HARMONY HEALTH CARE INSTITUTE, INC.

Practical Nursing Program Application Form

Directions:

- Please Type or Print using black ink.
- A Bank Check or Money Order of $350.00 made payable to *Harmony Health Care Institute*
- Your completed application must be submitted with the following documents:

1. A $350.00 Bank Check or Money Order made payable to *Harmony Health Care Institute*
2. Applicant's Personal Statement (Use enclosed sheet)
3. Your Current Resume/Work History
4. Criminal Record Release Form (Part I & II must be completed, notarized and mailed with the required fee to the NH state agency address listed on the form)
5. Official High School/GED Transcript
6. Official Entrance Test Result
7. Reference Form #1, #2, & #3 (two of the references must be professional references)
8. Health Status Verification Forms
9. Copy of State issued Identity Card/Driver's License
10. A copy of age verification document (you must be 18 years of age or older)

Anticipated Course Start Date: _____ ☐ Full-time program ☐ Part-time program

_____

Last Name First Name Middle Initial Maiden Name

_____

Mailing Address

_____

City State Zip Code

(_____)_____ (_____)_____ (_____) _____

Day Phone Evening Phone Work Phone

_____

Email Address

_____ _____

Date of Birth Social Security Number

US Citizen: ☐ Yes ☐ No Country of Origin: _____ (Please Print)

OFFICE USE ONLY

Financial Coordinator :	DATE:
Administrative Coordinator:	DATE:

Reviewed/Revised November 2009

EDUCATIONAL HISTORY

Type or Level	Name & Address of School	Dates Attended	Diploma or Degree Earned
High School or GED			
College/ University			
Other			

Have you taken the NET/TEAS within the last 2 years? _____If yes, When? _____

Have you previously applied for admission to HHCI?_____If yes, When? _____

Do you have previous course work that you wish to transfer to HHCI? _____

If yes, has HHCI received official transcript of the coursework?_____

Do you have access to reliable transportation? ☐ Yes ☐ No

If no, have you made adequate arrangements for transportation to class and to the clinical site(s)?

_____

Do you have a learning disability or have any documented handicap? ☐ Yes ☐ No

If yes, prepare to provide supporting documentation during your admission interview.

Have you ever been convicted of a felony? ☐ Yes ☐ No (Violations do not include traffic or parking violations or convictions that have been annulled)

What are your educational and career goals? _____

_____

_____

_____

_____

Do you have healthcare-related work experience? If yes, please list which area of healthcare, company and give a brief description of your work experience.

_____

_____

_____

Please attach a statement of not more than 100 words stating why you believe you are especially prepared to benefit from this Practical Nursing Program. Your statement should include any experiences you may have had that contributed to or influenced your decision.

REFERRAL INFORMATION

How did you hear about Harmony Health Care Institute? (Please check many as applicable).

☐ Current Student_____ ☐ Current Employee_____

☐ Faculty/ Instructor_____ ☐ Newspaper Ad_____

☐ Internet_____ ☐ Other _____

EMERGENCY CONTACT INFORMATION

Primary Contact Person

Name: _____

Home Phone: (___) _____Work Phone: (____) _____

Cell Phone: (____) _____ Other Phone: (____) _____

Relationship: _____

Secondary Contact Person

Name: _____

Home Phone: (___) _____Work Phone: (____) _____

Cell Phone: (____) _____ Other Phone: (____) _____

Relationship: _____

Any information provided by the applicant on this application is treated strictly as confidential information. Please note that Harmony Health Care Institute reserves the right to deny admission to any applicant who does not meet the stipulated requirement or possess the criteria necessary for success in the program of study applied for.

In the event that I am accepted, I agree to abide by the student policies and procedures contained in the Practical Nursing Program Student Handbook. I have reviewed all the above responses and statements, and certify that the information I have provided in this application is complete and true to the best of my knowledge. I understand that any omission or misrepresentation of fact in this application may result in the denial of admission / enrollment or possible dismissal from the program at any point throughout the duration of the course. I hereby authorize Harmony Health Care Institute to verify the information provided in the application, references, previous employment, and conduct a check on my background both criminal and educational.

_____ _____

Applicant's Signature Date