



APPLICATION

FOR ADMISSION



Reading Hospital
School of Health Sciences

READING HOSPITAL

Advancing Health. Transforming Lives.

MISSION STATEMENT

The mission of Reading Hospital School of Health Sciences is to provide educational programs that develop competent and compassionate professionals capable of providing high quality healthcare services to individuals, families and communities.



PHILOSOPHY

Reading Hospital School of Health Sciences aims to challenge students with educational experiences that enhance understanding of their discipline, reinforces the critical nature of interdisciplinary practice in healthcare and inculcates the value of life-long learning. We seek to build a collegial alliance of faculty, students, staff, and administration committed to providing course work, resources, activities, and instructional facilities that support excellence in teaching and learning.

We believe that a strong educational foundation helps students to integrate learning and community interests and prepares them for success in their major fields of study and professional life. All Programs of study at the School encourage the examination of fundamental questions of human experiences and respectful dialogue in the context of diverse points of view.

The Faculty is also responsible for developing academic policies and the design and content of the program curriculum. The Faculty, through its teaching, scholarship and service, is the most visible example of the intellectual life of the School.

We seek students of diverse cultures, talents, experience, and interests who seek to excel both as persons and in the study of a healthcare related profession. We seek students who are able to assume responsibility for their academic success, a quality that anticipates the accountability and ethical demands of professional practice.

The members of our administrative leadership and academic support services are dedicated to the success of our teaching and learning endeavor. They are charged with fostering strategic planning, institutional assessment, and effective stewardship of School resources. They support the development of organized School activities that provide opportunities for community engagement and foster development of leadership skills.

ADMISSIONS POLICY

PURPOSE

The student body at Reading Hospital School of Health Sciences is carefully selected to include individuals capable of meeting the rigorous educational requirements for preparation as healthcare professionals.

PROCEDURE

Admission is competitive with specific academic standards for each Program of study. Selection of students will be based on personal composition, academic ability, references, interview performance, aptitude tests, writing samples, and previous healthcare experience according to Program-specific requirements. The School reserves the right to deny admission or readmission or to revoke admission to any applicant if, in the opinion of the School, his/her admission is not in the best interest of the student or the School.

Reading Hospital School of Health Sciences operates without distinction to age, race, color, religion, gender, disability, sexual orientation, national origin, or economic means.

For additional details about the admission requirements, please refer to the School's webpage for the Selective Admissions Policy at <https://reading.towerhealth.org/academics/health-sciences/school-policies>.

CONTACT INFORMATION

Reading Hospital School of Health Sciences reserves the right to make necessary changes to the Programs, curriculum, costs, policies, procedures, and calendar. The School reserves the right to clarify any information printed on the website or in official school publications.

For more information, please contact:

Reading Hospital School of Health Sciences

Attn: Office of Admissions

PO Box 16052

Reading, PA 19612-6052

Phone: 484-628-0100

Email: RSHSHS@towerhealth.org

For more information on School policies, consumer information, and annual campus crime report please log onto: <https://reading.towerhealth.org/academics/health-sciences/school-policies>.

DIRECTIONS FOR APPLYING

Before completing the application, please review the admission policy in this publication. The application takes approximately 15 minutes to complete. You will be asked to provide personal, educational, employment, and general information. You will be responsible for informing the School of any changes to the information you have provided on the application prior to and after acceptance into the School. Updates are especially important for applicants who may have a change of name or address, change in contact information, or additional educational experiences not listed on the application at the time of completion.

Please complete the application by using your name as it appears on your Social Security card. Financial aid processing and graduation/licensing preparation may be delayed due to last name discrepancies. Two reference forms are included in this packet, and are required for admission to the School. We strongly suggest that you have individuals complete the forms, and return them to the Office of Admissions. Please mail the application in the business reply envelope included in the packet.

To be considered for admission, the following must be received by the School:

- Completed application and application fee
- Two completed reference forms
- Official transcripts from high school and all post-secondary schools
- Standardized test scores, if applicable
- Essay, if applicable
- For Medical Laboratory Science applicants only- 200-300 word autobiography/career statement discussing your interest Medical Laboratory Science, your college experience in preparation for that career, and other interests in your life.

Mail transcripts and all application materials to:

Reading Hospital School of Health Sciences
Attn: Office of Admissions
PO Box 16052
Reading, PA 19612-6052

Please call the School of Health Sciences at **484-628-0100** with any questions.



APPLICATION FOR ADMISSION

Year of Desired Admission _____

PROGRAM

Please select your program of interest. If you are interested in multiple programs, we strongly encourage you to call the Admissions Office at 484-628-0109 to learn more about our program options and requirements.

- Nursing Day (August) Medical Imaging (January) Diagnostic Medical Sonography (January) Surgical Technology (August)
 Paramedic (August) AEMT (January) AEMT (June) Medical Laboratory Science (July)

Do you plan to: Commute Live in Residence Hall

Are you a former student of Reading Hospital School of Health Sciences seeking readmission? Yes No (If Yes, which program?) _____

Are you a Licensed Practical Nurse? Yes No

Are you a certified Emergency Medical Technician? Yes No

PERSONAL DATA

Citizenship: Please check one

Are you a United States citizen? Yes No If not, do not proceed – call the School at 484-628-0100 for further instruction.

Permanent Resident – A copy of permanent resident card is required to complete your application.

Name of birth country _____

Please use your name as it appears on your Social Security card.

If the applicant's name is not correct as shown on the card (for example, because of marriage or divorce) the applicant should request a new card from the Social Security Administration. This is critical for your transcript, financial aid, and eventual licensing processes. The School will continue to use the old name until the applicant shows documentation that the applicant's name has been changed through Social Security Administration.

First _____ Middle _____ Last Name _____ Gender: Male _____ Female _____

Date of Birth ____ / ____ / ____ Social Security Number _____

Former Name(s): _____

Permanent Address: _____

City _____ State _____ Zip _____

Temporary Address: _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Email _____

Are you a permanent resident of Berks County, PA? Yes No

If no, what is your legal county of residence? _____
County State

If you are under the age of 21: Name and address of parent(s) or guardian(s)

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Have you ever been convicted, pled guilty, entered a plea of nolo contendere, been found guilty by a judge or jury, of a felony or misdemeanor, or received probation without a verdict, disposition in lieu of trial, or an Accelerated Rehabilitative Disposition in the disposition of felony charge, in the course of the Commonwealth of Pennsylvania, the United States, or any other state, territory, possession, or country?

Yes No

OPTIONAL: What do you consider your ethnic origin?

- Black (non-Hispanic) Hispanic Latino White (non-Hispanic) Asian/Pacific Islander
 American Indian/Alaskan Native Indian (from India) Multi-Racial Other

First language, if other than English: _____ Language spoken in your home: _____

EDUCATIONAL DATA

High school program pursued:

- College Prep/Academic General Business GED

Are you a home school study student? Yes No

Have you been educated outside the United States? Yes No If yes, what country? _____

APPLICATION FOR ADMISSION *Continued*

LIST ALL HIGH SCHOOLS AND POST-SECONDARY SCHOOLS ATTENDED

Please note: Attendance at any other institution must be reported prior to and after submitting the application. An applicant's failure to disclose to this School that he or she has taken a course(s) from another institution shall result in the denial or revocation of admission, and dismissal from the School, if matriculated.

1. Institution Name:		4. Institution Name:	
Degree:	Date of Attend:	Degree:	Date of Attend:
2. Institution Name:		5. Institution Name:	
Degree:	Date of Attend:	Degree:	Date of Attend:
3. Institution Name:		6. Institution Name:	
Degree:	Date of Attend:	Degree:	Date of Attend:

Has disciplinary action ever been taken against you at any of the institutions attended? Yes No

*MEDICAL LABORATORY SCIENCE APPLICANTS ONLY

Please list the courses you are taking this fall and those that are planned for the spring.

Courses in progress this fall:

Course Name: _____ Course Name: _____
Course Name: _____ Course Name: _____

Courses planned for the spring:

Course Name: _____ Course Name: _____
Course Name: _____ Course Name: _____

**For Medical Laboratory Science applicants only.*

I have reviewed the "Essential Functions" (on the website) and have had an opportunity to ask questions about them, and, now, to the best of my ability, understand and can meet those technical abilities and competencies with or without reasonable accommodation.

EMPLOYMENT DATA (List current or most recent employer)

Employer _____
Position _____
Address _____
Phone _____
Date of Employment: From _____ To: _____

GENERAL DATA

Volunteer Activities: _____

How did you first learn about Reading Hospital School of Health Sciences? _____

Do you plan on becoming employed at Tower Health upon graduation? Yes No I don't know

Have you shadowed a healthcare provider? Please describe: _____

SPECIAL CIRCUMSTANCES

Describe any special circumstances which you believe should be considered in connection with this application.

UNDERSTANDING

As an applicant to Reading Hospital School of Health Sciences I signify that I have reviewed the admission policy. Submission of my application indicates my understanding of all academic requirements and technical standards. I further signify that the information given is, to the best of my knowledge, accurate, and correct. Permission is hereby given to Reading Hospital School of Health Sciences to investigate all pertinent information regarding my application. If accepted, I agree to inform the School of any changes to the information I have provided on the application prior to, and after acceptance into the School. I understand that giving false information or withholding information prior to or after acceptance into the School may make me ineligible for admission or to continue my enrollment at Reading Hospital School of Health Sciences. The School reserves the right to deny admission or readmission or to revoke admission to any applicant if, in the opinion of the school, his/her admission is not in the best interest of the student or the School. I have read and understand the information included in the application. I understand that the \$30 application fee is non-refundable.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature
(if applicant under 18 years): _____ Date: _____

REFERENCE FORM

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- Nursing Medical Imaging Diagnostic Medical Sonography Paramedic
 Surgical Technology AEMT Medical Laboratory Science

Please complete the information and mail to the School of Health Sciences' Office of Admissions.

SECTION I: TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)

Last Name: _____ First Name: _____ Middle Initial: _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Reading Hospital School of Health Sciences have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and, therefore, the letters will be held in confidence. I waive the right to review the reference form.

Applicant Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY EVALUATOR

The above-named individual is applying to Reading Hospital School of Health Sciences. Please rank the applicant in the categories below by placing an X in the appropriate box. Please provide a brief statement on the reverse side. Return the form as soon as possible to the School's Office of Admissions. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after enrolling in the School of Health Sciences.

Use Reverse Side for Written Statement

	Excellent	Above Average	Average	Marginal	Poor	Unable to Rate
Ability to Learn						
Ability to Work Independently						
Compassion						
Integrity						
Interpersonal Skills						
Leadership Ability						
Logical/Analytical Ability						
Oral Expression						
Originality, Intellectual Creativity						
Perseverance Toward Goals						
Team Member						
Tolerance of Diversity						
Written Expression						

What is your overall recommendation?

- Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

How long have you known applicant? _____

What is your relationship to applicant?

- Employer Supervisor Teacher/Instructor Counselor Professor/Advisor Clergy

Evaluator's Name: _____

Title: _____

Institution/Department: _____

Address: _____

Phone: _____ E-mail: _____

Signature of Evaluator: _____ Date: _____

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Title: _____

Institution/Department: _____

Address: _____

Phone: _____ E-mail: _____

Signature of Evaluator: _____ Date: _____

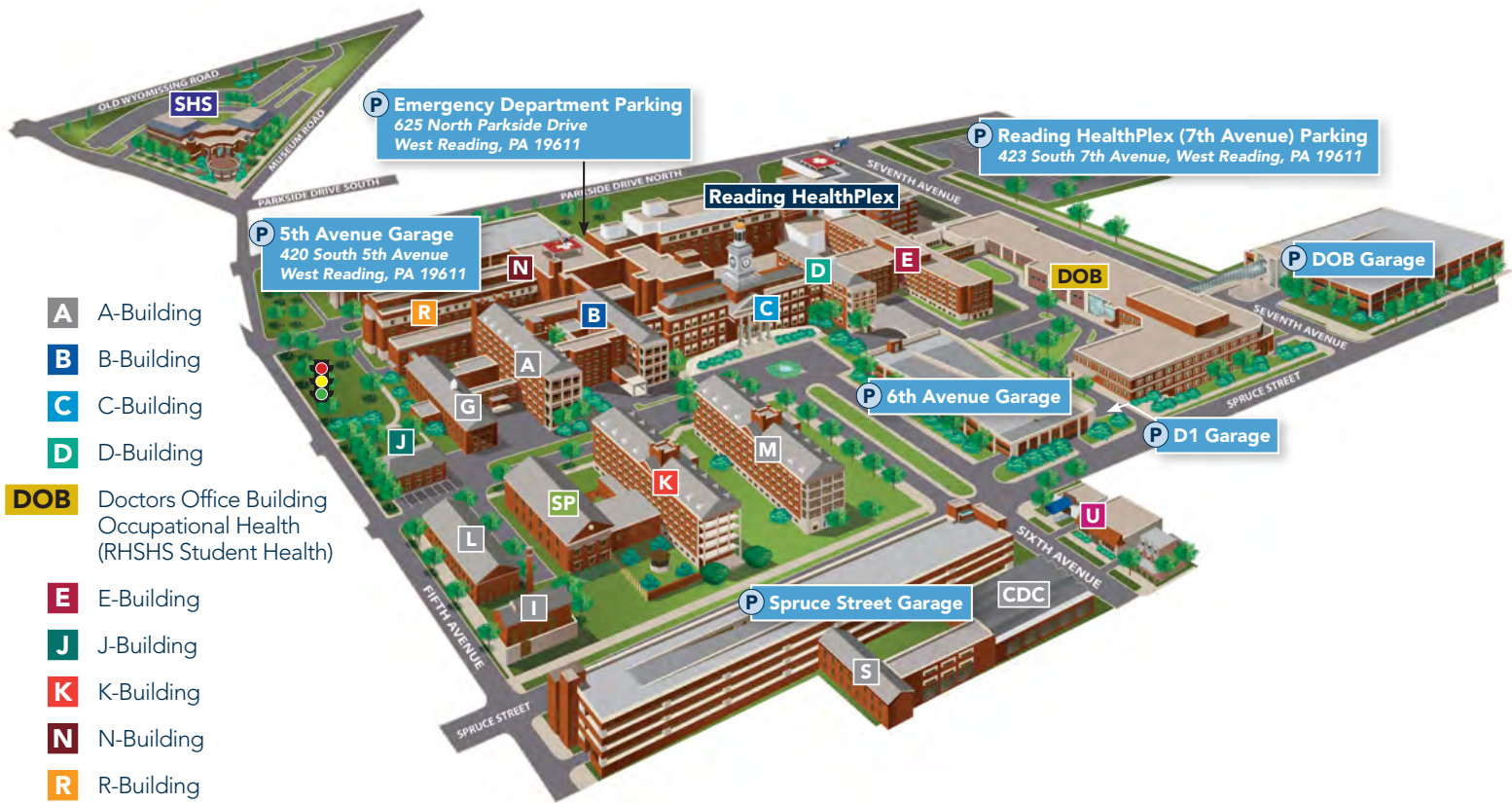
OUR LOCATION

Tower Health is headquartered on 36 acres in suburban West Reading, Pennsylvania.

The School of Health Sciences is located on the southeast corner of our West Reading campus. For directions, please visit us on the web at reading.towerhealth.org.

Attention Smart Phone Users with GPS!

When looking for directions to the School of Health Sciences, it is recommended that you enter the following information into your GPS app:
601 Museum Road, Wyomissing, PA 19611

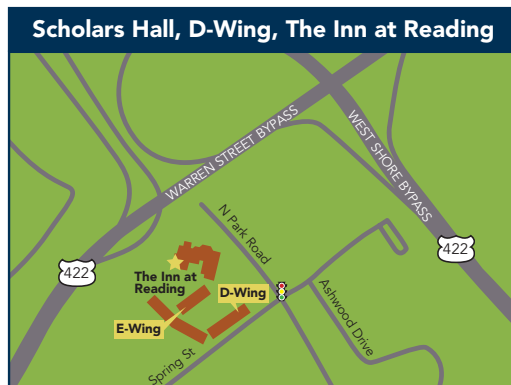


- A** A-Building
- B** B-Building
- C** C-Building
- D** D-Building
- DOB** Doctors Office Building
Occupational Health
(RHSHS Student Health)
- E** E-Building
- J** J-Building
- K** K-Building
- N** N-Building
- R** R-Building
- SHS** Reading Hospital School of Health Sciences
- SP** Spruce Pavilion
- U** U-Building

Reading HealthPlex Reading HealthPlex

Other Buildings

- CDC** Child Development Center
- G** G-Building
Photo ID Badges
- I** I-Building
- L** L-Building
- M** M-Building
- S** S-Building



When having a photo taken for an ID badge, students should park in the 6th Avenue Garage.



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