, may be promptly accomplished.
Refugee in the US: All aliens who have fled or been rejected from their country of nationality for reasons of race, religion, political opinion or war.
US Immigrant Permanent Resident - One who intends to make the US his permanent residence and who is in possession of a permanent immigration visa by the Department of Justice.

Are you a resident of PA?   ___ Yes (more than one year)   ___ Yes (less than one year)   ___ No
Applying for: Year ______ Fall ______ Spring ______ Summer ______ Full time ______ Part time ______

Area of Concentration for "Early Admission to MSN": (indicate one area and a specialty if applicable)
   ___ Nurse Anesthesia

Nurse Practitioner:                   Clinical Nurse Specialist:
   ___ Adult
   ___ Family
   ___ Neonatal
   ___ Pediatric
   ___ Psychiatric Primary Care
   ___ Acute Care: (choose specialty area)
      _____ Cardiopulmonary Clinical Emphasis
      _____ Critical Care Clinical Emphasis
   ___ Administration
   ___ CNL
   ___ Education

Nurse Specialty Roles:
Oncology Clinical Emphasis
Trauma/Emergency Preparedness (TEP)
Other Clinical Emphasis: _____________________________ (Indicate clinical emphasis)

Will you be applying for financial aid: ______ Yes ______ No

ACADEMIC RECORD
Please list all of the institutions you have attended, even if you did not complete a degree.

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<tr>
<th>Institution</th>
<th>Location (City, State)</th>
<th>Degree awarded and Date of Completion</th>
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CURRENT COURSES
Please list courses in which you are currently enrolled or that you plan to take prior to admission:

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<th>Institution</th>
<th>Location (City, State)</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Anticipated Completion Date</th>
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ESSAY
Please enclose a brief, typed essay stating (limited to 2 pages double-spaced):
1) your philosophy of nursing, 2) your reasons for wanting to continue your nursing education, 3) what you are expecting from the program, and 4) future career goals including the continuing of your education at the Master’s or Doctoral level.

PROFESSIONAL RECOMMENDATION:
Provide the following information for the three persons who have been asked to complete the Professional Recommendation Form.

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<tr>
<th>Name</th>
<th>Title</th>
<th>Email Address</th>
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RESUME: Please enclose a current resume or CV: Be sure to include dates of employment month/year) of relevant work experiences, examples of leadership and commitment to the profession of nursing, and memberships in professional nursing organizations. List all relevant honors, awards, publications, research, etc.

Foreign applicants: Applicants who’s nursing education has been completed outside the United States or international applicants, you will be advised as to additional processes required.
The University of Pittsburgh has a firm commitment to affirmative action. Therefore, if there are aspects of your background which have not been addressed above or any specific information you feel should be considered, please enclose such information on separate paper.

Signature: _______________________________ Date: __________________________
PROFESSIONAL RECOMMENDATION

FOR: _______________________________  _______________________________  _______________________________
    Last Name        First           Middle/Maiden (if applicable)

TO THE APPLICANT: Please seek recommendations from persons who can evaluate your potential for
succeeding in your chosen nursing specialty, as outlined in the application instructions.

TO THE EVALUATOR: The person whose name appears above is applying to the RN Options Program at Pitt
– Johnstown and has asked you for a reference. This recommendation will be used solely for evaluation for
admission purposes. It will not be made a part of the individual's permanent record and is not subject to the
Family Educational Rights and Privacy Act of 1974. The applicant will not at any time have access to this
recommendation.

Please complete this form, place it in the envelope provided by the applicant, sign your name across the
everse flap to ensure confidentiality, and return the envelope directly to the applicant. He or she will then
submit this recommendation to the School of Nursing as part of the complete application package.

Thank you for completing the Professional Recommendation Form. We are grateful for your input.

**********************************************************

1. In what specific capacity have you known the applicant and for how long?


2. Has the applicant shown that he/she has well defined career goals?


3. What is your estimation of the applicant’s principal strengths as they relate to participation in the
advanced nursing education?


4. Please evaluate the applicant’s ability to communicate in oral and written form.


(over)
5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

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6. Please indicate your overall evaluation of this applicant for advanced study in nursing by circling one of the numbers below.

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<th>Highly Recommend</th>
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Please print or type.

NAME: ______________________
TITLE: ______________________
NAME OF ORGANIZATION: ______________________
ADDRESS: ______________________
CITY: ______________________ STATE: _______ ZIP: _______
PHONE NUMBER: (_______) ________ EMAIL: ______________________
SIGNATURE: ______________________ DATE: ________________

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations.

For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact: Ms. Laura Perry-Thompson, Senior Officer for Equity and Inclusion, 114 Blackington Hall, University of Pittsburgh at Johnstown, Johnstown, PA 15904; Telephone: 814-269-7070; E-mail: lpt@pitt.edu.
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2. Has the applicant shown that he/she has well defined career goals?

________________________________________________________________________________________

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________________________________________________________________________________________

3. What is your estimation of the applicant’s principal strengths as they relate to participation in the advanced nursing education?

________________________________________________________________________________________

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________________________________________________________________________________________

4. Please evaluate the applicant’s ability to communicate in oral and written form.

________________________________________________________________________________________

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- Highly Recommend: 5
- Recommend: 4
- Do Not Recommend: 3 2 1

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TITLE: ________________________________

NAME OF ORGANIZATION: ________________________________

ADDRESS: __________________________________________

CITY: __________________________ STATE: ___________ ZIP: ___________

PHONE NUMBER: (______) __________________________ EMAIL: __________________________

SIGNATURE: __________________________ DATE: __________________________

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Attention:

Please submit your application with all of the required credentials enclosed.

An incomplete application will result in a processing delay.

Enclosure:

Have you enclosed all of the following?

________ Application for admission

________ Application fee (check or money order only). Non-refundable. Make $45 check payable to “University of Pittsburgh”. If this fee has been paid to Pitt previously, do not submit payment again.

________ Two (2) official transcripts of all academic work, undergraduate and graduate, whether or not a degree was earned

________ Recommendation forms in sealed, signed envelopes

________ Essay and Resume

________ Documentation of Prerequisite Statistics course

________ Copy of RN Licensure

University of Pittsburgh at Johnstown
RN Options
450 Schoolhouse Road
141 Blackington Hall
Johnstown, PA 15904