REGISTERED NURSE TRANSITION TO PRACTICE PROGRAM APPLICATION

CHECKLIST: A complete application packet should include the following items:

- ☐ A completed application form
- ☐ A personal statement (instructions included at the end of this document)
- ☐ A current resume
- ☐ An official transcript from all colleges attended

Application packets are due by 5pm on Friday November 6, 2015.

Application packets should be submitted via email to Dr. Mila Ellis at ludmila.ellis@lehman.cuny.edu . If you have any questions you can reach out to Dr. Mila Ellis by email or by phone at 718-960-8076.

REGISTERED NURSE TRANSITION TO PRACTICE PROGRAM
APPLICATION FORM

APPLICANT INFORMATION *(Please write legibly)*

Last Name:_____ First Name:_____ Date of Birth:____/____/____

Home Address:_____ Apt #:_____

City:_____ State:_____ Zip Code:_____

Cell Phone:_____ Other Phone:_____

E-mail Address:_____

Gender: ☐ Male ☐ Female

Ethnic Identity (optional): *(Check all that apply)*

☐ Black/African American ☐ Hispanic/Latino

☐ White/Caucasian ☐ Native American or Alaskan Native

☐ Asian/Pacific Islander ☐ Other (Specify: _____)

How did you hear about this program? (e.g. friend or colleague, school listserv, newspaper ad, Workforce1)

_____

_____

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

If you are a male between the ages of 18 and 25, have you registered with Selective Service?

☐ Yes ☐ No ☐ Not Applicable

LANGUAGE SKILLS

Do you speak and/or read any languages other than English? ☐ Yes ☐ No

If yes, please list the language(s) you speak and/or read and rate your proficiency level from 1 (low) to 5 (high):

Language:_____ Speaking Level: _____ Reading Level: _____

Language:_____ Speaking Level: _____ Reading Level: _____

Language:_____ Speaking Level: _____ Reading Level: _____

EDUCATION/LICENSURE

Please provide the following information about your degree(s) in nursing. Please list each degree.

Name of Institution:_____

City, State, Country:_____

Degree: ☐ Associate ☐ Bachelor's ☐ Other:_____

Major(s):_____

When did you graduate? _____/_____ (Month/Year)

Name of Institution:_____

City, State, Country:_____

Degree: ☐ Associate ☐ Bachelor's ☐ Other:_____

Major(s):_____

When did you graduate? _____/_____ (Month/Year)

Name of Institution:_____

City, State, Country:_____

Degree: ☐ Associate ☐ Bachelor's ☐ Other:_____

Major(s):_____

When did you graduate? _____/_____ (Month/Year)

Licensure

Date of completion of the NCLEX exam:_____/_____ (Month/Year)

Do you hold a New York State Registered Nursing License? ☐ Yes ☐ No

License Number:_____ Date issued:_____

Is your license in good standing? ☐ Yes ☐ No

Certification

Have you completed Basic Cardiac Life Support (BCLS) Certification? ☐ Yes ☐ No

If yes, please provide the date it was issued:_____/_____ (Month/Year)

Have you completed Advanced Cardiac Life Support (ACLS) Certification? ☐ Yes ☐ No

If yes, please provide the date it was issued:_____/_____ (Month/Year)

Have you completed any other professional certificates? (e.g. Diabetes Educator, Pain Management, etc.)

☐ Yes ☐ No

If yes, please list below:

Certificate:_____ Date issued:_____/_____ (Month/Year)

Certificate:_____ Date issued:_____/_____ (Month/Year)

Certificate:_____ Date issued:_____/_____ (Month/Year)

EMPLOYMENT HISTORY

Employment Status

What is your current employment status?

☐ Unemployed ☐ Employed Part-Time ☐ Employed Full-Time

If applicable:

Current Employer:_____ Job Title:_____

Business Address:_____

City:_____ State:_____ Zip Code:_____

Business Phone Number:_____ Current Wage:_____ ☐ Hourly ☐ Salary

On average, how many hours do you work in one week? _____

Nursing Experience

Have you ever been employed in a *full-time RN position*? ☐ Yes ☐ No

Have you ever been employed as a *part-time or per diem nurse*? ☐ Yes ☐ No

If yes to either of the above, please provide the following information:

Employer:_____ Job Title:_____

Business Address:_____

City:_____ State:_____ Zip Code:_____

Business Phone Number:_____ Current Wage:_____ ☐ Hourly ☐ Salary

On average, how many hours did you work in one week? _____

Start Date:_____/_____ (Month/Year) End Date:_____/_____ (Month/Year)

NURSING CAREER INTEREST

To ensure the best match between selected applicants and participating hospitals, placements will be based on various factors and not just applicant rankings. Important note: we cannot guarantee that all applicants will be placed at one of their top-ranked hospitals of interest.

Please rank the following hospitals in order of preference (1 = most strongly preferred, 4 = least strongly preferred).

Hospital	Rank
Woodhull Medical Center (Brooklyn)	
Bronx-Lebanon Hospital Center (Bronx)	
Kings County Hospital Center (Brooklyn)	
Mount Sinai Beth Israel Hospital (Manhattan)	

PERSONAL STATEMENT

On a separate sheet of paper, in 300-750 words (i.e., at least one double-spaced page, but no more than two and a half double-spaced pages), prepare a typed statement that addresses all of the following questions:

1. What are your future career and/or academic goals?

2. Please describe the reason(s) for your interest in the Registered Nurse Transition to Practice Program. What is the potential impact this program will have on your personal and professional development and goals?

3. Please highlight an experience from one of your past three jobs and describe the most enjoyable aspects of the experience; the most challenging aspects and how you addressed those challenges; and if applicable, describe your level of contact with patients/clients/customers.

4. (Optional) Discuss any additional information you feel might further support your candidacy (e.g. volunteer work, awards, personal philosophy).

CERTIFICATION

I certify that I have read and understood all instructions on this application and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation (including plagiarism) or omission may be cause for rejection of my application for this program.

Full Name (print):_____

Signature:_____ Date: _____

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