

## APPLICATION

### PERSONAL INFORMATION (Please type or print.)

Name \_\_\_\_\_  
First Middle Last (Maiden)

Address \_\_\_\_\_  
Street County

\_\_\_\_\_ City State Country ZIP Code

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Have you ever been convicted, pled guilty or no contest to a crime other than a summary traffic offense?

\_\_\_\_ Yes \_\_\_\_ No (If yes, attach a separate sheet and describe in full detail.)

Are there any criminal charges other than a summary traffic offense presently pending against you?

\_\_\_\_ Yes \_\_\_\_ No (If yes, attach a separate sheet and describe in full detail.)

List any accommodations you may require: \_\_\_\_\_

### PROGRAM APPLYING FOR

Please check one:  BSN Degree Completion  RN-MSN  Master's Degree (MSN): Specialization \_\_\_\_\_

School Nurse Certificate  Forensic Nurse Certificate  Post-Master's Certificate  Non-degree

Term applying for:  January/Spring  May/Summer  August/Fall

I plan to enroll:  Part time (3-6 credits)  Full time (9-12 credits)

### ACADEMIC HISTORY (List all college-level academic work, regardless of whether a degree was earned.)

Name of College	Undergraduate/Graduate	Dates Attended	Specific Degree Granted/Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you believe your grades accurately reflect your academic ability?  Yes  No • If no, please explain: \_\_\_\_\_

### RN LICENSE

State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

# APPLICATION – BSN/MSN & Certificate of Nursing

## ADMISSION MATERIALS *(All materials should be submitted to the College at the same time as the application.)*

- |  |   |   |
|--|---|---|
| <b>BSN:</b><br><input type="checkbox"/> Current nursing license<br><input type="checkbox"/> Application<br><input type="checkbox"/> All official transcripts<br><input type="checkbox"/> Two letters of reference<br><input type="checkbox"/> Current resume or CV<br><input type="checkbox"/> GPA of 3.0 or above<br><input type="checkbox"/> Essay of professional & academic goals  | <b>SCHOOL NURSE CERTIFICATE:</b><br><input type="checkbox"/> BSN or MSN from an accredited program<br><input type="checkbox"/> Current nursing license<br><input type="checkbox"/> Application<br><input type="checkbox"/> All official transcripts<br><input type="checkbox"/> QPA of 3.0 or above<br><input type="checkbox"/> Current resume or CV<br><input type="checkbox"/> Two letters of reference<br><input type="checkbox"/> Essay of professional & academic goals<br><input type="checkbox"/> Completed health form<br>(including Hepatitis B immunization)<br><input type="checkbox"/> CPR certification<br><input type="checkbox"/> Professional liability insurance<br><input type="checkbox"/> 1-2 years pediatric maternal-child or trauma<br>ER nursing experience preferred<br><input type="checkbox"/> Criminal background and child abuse<br>clearances (Act 33 and 34) | <b>FORENSIC NURSE CERTIFICATE:</b><br><input type="checkbox"/> Current nursing license<br><input type="checkbox"/> Application<br><input type="checkbox"/> All official transcripts<br><input type="checkbox"/> QPA of 3.0 or above<br><input type="checkbox"/> CPR certification<br><input type="checkbox"/> Professional liability Insurance<br><input type="checkbox"/> Current resume or CV<br><input type="checkbox"/> Two letters of reference<br><input type="checkbox"/> Essay of professional & academic goals |
| <b>MSN DEGREE:</b><br><input type="checkbox"/> Current nursing license<br><input type="checkbox"/> BSN from accredited program<br><input type="checkbox"/> Application<br><input type="checkbox"/> All official transcripts<br><input type="checkbox"/> Current Resume or CV<br><input type="checkbox"/> Essay of professional & academic goals<br><input type="checkbox"/> Two letters of reference<br><input type="checkbox"/> GPA of 3.0 or above |   | <b>POST-MASTER'S CERTIFICATE:</b><br><input type="checkbox"/> Previously earned MSN<br><input type="checkbox"/> GPA of 3.0<br><input type="checkbox"/> Current RN license<br><input type="checkbox"/> Official transcripts from MSN program   |

**Note: Official transcripts are transcripts received by La Roche College in a sealed, unopened envelope from the school in question.**

Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.

- Gender \_\_\_\_\_ Religion (Denomination/Rite) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Ethnicity: How would you describe yourself?  
Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.):  Yes  No  
Select one or more of the following:  White  Black or African American  Asian  
 American Indian/Alaska Native  Native Hawaiian/Pacific Islander  
Veteran:  Yes  No If yes, will you seek benefits?  Yes  No  
Marital Status:  Single  Married  Divorced  Widowed

### Non-discrimination Policy

La Roche College admits qualified students of any age, sex, race, religion, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the College. The same policy is followed with respect to all employees, regardless of rank or classification. La Roche College does not discriminate on the basis of sex, race, religion, color, disability, handicap, ethnic and national origin, in the administration of its educational policies and programs, admissions processes, scholarship and loan programs, employment practices, athletic and other college administrative programs.

La Roche's non-discrimination policy is administered in accordance with Title IX of the 1972 Educational Amendments and all other applicable federal and Pennsylvania statutes. Please direct all inquiries to the Human Resources Office: 9000 Babcock Boulevard, Pittsburgh, PA 15237.

**A non-refundable \$100 tuition deposit is required for full-time students.** Your application will be kept on file for two (2) years.

**I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche College and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)**

## APPLICANT'S SIGNATURE

\_\_\_\_\_ Name

\_\_\_\_\_ Date

Please return all materials to: LA ROCHE COLLEGE, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237  
Phone 412-536-1260 • Fax 412-536-1283 • Toll Free 800-838-4572 • laroche.edu • Email: graduateadmissions@laroche.edu

La Roche College is an Equal Opportunity Education Institution.