



HARMONY HEALTH CARE INSTITUTE, INC

Licensed Practical Nurse Program

Admission Application Form

LICENSED PRACTICAL NURSE (LPN) PROGRAM APPLICATION COMPLETION DIRECTIONS:

- Please complete this Application Form by printing your information clearly, using black or blue ink.
- Your Application Fee (\$350.00) must be paid in cash, money order or bank check. If paying with money order or bank check, please make it payable to: *Harmony Health Care Institute*
- Your completed Application Form must be submitted to the Admissions Office with the following required supporting documents (*LPN Program Admission Requirements*) to be deemed complete:
 1. **Evidence of Application Fee Payment.** *Only Cash, Money Order, or Bank Check accepted.*
 2. **Applicant's Personal Statement.** *Must be type-written on a separate sheet, using the directions provided on this Application Form.*
 3. **Current Resume/Work History.** *Must be type-written and include all relevant information.*
 4. **U.S. High School Diploma/Equivalent (i.e., GED, HiSET) and/or Official High School Transcript.** *High School Diploma/Transcript must be Signed and Dated.*
 5. **Official Entrance Testing Result.** *Must include TEAS and Essay Results.*
 6. **Admission References.** *Must include at least 2 Professional References and 1 Personal Reference.*
 7. **Current Government Issued Photo Identification Card (i.e., Driver's License).** *Must be at least 18 years old at the time of enrollment.*
- **The items listed below are required for participation in the LPN program's Clinical Training and must be submitted to the Admissions Office within 10 days of Enrollment Start Date:**
 1. **Criminal Offender Record Information (CORI) Report.** *Note: Part I & II of the NH CORI Form must be completed, notarized, and mailed with applicable fee to the state agency listed on the form.*
 2. **Bureau of Elderly and Adult Services (BEAS) Report.** *Note: BEAS Registry Consent Form must be completed and returned to the Admissions Office.*
 3. **Health Status Certification and Complete Immunization Report.** *Note: The HHCI provided Health Status Verification Form must be completed by a Licensed Health Care Provider and returned to the Admissions Office.*
 4. **Basic Life Support CPR Certification.** *Note: CPR training must include Adult, Child, & Infant.*

NOTE: *Failure to submit the above-listed LPN program's Clinical Training requirements to the Admissions Office within 10 days of Enrollment Start Date may result in a student's removal from scheduled Clinical Training and/or possible Administrative Withdrawal from the LPN program.*

Anticipated Program Start Date: _____ SSN _____

Last Name First Name Middle Initial Maiden Name

Previous Names Used

Mailing Address

City, State, Zip Code Date of Birth

() () ()
Day Phone Evening Phone Work Phone

Email Address (Please Print Clearly)

DEMOGRAPHIC INFORMATION (Please complete as applicable)

Prior College Education: ___Yes ___No U.S. Citizen Resident Alien Non-resident Alien

Place of Birth: _____
City State Country

Male Female Marital Status: Married Single

Current Transportation: Own Vehicle Carpooling Other (Specify) _____

Employment Status: Full-Time (30-40 Hrs./Wk.) Part-Time (Less than 30 Hrs./Wk.) Unemployed

Yearly Income: 0-\$30,000 \$30,001-\$48,000 \$48,001-\$75,000 \$75,001-\$110,000 \$110,001 or more

Are you applying for financial aid? Yes No

Primary Language: English
 Spanish
 French
 Other: Specify _____

Ethnicity/Race:
 African American/Black
 American Indian/Alaskan Native
 Asian
 Caucasian/White
 Hispanic/Latino
 Native Hawaiian/Other Pacific Islander
 Two or more Races
 Unknown

OFFICE USE ONLY

Application Fee Received:	Payment Receipt No:	Payment Type:
Financial Coordinator:	Payment Receipt Date:	
Admission Coordinator:	Complete Application Receipt Date:	

EDUCATIONAL HISTORY

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

GENERAL QUESTIONS

1. Do you have a U.S. High School Diploma or its equivalent (i.e., GED, HiSET, or foreign High School Diploma)? Yes No.
2. If you have a foreign High School Diploma, has it been translated and evaluated by a U.S. recognized Education Credential Evaluation Agency? Yes No.
3. Have you taken the required LPN program Admission Entrance Testing within the last (1) year?
 Yes No. If yes, When? _____
4. Have you previously applied for Admission to HHCI? Yes No. If yes, When? _____
5. Do you have previously completed coursework that you wish to transfer to the LPN? Yes No. **If no, please skip questions 6, 7, and 8.**
6. If you wish to transfer previously completed coursework, have you submitted the Course/Credit Transfer Request Form to the Admissions Office? Yes No.
7. Have you submitted all required Course/Credit Transfer supporting documents (i.e., official transcript, course description, syllabi, etc.) to the Admissions Office? Yes No
8. Have you completed the required Course/Credit Transfer Validation Testing? Yes No
9. Do you have access to reliable transportation? Yes No
10. If no access to reliable transportation, have you made adequate arrangements for transportation to scheduled learning activities (didactic, nursing skills lab, and clinical learning activities)? Yes No
11. Do you have verified learning or physical disability that you think may impact your ability to benefit from the LPN program? Yes No
12. If you have verified learning or physical disability, please submit a written request for accommodation along with appropriate supporting documentation to the Admissions Office prior to your Admission Interview Date **Note:** *The School Catalog and Consumer Disclosure Information provides HHCI's policy and procedure regarding disability accommodations.*
13. Have you ever been convicted of a crime (i.e., felony, misdemeanor, etc.)? Yes No. **Note:** *crimes do not include traffic or parking violations or convictions that have been annulled.*
14. What are your educational and career goals? _____

15. 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. _____

PERSONAL STATEMENT

Please include a separate type-written document titled “**Personal Statement**” of not more than 100 words stating why you believe you are especially prepared to benefit from this Licensed Practical Nurse Program. Your statement should include any experiences you may have had that contributed to or influenced your decision. Your **Personal Statement** must at a minimum, include as follows: *Date, Full Name, Address, Document Title and then Personal Statement Description.*

Please see Example of Format Below:

Date: August 3, 2020

Full Name: John Smith

Address:

Document Title: Personal Statement

Body of Statement:

REFERRAL INFORMATION

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

- Current Student _____
- HHCI Employee _____
- Newspaper Advertisement _____
- Internet _____
- HHCI Graduate _____
- HHCI Website _____
- Word-of-Mouth _____
- 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: _____

Harmony Health Care Institute’s LPN program is offered on a Rolling Admission annually and with Enrollment Start Dates of April, August, and December. You may submit your application to be considered for enrollment in any of the three Enrollment Start Dates annually. Any information you provide in this Application Form will be treated strictly as confidential information.

CERTIFICATION:

I am aware that Harmony Health Care Institute reserves the right to deny me admission if it is determined that I did not meet the stipulated Admission Requirements as published in the School Catalog and Consumer Disclosure Information (SCCDI). Also, I understand that any omission or misrepresentation of fact in this application may result in the denial of admission/enrollment or termination from the LPN program at any point during my enrollment in the program.

If I am accepted in the LPN program, I agree to abide by all student policies and procedures contained in the published SCCDI.

I have reviewed all my responses and statements in this Application Form and certify that the information I have provided is complete and accurate to the best of my knowledge.

Finally, I hereby authorize Harmony Health Care Institute’s Admissions Office to verify the accuracy of the information I have provided in this Application Form as well as the authenticity of every supporting document included.

Applicant’s Signature

Date