

**Capital Health School of Nursing – Regional Medical Center
Application Procedure**

Application Procedure:

The School of Nursing **admits once per year**, in the fall.

All official documents such as transcripts, references, and test results; must be in separate, sealed envelopes with an original signature or official stamp across the seal. Applicants must make certain all information is complete in its entirety. If unable to obtain official documents in this manner, the documents must be mailed or emailed CHSON@capitalhealth.org directly to the school by the institution or person submitting the document.

Receipt of your application will be acknowledged. Once all of your credentials are received, they will be reviewed by the Admissions Committee. You may be invited to a personal interview after the committee review.

- ☐ **Application for Admission Form** Please use the checklist on page one titled “Applicant Submission Form.” Remember to notify the School in writing of any Change of Address or Telephone Number, which may occur after you submit your application.

CHSON-RMC Application for Submission Form

- ☐ **Application Fee \$50.00, non-refundable** Submit with the Application for Admission, using cashier’s check, certified check or money order, made payable to Capital Health School of Nursing – Regional Medical Center.
- ☐ **Three Professional References** (teacher/professor, employer/supervisor, community service representative/clergy). *References from family members and/or friends are not valid.* The person completing the Reference Form should sign, date and seal it in an envelope with their signature across the seal of the envelope. Please submit the completed and sealed Reference Form with your application packet, or the person giving you a reference can email it to CHSON@capitalhealth.org. Please read the waiver statement on the back of each form and decide if you wish to sign it.

CHSON-RMC Reference Form

- ☐ **Transcripts** One official transcript is required from High School, all other Educational Institutions and LPN Program if applicable. The Institution providing the transcript will seal it in an envelope with their stamp across the seal of the envelope. Unsealed, unofficial transcripts will not be accepted. Please submit the sealed Transcript with your application packet, or if the Institution prefers it, they may email it to CHSON@capitalhealth.org; or they may mail it to the address at the bottom of this document.
- ☐ **Foreign Transcripts** from schools outside of the United States must be evaluated by an accredited credentialing service, at the applicant’s expense. If you would like to receive credit for specific courses, the evaluation must be done on a course-by-course basis (e.g. WES). For applicants who are not U.S. citizens, a proper visa must be secured.
- ☐ **TOEFL IBT** All applicants educated outside of the U.S.A. must complete the Test of English as a Foreign Language (TOEFL IBT) Placement Test.
- ☐ **Interview** A personal interview (by invitation) initiated by the Admissions Committee.
- ☐ **Acceptance into Program** The Applicant will receive a letter of acceptance. A non-refundable Acceptance Fee of 100.00 will be required to ensure placement in the fall class.