



Hannah E. Mullins School of Practical Nursing

STNA Program

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FOR OFFICE USE

Date Rc'd _____

Fee Paid _____

APPLICATION FOR ENROLLMENT (Due two weeks prior to first day of class)

Date of Application: ____/____/____

Class applying for: _____

Social Security: _____ - _____ - _____ DOB: ____/____/____ **Must show original Social Security card.**

Name: _____

Last Name

First Name

Middle Initial

Maiden Name

Mailing Address:

Street and Apartment Number

City

State

Zip Code

Home Phone: _____ Cell Phone: _____ e-mail: _____

Marital Status: ____ Married ____ Single ____ Divorced ____ Widowed

I identify my gender as: ____ Male ____ Female ____ Unspecified

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

Do you have a valid driver's license or photo ID? Yes ____, No ____

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

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 ____

Who referred you to come to this program? _____

BEFORE SIGNING THIS APPLICATION, PLEASE READ THE FOLLOWING

All students entering a STNA program are required to submit their fingerprints to the Bureau of Criminal Investigation (BCI) for a criminal records check through the BCI and the Federal Bureau Investigation (FBI) check. For this reason, fingerprinting will be conducted at the beginning the program. Results will be mailed directly to HEMSPN. Should the background check identify an egregious act that would prevent practicing as a STNA in the state of Ohio, that student will be dismissed from the program

Also be aware that both the Hannah E. Mullins School of Practical Nursing - STNA and clinical facilities require a drug free environment. Random drug testing may be performed if suspicion of use is noted.

The Hannah E. Mullins School of Practical Nursing - STNA is an equal opportunity school. All qualified applicants are accepted without discrimination in regard to creed, ethnic origin, marital status, race, sex, age, and religion, handicap which does not interfere with attainment of program/course/clinical objectives or the provision of safe, therapeutic nursing care, and membership or non-membership in any lawful organization.

By signing and dating this application, I attest that all information provided is true and accurate to the best of my knowledge and belief. I understand that any false statements/information is sufficient reason for denial of admission or termination from the program. I also attest that I have read and agree to the above stated policies.

Applicant's signature: _____ Date: _____