

Application for Admission

The School of Nursing at Piedmont College and The Georgia Board of Nursing believe that nurses should be held to the highest moral standards and code of ethics. The School of Nursing maintains the right to deny admission to the program for good cause. Reasons for denial of admission may include but not be limited to the following:

1. Application by fraudulent means or through misrepresentation of facts.
2. Physical, mental or emotional incapacity or unfitness.
3. Conviction, plea of guilty or a plea of nolo contendere for violation of a law punishable as a felony or misdemeanor other than a minor traffic violation.
4. Personal conduct that seriously reduces the applicant's potential for administering safe nursing care because of conduct detrimental to the health or welfare of others.

Attached you will find a Consent Form to authorize Piedmont College School of Nursing and its agents to obtain, receive, review, and have access to any and all information in any and all reports, files, records, traffic records, criminal histories or records, or any other information pertaining to you which may be in the files of any state or local law enforcement or criminal justice agency.

If you have questions, please call (706) 776-0116.

Sincerely,

Linda Scott, Ph.D.
Dean, R. H. Daniel School of Nursing

Application for Admission

Please type or print

PLEASE READ THE FOLLOWING APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING CAREFULLY. YOU MUST COMPLETE ALL SECTIONS OF THIS APPLICATION TO BE CONSIDERED FOR ADMISSION TO THE SCHOOL OF NURSING. ANY INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ADMISSIONS. (APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED UNTIL ADMISSION TO PIEDMONT COLLEGE IS VERIFIED. PLEASE ATTACH A COPY OF YOUR ACCEPTANCE LETTER FROM PIEDMONT COLLEGE.)

Desired Admission: Fall Semester 200__

Full Name Last First Middle/Maiden Social Security #

Permanent Address Street or Route Phone

City State ZIP County

Birth Date month/day/year

Gender (Optional) Female Male

Ethnic Origin (Optional)

U.S. Citizen Yes No

Place of Birth State Country

- Caucasian
Hispanic
Black
Native American
Pacific Islander
Other:

General Health

- Good
Other (Describe)

Academic Data

Status at Piedmont College
Attending Yes No
Applied Yes No
Accepted Yes No

Previously applied to Piedmont College School of Nursing? Yes No

Previously attended colleges and previous course work? (Attach second sheet if needed.)

School Name

Graduated? Yes No
Degree

Applications will not be accepted or reviewed until admission to Piedmont College is verified. Please attach a copy of acceptance letter from Piedmont College.

Do you hold a certificate/license in a health-related field? Yes No

If Yes, please specify:

Attach any unofficial transcripts of all colleges/universities attended.

Please attach a copy of license for any health care occupation/profession held. Write 'COPY' across the license.

Please list all full-time and/or part-time employment for the last five years in chronological order. Include the following:

Employer (Company) _____
Address _____
Phone Number _____
Supervisor _____

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Address _____
Phone Number _____
Supervisor _____

Employer (Company) _____
Address _____
Phone Number _____
Supervisor _____

Employer (Company) _____
Address _____
Phone Number _____
Supervisor _____

Information provided in this application may be verified. Invalid information will be grounds for dismissal from the School of Nursing.

Scholarship Information

Are you interested in receiving information regarding nursing education scholarships? If so, answer "Yes," below to grant Piedmont College permission to release your name, address, and phone number to agencies that have scholarship funds available.

Yes No

You must attach the following documents to this application:

- 1. Unofficial transcripts of all colleges/universities attended, and*
- 2. A copy of license for any health care occupation/profession held (write COPY across the license).*

Please submit your application with transcripts and licenses as applicable to the School of Nursing by February 15 of the desired year of admission.

Mail to:

R.H. Daniel School of Nursing
Piedmont College
P.O. Box 10
Demorest GA 30535

SIGNATURE _____

DATE _____

