



Application for Admission

Please note:

- The Arnot School of Nursing application fee has been waived for 2024
- résumé, essay must accompany this completed/signed application.
- All official transcripts must be received either via email or sealed envelope from the issuing school.
- Application deadline is May 15th. All documents, including transcripts and references, and ATI TEAS results must be received by this deadline date to be considered for a fall semester admission date.

The application process is not complete until the required ATI TEAS exam is taken. Registration, payment and scheduling for the exam: www.atitesting.com

Please check one:

Regular Admission Nursing Transfer US Veteran

Date of application: _____ Academic year for which you are applying: _____

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

Social Security No. _____ - _____ - _____

Telephone number: (_____) _____

Address: _____
(Street and Number)

(City) (State) (Zip Code)

Email address: _____ Cell phone: (_____) _____

Citizenship: U.S. Non-U.S.

If non-U.S., give Permanent Resident Card number _____

Have you ever been convicted of a felony? Yes No *If yes, explain in a separate letter.*

Any individual who has been convicted of a felony may take the licensing examination but may not receive licensure until the New York State Board of Nursing has reviewed the case.

Have you been dismissed from another educational institution? Yes No

If yes, please explain in a separate letter. (Please note: Answering yes to this question does not automatically disqualify you from admission)

Have you previously applied for admission to this school? Yes No

If yes, what year? _____ Last name at that time: _____



Are you an Arnot Health employee? Yes No

If yes, department/facility _____ phone _____

Are you related to an Arnot Health employee? Yes No

If yes, please indicate employee name/relationship/department/facility:

Have you been a participant in a Shadowing experience, New Visions Program, or MASH Camp? If yes, please specify the appropriate experience and provide date of attendance:

_____ Date _____

How did you learn about the Arnot Ogden School of Nursing?

_____ (i.e. recruitment visit, website, friend)

Educational Background

High School last attended: _____

City/State/Zip: _____

Date of Graduation: ____/____/____. If applicable, Date of GED: ____/____/____

Identify all formal education beyond high school. List in order of most recent

School or College	Address	City/State	Dates Attended		Diploma or Degree Earned
			From	To	

Official transcripts must be received from each school/college listed above. Transcripts can be mailed in a sealed school envelope to: Arnot School of Nursing, Attn: Charade Kittle, 600 Roe Avenue, Elmira, NY 14905 or emailed from the school to: charade.kittle@arnothealth.org.



References

List two references: (i.e. teacher, counselor, employer). Each reference listed must provide a written letter of recommendation or the Arnot School of Nursing Reference Sheet. References will not be accepted unless they are received in a sealed/signed envelope.

~Do not use friends or relatives as a references~

#1) Name: _____

Position/Title: _____

#2) Name: _____

Position/Title: _____

Person to notify in the event of an emergency:

Name: _____

Telephone: (____) _____ Office Home Cell

Relationship: _____

Please submit a resume' and a typewritten/double spaced essay which includes:

- 1) Work experience and activities for the past 3-5 years.
- 2) Reasons for selecting nursing as a career.
- 3) Reasons for desiring entrance into the Arnot Ogden School of Nursing.
- 4) Plans for the future.

I certify that I have read the catalog and instructions for applying to the Arnot Ogden Medical Center School of Nursing. I certify that I am a high school graduate and/or have received a GED. I certify that the information provided on this application is true and correct. I further understand that falsification of information herein will result in cancellation of this application and dismissal from the School of Nursing if enrollment has occurred.

Signature (click to sign) _____ Date _____

Application is not considered complete until receipt of:

- Completed/signed application and application fee.
- Resume
- Essay
- 2 references
- Official high school transcript showing graduation date or Official high school transcript and proof of high school equivalency (TASK/GED)
- ATI TEAS test with a minimum combined score of 65.7% for all four components
- Official transcripts from ANY college attended.
- (If applicable) copy of LPN license and official transcripts

D: 6/84; R: 2/07, 7/09, 10/10; 6/11; 9/11; 6/12; 6/13; 3/14; 4/15/ 7/16; 7/17; 6/19; 9/23