



Hannah E. Mullins School of Practical Nursing

230 North Lincoln Avenue Suite 3
Salem, Ohio 44460

Phone: 330-332-8940
Email: info@hemspn.edu

Fax: 330-332-8941
Web site: www.hemspn.edu

FOR OFFICE USE

Date Rec'd _____

Fee Paid _____

APPLICATION FOR ENROLLMENT

The non-refundable application fee is \$50.00. Deadlines are listed in the Checklist for Becoming Enrolled. Make checks or money orders payable to Hannah E. Mullins School of Practical Nursing. No debit or credit cards accepted.

Date of Application: ____/____/____ Class applying for: Sept _____ Full Time
March _____ Full Time

Social Security: _____ - _____ - _____ DOB: ____/____/____

Name:

Last Name First Name Middle Initial Maiden Name

Mailing Address:

Street and Apartment Number City State Zip Code

Phone: _____ e-mail: _____

Have you previously applied to our school? Yes _____ No _____ If yes, when? _____

If yes, under what name did you apply?

If not a citizen, do you have documented proof of the legal right to reside in the United States? Yes _____, No _____

Do you have any limitation that may affect your ability to implement safe, therapeutic nursing care? Yes _____, No _____

EDUCATIONAL BACKGROUND

Official transcripts must be provided for all high school or GED certificates to the Hannah E. Mullins School of Practical Nursing.

High School Attended:

Name Street/City/State/Zip

Did you graduate from high school? Yes _____ No _____ Year of Graduation _____

Did you receive a GED? Yes _____ No _____ Date of GED: _____

Is this your first time attending any type of postsecondary school (college or tech school) even if you did not finish?
Yes _____ No _____

| Additional Colleges, Universities, Technical Schools | Dates Attended | Degree, Diploma, Certificate, or Credits Received |
|--|----------------|---|
| | to | |
| | to | |
| | to | |

The Hannah E. Mullins School of Practical Nursing does not have health insurance that covers student illness or injuries. Do you have health and hospitalization insurance? Yes _____ No _____

BEFORE SIGNING THIS APPLICATION, PLEASE READ THE FOLLOWING:

Following successful completion of any nursing program, the graduate applies to the Ohio Board of Nursing (OBN) for permission to take the pre-licensing examination. The OBN has established criteria for licensure eligibility in the State of Ohio. The newest criteria are related to a history of certain criminal activities, mental illnesses, and drug abuse. The following is for the entering student’s information only and provides further details related to these criteria.

1. Criminal History Record Check/Felony Preclusion:

On April 8, 2002, the governor signed HB 327, a bill that, in part, amends the Nurse Practice Act (law) to require applicants to submit to a criminal record check as part of the application for initial licensure as a nurse in Ohio. The criminal records check includes the Federal Bureau of Investigation (FBI) records and is conducted by the Bureau of Criminal Identification and Investigation (BCI).

All students entering a nursing program after June 1, 2003 are required to submit their fingerprints to the Bureau of Criminal Investigation (BCI) for a criminal record check through the BCI-and the Federal Bureau Investigation (FBI) check. For this reason, fingerprinting will be conducted prior to admission to the program. Results will be mailed directly to HEMSPN. **The cost of this background check and will then be billed to the student.** Fingerprinting will be conducted again during the second half of the program to be submitted to the OBN in preparation of licensure examination. Part-time program will have fingerprinting done an additional time to cover the span of the program.

In compliance with the law and so that Hannah E. Mullins School of Practical Nursing (HEMSPN) can assure all clinical sites that enrolled students are not a risk to patients, residents, staff or visitors, the records check is initiated prior to enrollment.

A prospective student with a criminal history that is identified on the OBN Designated Legal Offences that disqualify employment of a person in a position that is responsible for direct care or a charge of similar nature from another state or principality will not be enrolled in the program.

Yes, I have an offense that will show up on my background check. Must follow steps below.

No, I do not have an offense that will show up on my background check

Determination by Board Whether a Crime is on the List of Potentially Disqualifying Offenses -

- **The prospective student must request a letter from the Board of Nursing stating whether a crime is on this list of potentially disqualifying offenses by emailing disqualifying-offense-requests@nursing.ohio.gov a credit card payment of \$25.00 is required.**
 - If the letter from the Board of Nursing identifies the offenses as a potential disqualifier, the prospective student will not be enrolled.
 - The prospective student who has their record expunged, may reapply for enrollment.
- HEMSPN is required to share all background checks with the clinical facilities of those who are admitted.

Applicant’s signature: _____ Date: _____

Campus Ivy Core System for Financial Aid
SMS (text message) Authorization

Hannah E. Mullins School of Practical Nursing utilizes Campus Ivy to administer and track financial aid. Students will be notified via email and text alerts regarding the status of their financial aid.

If you wish to opt out of being contacted via text message, please indicate below.

_____ I allow the system to contact me via text message (SMS)

_____ I do not allow the system to contact me via text message (SMS)

Cell # _____

Student Signature date

Printed Name

Personal Identifiable Information Disclosure

What does Hannah E. Mullins School of Practical Nursing do with your Personal Information?

| | |
|-------|--|
| Why? | Institutions choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
| What? | The types of personal information we collect and share depends on the services you have with us and whether you are a dependent or independent student. This information can include the following for you, your spouse and your parents: <ul style="list-style-type: none"> • Social Security Number • Income • Account balances and payment history • Federal Income Tax Information • Credit decisions |
| How? | All institutions need to share students' personal information. Listed in the section below are reasons we can share students' personal information and whether you can limit this sharing |

| Reasons we can share your personal information | Does HEMSPN Share? | Can you limit this sharing? |
|--|--------------------|-----------------------------|
| To process Federal Student Aid | Yes | No |
| Work with county WIOA programs for funding | Yes | No |
| To process private loans | Yes | No |
| To process Veteran's benefits | Yes | No |
| To process scholarship opportunities | Yes | Yes |
| FBI and BCI background checks and drug screening | Yes | No |
| Marketing purposes | NO | N/A |
| | | |
| | | |

| | |
|--|--|
| Who is providing this notice | Hannah E. Mullins School of Practical Nursing (HEMSPN) |
| How HEMSPN protects your personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal laws. These measures include computer safeguards and secured files and buildings: |
| How does HEMSPN collect my personal information? | Personal information can be collected from, for example: <ul style="list-style-type: none"> • Your application • Your FAFSA (ISIR) • Verification Paperwork • Tax forms • W2 or other wage statements • Medical / Immunization records • Admission paperwork (example: transcripts) |
| Why can't I limit all sharing? | Sharing information, other than for marketing purposes, is necessary for enrollment into the program and to receive Federal Student Aid, private loans and county WIOA funds. |

| | |
|--|--|
| Leave Blank or fill out and return to office to opt out of information sharing | Do not share my personal information as listed above. By opting out of the school sharing my information, I realize none of the above services will be available to me and my enrollment into the program will be jeopardized. |
| OPT OUT | To opt out please contact the office to sign form. |