

CHRIST HOSPITAL
SCHOOL OF NURSING
176 Palisade Avenue
Jersey City, New Jersey 07306

Dear Applicant:

Thank you for your interest in Christ Hospital School of Nursing and request for an application. Since it can take several months to complete the admissions process, it is important to submit your application immediately. Priority is given to early applicants.

We believe that nursing holds many promising career opportunities that may prove to be very satisfying. Christ Hospital School of Nursing is dedicated to helping interested individuals to enter this continuously evolving and challenging profession. We invite you to begin your nursing career at Christ Hospital School of Nursing and allow us to introduce you to the exciting field of nursing in a warm and friendly learning environment.

*Before entering the School of Nursing, the NLN pre-nursing exam is required for all applicants. Further information regarding specific test dates and locations will follow after your application is received. If applicant has achieved an SAT score of at least **480-Verbal and 440-Math**, the NLN Pre-Nursing exam will be waived. LPN's may contact the school to find out more information about our LPN -RN Articulation Model.*

Christ Hospital School of Nursing is a two-year Cooperative Program with Hudson County Community College.

Upon completion of the program, our students can earn a diploma in Nursing and an Associate Degree in Science.

Our moderate size student body and close student/faculty relationships enhance individual and professional growth. Nursing theory and clinical studies are presented by our academically prepared and clinically competent faculty. This combination has brought praise and acclaim to our graduates for their nursing skills and knowledge that they bring with them upon graduation. This has also contributed to our high passing rate on the National Council Licensing Examination.

In you have any further questions; please do not hesitate to contact the School of Nursing at (201) 795-8360. Your completed application for Christ Hospital SON with a \$40 money order (made payable to Christ Hospital School of Nursing) and HCCC application with a \$15 check/money order (made payable to HCCC). *should* be sent directly to Christ Hospital School of Nursing.

We look forward to hearing from you and we hope that you will join us to become a proud part of our record of excellence.

Sincerely,

Carol A. Fasano, MA, RN, CS, NPC
Dean / Director, School of Nursing

CHRIST HOSPITAL SCHOOL OF NURSING

APPLICATION PROCEDURE

STEP 1: Submit a completed CHSON and HCCC application form with processing fee as soon as possible. (\$40.00 money order payable to Christ Hospital School of Nursing and \$15.00 check/money order payable to HCCC)

- STEP 2:**
- A. Arrange to have your high school transcript or G.E.D. sent directly to The Christ Hospital School of Nursing & HCCC.
 - B. Arrange to have 2 references (teacher, employer, clergy, counselor. etc.) sent to the School of Nursing.
 - C. Submit proof of completion of a chemistry course (high school or college-level).
 - D. Students who are requesting transfer credit must request that all-previous colleges send an official copy of the transcript and most recent course catalog directly to the Office of the Registrar at HCCC. The student must also complete a Transfer Credit Evaluation Form at HCCC. A copy of the college transcript must also be sent directly to the School of Nursing.

After the School of Nursing receives your Application:

- STEP 3:**
- A. Schedule the College Placement Test at HCCC:
All students are required to take the College Placement Test at HCCC. You must make an appointment as soon as possible by calling the HCCC Testing Center. Students who may be exempt from the College Placement Test must contact Hudson County Community College directly.

- STEP 4:**
- A. You will receive information about taking the required Pre-Nursing Exam.
 - B. Make Arrangements to take the Pre-Nursing Exam as soon as possible. You will receive the Pre-Nursing Exam results within 1 month. Christ Hospital SON will also receive the result if you requested they be sent to the school.
*As per NLN guidelines, any individual wishing to retake the NLN Pre-Entrance exam must wait a minimum of 6 months before being eligible to repeat the exam.
 - C. If applicant has achieved an SAT score of at least 480-Verbal and 440-Math, the NLN Pre-Nursing exam will be waived. Official SAT scores should be sent directly to the School of Nursing.

- STEP 5:**
- A. Upon achievement of acceptable score, you will receive a letter to schedule an interview.
 - B. Prior to your interview you will be given a checklist denoting all missing Pre-Admission items. Failure to submit all documents will delay the admissions process.

STEP 6: Your application will be reviewed by the Admissions Committee only when all materials are received by The School of Nursing.

- STEP 7:** Acceptance is contingent of the submission of the following:
- Birth Certificate if born in the United States
 - Original copy of official verification of immigration status (if born outside the United States).
 - Complete medical/health records
 - Proof of Health Insurance-Full-time students
 - Malpractice Insurance
 - CPR Certification : Adult/Child Healthcare provider
 - Criminal Background Check

***Please note: Upon graduation from the Nursing Program, the NJ Board of Nursing requires a criminal background check prior to taking the NCLEX.**

Continue

Please write a brief account of your strengths and weaknesses, career aspirations, reasons for selecting nursing as a career and any other special reason you have for choosing to enter this program.

I certify to the best of my knowledge that the information is correct and that falsification of information may subject me to dismissal.

Your signature: _____

Date: _____

Send this directly to The School of Nursing. Application fee is non-refundable and non-transferable.

Christ Hospital School of Nursing
176 Palisade Avenue
Jersey City, New Jersey 07306

EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

SCHOOL OF NURSING: **Christ Hospital School of Nursing**

SCHOOL ADDRESS: **176 Palisade Avenue Jersey City, New Jersey 07306**

Applicants to the above named institution are selected in accordance with nondiscriminatory practices.

The below named applicant is a candidate for admission to this School of Nursing. We would appreciate your evaluation of the applicant's performance and evaluation. Your comments will be used by the faculty members to help them arrive at a better understanding of this applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the School of Nursing.

NAME OF APPLICANT:

_____ (Last Name)

_____ (First)

_____ (MI)

HOME ADDRESS:

_____ (Number and Street)

_____ (City)

_____ (State)

_____ (Zip Code)

Pursuant to recent federal law, a student admitted to this School of Nursing is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the School does not require a waiver as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the School. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

WAIVER

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this School of Nursing. *If you elect to waive your rights of access to and review of this information, please sign your name.*

_____ (Date)

_____ (Applicant's Signature)

Please return this form directly to Christ Hospital School of Nursing

EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL

How long have you known this applicant? _____

In what capacity?

What do you consider the chief qualities of strength or weakness of this applicant? If possible, give illustrations.

In what activities has this applicant taken active part?

Identify experiences that might have influenced the development of this applicant.

Additional comments.

If the applicant's signature appears at the end of the paragraph identified as "waiver" on the reverse side of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls at this School, then the applicant will have the right to review your evaluation.

Date: _____

Signature: _____

Position / Title: _____

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