

Indicate any other last name(s) you may have used while attending school: _____

In case of emergency, contact:

Name Relationship () Home Phone () Work Phone

Street City State Zip Code

ACADEMIC DATA

High Schools Attended:

Name of Institution	City	State	Dates Attended	Graduation

General Education Development (GED), if applicable, year received _____

Colleges, universities or other post-secondary schools that you have attended or are presently attending:

Name of Institution	City	State	Dates Attended	Degree

EMPLOYMENT

List all work experiences, both full and part-time, since high school, beginning with the most recent. Please use another sheet of paper if you need additional space.

Dates		Title of Position	Employer	City and State
From	To			

PERSONAL DATA

Housing plans: Residence Hall With parents My own home/apt.

Are you prepared to meet the expenses of the program in this school? Yes No

Will you be requesting financial assistance? Yes No

How did you first become interested in applying to Graham Hospital School of Nursing?

- Admission representative Alumni Faculty
- High School counselor College counselor Parents
- Friends Pastor Students
- Advertising Other _____

List in order of their importance the influences that led you to apply to Graham Hospital School of Nursing.

Please indicate any additional information that you feel would be helpful to the admissions committee in reviewing your application.

I certify that the information provided on this application is accurate and complete to the best of my knowledge and realize that failure to provide correct information is considered sufficient cause for reconsideration of my admission status.

Date

Applicant's Signature

YOU MUST COMPLETE THE GRAHAM HOSPITAL UNIFORM CONVICTION INFORMATION ACT (UCIA) ON THE BACK OF THIS PAGE.

GRAHAM HOSPITAL UNIFORM CONVICTION INFORMATION ACT (UCIA)

In 1996, Graham Hospital began doing criminal background checks on all new employees. Now, to be in compliance with JCAHO (Joint Commission), students must be included. This is a precautionary measure for the patient's safety and for your safety as a student. Since this is a Hospital policy to meet compliance with JCAHO standards, all costs will be incurred by the Hospital.

Graham Hospital Acknowledgement

It is understood by the applicant that the policy of Graham Hospital is to file, on behalf of the applicant, a Criminal Background Check. Student activities involving patient care at Graham Hospital are contingent on a favorable determination from the Illinois State Police. Should an unfavorable determination be obtained, each applicant is afforded the right to submit to the Illinois State Police a request for Waiver, at the applicant's expense.

The applicant's signature acknowledges the understanding of this request and authorizes Graham Hospital to file appropriate request information knowing that all information will be held in strictest confidence and that a copy of the results will be forwarded to the applicant.

Applicant's full name _____
(Please include middle initial)

Social Security Number _____

Date of Birth _____

Date

Applicant's Signature

Your evaluation of the applicant's personal qualifications is important in considering his/her interests and ability and will be handled confidentially. Please feel free to add an additional page for any other comments.

1. How long have you known the applicant? _____
2. What has been your contact with the applicant? _____
3. What do you consider this person's assets or strong characteristics? _____

4. Other comments: _____

Place an X in the appropriate spaces below according to the following scale:

- | | |
|------------------|---------------------------|
| 4 - Excellent | 2 - Unsatisfactory |
| 3 - Satisfactory | 1 - No Basis for Judgment |

In each instance, please comment on the factors you considered in arriving at your rating.

	4	3	2	1	Comments
Adaptability					
Dependability					
Emotional Stability					
Initiative					
Integrity					
Judgment					
Leadership Ability					
Oral Expression					
Relationship with Peers or Co-workers					
Written Expression					

- Recommend this applicant
 Hesitate to recommend
 Do not recommend

Signature: _____ Title: _____

Address: _____

PLEASE RETURN TO:
 Admissions Office
 Graham Hospital School of Nursing
 210 W. Walnut
 Canton, IL 61520

+++PLEASE READ, SIGN, AND RETURN THIS FORM TO THE OFFICE OF ADMISSIONS, CRUITMENT, AND FINANCIAL AID. HIS FORM MUST BE COMPLETED AS PART OF THE APPLICATION PROCEDURE

**RE-
AP-**

**GRAHAM HOSPITAL SCHOOL OF NURSING
ESSENTIAL FUNCTIONS FOR STUDENTS OF NURSING**

A nursing career requires special functional abilities to ensure that safe and effective nursing care is delivered to consumers of health care. It is essential that students of nursing possess and maintain the following functional requirements, with or without reasonable accommodations. Examples identified below are not all-inclusive. Applicants who identify potential difficulty are to meet with the Director of the School of Nursing to discuss the individual situation.

ESSENTIAL FUNCTIONS	EXAMPLES
Visual ability sufficient to monitor and assess health needs.	<ul style="list-style-type: none"> * Identify subtle skin color changes * Read small print
Auditory ability sufficient to monitor and assess health needs.	<ul style="list-style-type: none"> * Respond to emergency alarms * Respond to cries for help * Respond to verbal commands in an emergency situation * Use stethoscope to hear breath, bowel and heart sounds
Tactile ability sufficient for physical assessment.	<ul style="list-style-type: none"> * Perform palpation to confirm inspection * Identify texture, temperature, moisture and swelling
Physical abilities sufficient to move from room to room, maneuver in small spaces and provide safe and effective client care.	<ul style="list-style-type: none"> * Perform CPR * Assist client in and out of bed * Move from room to room and maneuver in limited spaces * Lift clients and/or objects of 35 pounds
Fine motor abilities sufficient to safely manipulate/operate equipment.	<ul style="list-style-type: none"> * Insert IV * Manipulate of syringes * Insert catheters * Perform sterile procedures
Communication abilities sufficient for interaction in written, verbal and non-verbal form.	<ul style="list-style-type: none"> * Communicate non-verbally in appropriate circumstances, e.g. facial expressions, eye contact, and body language * Communicate through use of spoken words in an intelligible, conversational pace * Explain treatment procedures * Document and interpret nursing actions and patient response * Communicate through use of computer technology
Interpersonal abilities sufficient to interact with individuals, families, and groups.	<ul style="list-style-type: none"> * Use empathy to establish rapport with persons from diverse backgrounds * Adapt to a changing environment - deal with the unexpected, focus attention, control emotions
Critical thinking ability sufficient to adapt to an ever-changing environment.	<ul style="list-style-type: none"> * Identify clinically significant cause/effect relationships * Develop nursing care plans, calculate medications * Use problem solving skills * Set priorities

I have read and understand the physical and mental requirements as a student at Graham Hospital School of Nursing

Student's Signature

Date