



REGISTERED NURSE (R.N.) MOBILITY OPTION

Office of Admissions

One Hartwick Drive
Oneonta, NY 13820
Tel: 607-431-4150, Fax: 607-431-4154
admissions@hartwick.edu

I. Information for R.N. Mobility Applicants

- A. Application forms and general information regarding eligibility are available from the Office of Admissions, Hartwick College, Oneonta, N.Y. 13820, or contact the RNMO admissions coordinator at 607-431-4150 or toll-free at 888-HARTWICK.
- B. Interested persons should submit all application materials as listed below. You must also make an appointment for a personal interview with the RNMO nursing coordinator or the chair of the Department of Nursing prior to being accepted. During this interview, the chair will review your past coursework and determine what courses you will need to take to complete your Hartwick College requirements. Transcripts from all previously attended colleges and course descriptions are required for this interview. Please call 607-431-4780 to make your appointment.
- C. When your application is complete and you have had a personal interview with the Nursing Department, an admissions decision will be made. Accepted students will receive a letter of admission to the program and an official transcript evaluation. See www.hartwick.edu/x2617.xml for our transfer of credit policies.

II. Application Procedures

In addition to the signed application, the following items must be submitted before an application will be reviewed. Notification of decision is made within two weeks of file completion.

1. \$35 non-refundable fee—waived if official visit (interview or tour) occurs before applying.
2. Official transcript from each educational institution previously attended; secondary school transcript may be requested, and is required for all students applying for financial aid; transcript of courses in progress may be requested before determining acceptance or rejection.
3. Reference from instructor from the last professional program attended, or supervisor (head nurse or director) at work.
4. Reference from a colleague.
5. Photocopy of New York State Registered Nurse license or verification of application.

III. Financial Aid

Full-time students are eligible for Hartwick College financial aid. Questions should be directed to the Office of Financial Aid, 607-431-4130 or finaid@hartwick.edu.

IV. Billing Procedures

The students in the RNMO Program must pay the \$400 enrollment deposit. The deposit will be applied as a credit on your first-semester bill. Eligible Bassett Healthcare Partnership students are exempt from paying this deposit (details will be provided upon acceptance into the program).

Students whose participation in the RNMO Program is being sponsored by a hospital or other health-related facility will be billed for the total tuition, less the \$400 deposit, at the completion of the term. Such preferential billing is contingent on the sponsoring facility's contract agreement.

Students whose participation in the RNMO Program is not being sponsored by a hospital or other health-related facility will be billed for the total tuition, less the \$400 enrollment deposit, before the beginning of the term with payment expected prior to registration. If circumstances exist that preclude total payment prior to registration, please contact the Office of Student Accounts to secure the appropriate financial arrangements.

All checks should be made payable to Hartwick College.

- V. In case of withdrawal from the Registered Nurse Mobility Option, tuition refunds will be calculated based on the refund schedule found in the current College catalog.



APPLICATION FOR R.N. MOBILITY OPTION

This application is for: _____ (Part-time) _____ (Full-time)

_____ Fall Term Admission (deadline: April 15)
_____ Spring Term Admission (deadline: November 15)

Affiliation (if any)
____ Bassett Healthcare
____ A.O. Fox Memorial
____ Other (please specify)

PERSONAL DATA (Please print)

Legal name: _____ Sex: _____
Last First Middle (complete)

Former last name(s) if any: _____

Permanent home address: _____
Number and Street

City or Town County State Zip

If different from the above, please give your mailing address for all admissions correspondence:

Mailing address: _____
Number and Street

City or Town County State Zip

Telephone at mailing address: _____ Permanent home telephone: _____
Area Code/Number Area Code/Number

Cell phone: _____ E-mail: _____
Area Code/Number

Birth date: _____ Social Security Number: _____
Month/Day/Year

Citizenship: U.S. _____ Permanent Resident U.S. _____ Other: _____ Visa number: _____
Please specify country

Name of Employer: _____ Telephone Number: _____

Address: _____
Number and Street

City or Town County State Zip

WORK EXPERIENCE

List any job (including summer employment) you have held during the past three years. Feel free to attach additional sheets or resume.

| Position | Employer | Dates of Employment | Full- or Part-Time |
|----------|----------|---------------------|--------------------|
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EDUCATIONAL DATA

Name of R.N. Program attended: _____ Year Graduated: _____

Number and Street _____ City or Town _____ State _____ Zip _____
Diploma _____ AAS _____ Other _____

Please list all schools and colleges at which you have taken courses for credit (including summer school). List the names of the courses taken for credit on a separate sheet. Please have a transcript sent from each institution as soon as possible.

| Name of College/School | Address | Degree or Diploma | Dates Attended |
|------------------------|---------|-------------------|----------------|
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Please list all continuing education programs, workshops, and/or institutes (non-credit or C.E.U.s) you have attended since graduation from your R.N. program.

| Name of Program | Location | Dates Attended | Number of Contact Hours |
|-----------------|----------|----------------|-------------------------|
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ACADEMIC HONORS

Briefly describe any scholastic distinctions or honors you have won.

PERSONAL STATEMENT

Please write an essay that describes what you have been doing since graduating from your professional program and your reasons for wishing to attend Hartwick. Attach your essay as a separate sheet.

REQUIRED SIGNATURE

I certify that all information submitted in the admission process—including the application, the personal statement, any supplements, and any supporting materials—is my own work, factually true, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or expulsion, should the information I've certified be false.

Signature: _____ Date: _____

Hartwick College does not discriminate on the basis of race, color, national or ethnic origin, religion, sex, sexual orientation, marital or parental status, age, or handicap in its policies and programs of admissions, financial aid, instruction, athletics, or other College-administered activities.