



## **GRAHAM HOSPITAL SCHOOL OF NURSING**

**Admissions Office  
210 W. Walnut  
Canton IL 61520  
(309) 647-5240 ext. 2347  
Fax (309) 649-5127**

### **APPLICATION FOR ADMISSION**

### **INSTRUCTIONS & CHECKLIST**

**Submit all of the documents listed below to the address above. If your file is not complete, your application will not be processed and you will not be included in the applicant pool.**

- Complete the Application for Admission, including the Essential Functions for Students of Nursing form and the Graham Hospital Uniform Conviction Information Act (UCIA) form.**

The Essential Functions for Students of Nursing form ensures you can perform the physical and mental functions, with or without reasonable accommodations, required to deliver safe and effective nursing care.

The Graham Hospital Uniform Conviction Information Act (UCIA) form gives the hospital permission to file a background check on you. Graham Hospital Association makes a Uniform Conviction Information Act (UCIA) check on all students accepted to the school. The applicant must have a favorable criminal background check from the Illinois State Police and a negative drug screening done by Graham Hospital.

- Include the non-refundable application fee of \$40 (check or money order).**
- Obtain three personal/professional references using the Personal Reference Form.**

Please select 3 people, none should be a friend or relative.

- Request that official transcripts from your high school and each college or university attended be sent to Graham Hospital School of Nursing.**
- Complete an interview with the Coordinator of Student Affairs.**



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### APPLICATION FOR ADMISSION

#### Nondiscriminatory Policy

Equal opportunities are provided for all who apply regardless of race, color, national origin, creed, sex, age, or marital status. Section 504 of the Rehabilitation Act of 1973 protects all handicapped persons against discriminatory treatment. The Graham Hospital School of Nursing does not discriminate in matters of sex, handicap, age, marital status, race, religion, or national origin in admission or access to, or treatment in its programs, or activities.

#### APPLICATION DATA

Projected enrollment date  Fall 20\_\_\_\_\_

I am applying for admission as a(n):

Freshman  Advanced Placement (LPN)  Transfer \_\_\_\_\_  
Name of Previous Nursing Program

#### IDENTIFICATION DATA

\_\_\_\_\_  
First Name Middle Name Last Name

Other name(s) you may have used while attending school \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number (\_\_\_\_\_) Home Phone (\_\_\_\_\_) Cell Phone

\_\_\_\_\_  
Address City State Zip Code

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Marital Status (optional)  Single  Married  Divorced  Separated  Widowed

Emergency Contact \_\_\_\_\_  
Full Name Relationship

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Address City State Zip Code

**PERSONAL DATA**

Citizenship Status    U.S. Citizen    Permanent Resident    DACA or Undocumented    None

Sex\*    Male    Female   Gender Identity (optional) \_\_\_\_\_

Ethnic origin\*    American Indian or Alaska Native    Asian    Black or African American  
 Hispanic or Latino    Native Hawaiian or Pacific Islander  
 Two or More Races    White    Other \_\_\_\_\_

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

**ACADEMIC DATA**

High Schools attended

Name of Institution	City	State	Dates Attended	Diploma

Colleges, universities, or other post-secondary schools attended

Name of Institution	City	State	Dates Attended	Certificate/Degree

Honors, awards received \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DATA**

List all full- and part-time work experience since high school, beginning with the most recent. Attach additional sheet if necessary.

From	To	Position	Company	City and State

Activities, memberships \_\_\_\_\_  
\_\_\_\_\_

\*Required by federal and state statistical reporting

How did you first hear about Graham Hospital School of Nursing? (Check one.)

- College Advisor    College Faculty    Co-worker    Friend    GHSON Admissions Representative  
 GHSON Alumnus    GHSON Faculty    GHSON Student    GHSON Website    Graham Employee  
 High School Counselor    Parent    Other Family Member    Other \_\_\_\_\_

How did you become interested in applying to Graham Hospital School of Nursing? (Check all that apply.)

- College Advisor    College Faculty    Co-worker    Friend    GHSON Admissions Representative  
 GHSON Alumnus    GHSON Faculty    GHSON Student    GHSON Website    Graham Employee  
 High School Counselor    Parent    Other Family Member    Other \_\_\_\_\_

Why do you want to attend Graham Hospital School of Nursing? List the influences that led to your decision in order of their importance.

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Is there any additional information you feel would be helpful to the Admissions Committee in reviewing your application?

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**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.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**YOUR APPLICATION IS NOT COMPLETE.**

**YOU MUST COMPLETE THE  
ESSENTIAL FUNCTIONS FOR STUDENTS OF NURSING and  
GRAHAM HOSPITAL UNIFORM CONVICTION INFORMATION ACT (UCIA)  
FORMS ON THE NEXT PAGES.**

**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.

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

**I have read and understand the physical and mental requirements for students at Graham Hospital School of Nursing.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## **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 TJC (The 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 TJC 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** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**