



Thank you for choosing the Reading Hospital School of Health Sciences (RHSHS) to meet your educational needs. It gives us great pride to share with you our long standing commitment to providing educational programs that develop competent and compassionate professionals capable of providing high-quality healthcare services to individuals, families, and communities.

Our school's faculty, staff, and administrators are committed to helping students assess their abilities, meet their educational goals, and plan their professional futures. The supportive partnership encourages students to grow both professionally and personally. Working together, we hope to guide you to success!

In the pocket of this booklet you will find your official acceptance letter, applicant follow-up letter with your specific deadlines, business reply envelope, and health information packet. In the booklet you will find instructions relating to all of our programs including background check clearances, financial aid, and student services. **Not everything included in this booklet may apply to your specific program, so please read your acceptance letter, applicant follow-up letter, and the booklet thoroughly to make sure you are completing all post-acceptance requirements needed to complete your enrollment in your program.**

If you have any questions about your acceptance or the post-acceptance process, please feel free to contact admissions at 484-628-0100. We look forward to seeing you on campus!

Sincerely,  
Office of Admissions

# READING HOSPITAL SCHOOL OF HEALTH SCIENCES DISCLOSURE OF DUAL ENROLLMENT ADMISSION

Applies to the following programs:

**Diagnostic Medical Sonography • Medical Imaging • Nursing • Surgical Technology**

Accepted students will be automatically enrolled in the Dual Enrollment Program.

**DUAL ENROLLMENT ADMISSION**, where through a dual-enrollment affiliation, an accepted student will be simultaneously enrolled in the hospital-based program offered at Reading Hospital School of Health Sciences and Alvernia University's Associate of Science degree.

Dual Enrollment Admission was structured to provide a seamless career mobility pathway while providing our graduates with the knowledge, skills, and credentials to sit for national certification or licensure exams. With Dual Enrollment Admission, an accepted student will be eligible to receive two credentials as follows:

## **Diagnostic Medical Sonography:**

- Certificate in Diagnostic Medical Sonography
- Associate of Science Degree from Alvernia University

## **Medical Imaging:**

- Certificate in Medical Imaging
- Associate of Science Degree from Alvernia University

## **Nursing:**

- Diploma in Nursing
- Associate of Science Degree from Alvernia University

## **Surgical Technology:**

- Diploma in Surgical Technology
- Associate of Science Degree from Alvernia University

Achievement of the Associate Degree is required to be eligible to sit for national certification for some of the dual enrollment programs.

# READING HOSPITAL SCHOOL OF HEALTH SCIENCES CONFIRMATION OF ENROLLMENT

**\*\*Please read this section before completing this form.\*\***

In order to enroll in the program, you must meet all post-acceptance requirements according to your established deadlines. Please be aware that the school reserves the right to cancel admissions cohorts or scheduled courses due to insufficient enrollment or as a result of programmatic changes. Admission offers may be revoked if you fail to meet the requirements as requested.

## All accepted students must show proof of the following:

1. Confirmation fee and this form to secure a seat in the class or you may use the online form at [reading.towerhealth.org/health-sciences/admissions/confirmation-of-enrollment-form/](http://reading.towerhealth.org/health-sciences/admissions/confirmation-of-enrollment-form/).
2. PA State Police clearance and Healthcare Fraud.
3. FBI Fingerprint clearance.
4. PA Child Abuse clearance.
5. Valid two-year BLS for Healthcare Provider CPR certification (if applicable).
6. Documentation of health insurance, including hospitalization benefits.
7. Healthcare provider confirmation of required health screenings, tests, and immunizations.

**Please call the school at 484-628-0100 if you need to discuss post-acceptance requirements.**

There is a non-refundable confirmation fee to accept the offer of admission. Acceptable forms of payment: Checks or money orders payable to "RHSHS" (please do not mail cash). You may pay by card if you use the online form found at [reading.towerhealth.org/health-sciences/admissions/confirmation-of-enrollment-form/](http://reading.towerhealth.org/health-sciences/admissions/confirmation-of-enrollment-form/).

You have been offered admission to the following program: *(please make a selection)*

### \$300.00 Confirmation Fee Required

- |  |  |
|--|--|
| <input type="checkbox"/> Diagnostic Medical Sonography - Dual Enrollment | <input type="checkbox"/> Medical Lab Science                   |
| <input type="checkbox"/> EMT (Emergency Medical Tech)                    | <input type="checkbox"/> Nursing - Dual Enrollment             |
| <input type="checkbox"/> Medical Imaging - Dual Enrollment               | <input type="checkbox"/> Paramedic Education                   |
|  | <input type="checkbox"/> Surgical Technology - Dual Enrollment |

### \$100.00 Confirmation Fee Required

- |  |
|--|
| <input type="checkbox"/> Phlebotomy Technician |
|--|

- Yes!** I intend to enroll at Reading Hospital School of Health Sciences. **I accept your offer of admission and will meet all post-acceptance requirements and deadline to enroll in the program. I understand that the confirmation fee is required and is not refundable. I understand residence housing is not guaranteed.**
- No.** I do not intend to enroll at Reading Hospital School of Health Sciences.

## PLEASE PRINT CAREFULLY

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required if applicant is under 18 years.

Detach and mail using the enclosed business reply envelope.



# ACCEPTANCE REQUIREMENTS CHECKLIST/DEADLINES

REQUIRED DOCUMENTATION	DEADLINE	NOTES
Non-refundable confirmation fee and enrollment form	<b>TWO WEEKS</b> from date of acceptance letter	<u>Non-refundable fee.</u>
The following three different background checks are required:  1. Criminal Record Check and Healthcare Fraud and Abuse Search  2. PA Child Abuse History Clearance  3. FBI Fingerprint	<b>FOUR WEEKS</b> from date of acceptance letter	<b><u>Any clearances that are handed or mailed into admissions will not be accepted and will not meet Post-Acceptance requirements.</u></b> Please see the CastleBranch Student Instructions packet for information on obtaining and uploading your clearances. More information on policy 324 can be found at: <a href="http://reading.towerhealth.org/app/files/public/198/324-student-background-checks-shs-392010.pdf">reading.towerhealth.org/app/files/public/198/324-student-background-checks-shs-392010.pdf</a>
Completed health forms, including health insurance documentation and Urine Drug Screen (UDS) appointment  <u>*Personal health insurance coverage is required</u>	<b>Please see deadline on your application followup letter.</b>	Follow the <u>Occupational Health Services step-by-step instructions</u> located in this packet.  Remember, all forms must be completed and accompany you to your UDS appointment. Do not turn any health information into admissions!
Final high school transcript (current HS seniors)	<b>DUE JULY 1</b>	All final transcripts must show final grades and required cumulative GPA for admission.
College transcripts (transfer students)	<b>AUGUST 1 – Nursing and Surgical Technology</b> <b>DECEMBER 1 – Medical Imaging and Diagnostic Medical Sonography</b> <b>JUNE 1 – Medical Laboratory Science</b>	All final transcripts must show final grades and no in-progress coursework.
The only acceptable documentation/course is American Heart Association-Basic Life Support (AHA BLS) CPR certification.	<b>DUE PRIOR TO THE START OF "CLINICAL" SEMESTERS</b>	The CPR requirement applies only to nursing students who are approved to start in year 2 of the nursing curriculum.

**ANY CONCERNS OR QUESTIONS, CALL ADMISSIONS AT 484-628-0100.**

# INSTRUCTIONS FOR ORDER PLACEMENT FOR BACKGROUND CHECKS

To place your order, go to <https://mycb.castlebranch.com>

In the "Place Order" field, enter the following package code: RE66.

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your Profile and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

After you place your initial order, you will be able to:

- View your order results.
- Manage the requirements specific to your program.
- Complete tasks as directed to meet deadlines.
- Upload and store important documents and records.
- Place additional orders as needed.

## TO DO LIST

You can respond to any active alerts or To-Do List items now, or return later by logging into your Profile. You will receive alerts if information is needed to process your order. Access your Profile anytime to view your order status and completed results. Authorized users at your school will have access to view your compliance status from a separate portal.

### PA Child Abuse Clearance

The online order process will guide you through the steps to complete a Child Abuse Clearance through the Department of Human Services. You will be required to pay a separate fee when you submit your order.

### PA Child Abuse Clearance Online Registration

Visit <https://www.compass.state.pa.us/cwis/public/home> and complete the online application. Submit electronic application and payment by credit card.

**ATTENTION:** The PA Child Abuse Clearance will be emailed to you when processed and states "PA Child Abuse Clearance" on the top right-hand corner of the page. You will upload the report to your CastleBranch account in the PA Child Abuse Clearance section (Step 3).

### Fingerprint Clearance

The online order process will guide you through the steps to complete a fingerprint scan through the Department of Human Services. The cost of the clearance is paid at the time of your in-person scan.

### Fingerprint Online Registration

1. Visit <https://uenroll.identogo.com>.
2. Enter code 1KG756.
3. Click on "schedule or manage appointment".

4. Complete the registration.
  - The top of the page should say "1KG756 - Pennsylvania DHS-Employee >=14 Years Contact w/ Children".
  - Make sure Name/Method of Contact is highlighted.
5. Choose the location of your fingerprint scan when you register. You may either select a specific appointment time or choose to be a walk-in. Appointments take priority over walk-ins.

**Note:** The phone numbers and/or email address that you provide when you register will be used to retrieve your information during your in-person scan.

#### **In-Person Fingerprint Scan**

- Have your payment method, ID, and phone numbers/email address ready when you arrive.
- To confirm your appropriate forms of ID, visit <https://uenroll.identogo.com/workflows/1KG756/documents/citizenship>.

**ATTENTION:** The Fingerprint report will be emailed and mailed to you when processed. The report states "Eligible" in the body of the report. The mailed report will be on blue paper. You will upload the report to your CastleBranch account in the Fingerprint section (Step 3).

## TIPS FOR SUCCESSFUL COMPLETION OF POST-ACCEPTANCE REQUIREMENTS

We hope the following tips and strategies will help you achieve post-acceptance compliance in a timely manner. Please feel free to reach out to the Admissions Team for assistance.

- Utilize this Acceptance Packet for instructions to complete enrollment requirements, including your Health Packet, background checks, photo submission, and parking form.
- Carefully review the Applicant Follow-Up letter with your specific due dates.
- Create your CastleBranch account upon receipt of your acceptance letter. The clearance process may take up to four weeks or longer during peak processing times.
  - The PA State Police background check and Health Care Fraud report will be received automatically when processed to your CastleBranch account.
  - The PA Child Abuse Clearance will be emailed to your personal email address.
  - The Fingerprint report will be emailed and mailed to the email address and physical address that you provided when you placed your order.
  - Upload the PA Child Abuse Clearance and Fingerprint report to your CastleBranch account when you receive your reports.
  - If you upload the wrong document to your CastleBranch account, you will see that your document was rejected by CastleBranch. If this occurs, review the CastleBranch message and take action to correct it. If you need additional support, contact the Customer Experience Team at 888-723-4263.



## ADMISSIONS DEPARTMENT

We are delighted that you chose our school to meet your educational needs. We look forward to seeing you on campus and want to thank you for completing your post-acceptance requirements promptly. We strongly encourage you to act swiftly and resolve any outstanding information or missed deadlines as they occur. By completing your post-acceptance, you will have achieved enrollment in the program. This status demonstrates to us that you are “prepared and cleared” for class. We are here to help you with anything you may need. Please contact us with any questions.

**Janelle Adams Ervin, BS**

Enrollment Assistant  
Phone: 484-628-0109  
Email: [Janelle.AdamsErvin@towerhealth.org](mailto:Janelle.AdamsErvin@towerhealth.org)

**JeAnna Durnell-Roman**

Admissions Officer  
Phone: 484-628-0116  
Email: [JeAnna.Durnell-Roman@towerhealth.org](mailto:JeAnna.Durnell-Roman@towerhealth.org)

**Cathy James**

Program Secretary  
Phone: 484-628-0200  
Email: [Cathy.James@towerhealth.org](mailto:Cathy.James@towerhealth.org)

**Jacqueline Strenkoski, BA**

Admissions Secretary  
Phone: 484-628-0100  
Email: [Jacqueline.Strenkoski@towerhealth.org](mailto:Jacqueline.Strenkoski@towerhealth.org)

**Nancy Wunderly, MEd**

Director of Enrollment  
Phone: 484-628-0142  
Email: [Nancy.Wunderly@towerhealth.org](mailto:Nancy.Wunderly@towerhealth.org)



## FINANCIAL INFORMATION

The decision to attend a post-secondary school involves an important monetary investment. The Financial Aid and Student Accounts staff are available to provide assistance to students and their families as they work to finance their education. We understand that the financing process can appear to be confusing and overwhelming – we are here to help you!! We look forward to having you as a student at Reading Hospital School of Health Sciences!

### **Contact Us:**

Reading Hospital School of Health Sciences  
Financial Aid Office (or Student Accounts Office)  
P.O. Box 16052  
Reading, PA 19612  
Fax: 484-628-0134

### **Staff:**

#### **Robin L. Hall, MBA**

Director of Financial Aid and Budget  
Phone: 484-628-0105  
Email: Robin.Hall@towerhealth.org

#### **Linda Ross, BA**

Financial Aid Officer  
Phone: 484-628-0106  
Email: Linda.Ross@towerhealth.org

#### **Jaidira Ruiz**

Student Accounts Officer  
Phone: 484-628-0102  
Email: Jaidira.Ruiz@towerhealth.org

# BILLING AND PAYMENT INFORMATION

All billing and payments are processed by the Student Accounts Office (SAO) located on the ground floor.

Approximately 30 days prior to each semester, all students receive an email notification to their official RHSHS email account when new charges for the semester are posted to their **WebConnect** account, the online student portal for RHSHS students. New students will be sent their billing notification to their personal email address while subsequent notices will be delivered to their school email. No paper bills will be mailed.

### Billing Schedule

Fall Semester Charges	Spring Semester Charges	Summer Semester Charges
<b>Bills Emailed:</b> July 15 <b>Due Date:</b> August 15	<b>Bills Emailed:</b> November 15 <b>Due Date:</b> December 15	<b>Bills Emailed:</b> March 15 <b>Due Date:</b> April 15

### Viewing Your Charges

Upon receipt of the billing email, students may view their current academic charges via **WebConnect**. Included will be the amount due for courses enrolled, fees, expected aid (grants, accepted loans, or other financial assistance that is **available at the time charges are prepared**. To view up-to-date account information, log in to **WebConnect** and select "Account Info" from the top menu and click "Account Balance." The next screen will display your "Expected Balance" which is the current amount owed.

### Payment Information

- Each semester, students are expected to pay their tuition in full or sign up for the RHSHS Payment Plan Option (PPO) and make the first payment by the due date. The PPO provides an opportunity for you to pay your charges with interest free installments each semester.
- Students can make their payments online or by mail. All major credit cards are accepted. In-person payments may be made with cash or check.
- For additional information, please refer to School Policy 601 Tuition Payment.
- You may also contact **Jaidira Ruiz** by email at **Jaidira.Ruiz@towerhealth.org** or call the Student Accounts Office at 484-628-0102 if you have any questions.

**NOTE:** Students must complete the **Authorization for Release of Information** form on page 13 (and return it to the Financial Aid Office) if you authorize your financial information to be discussed with any named family member or other person(s).

# READING HOSPITAL SCHOOL OF HEALTH SCIENCES

## FINANCIAL AID AUTHORIZATION

### FOR RELEASE OF INFORMATION

We are committed to protecting the rights of students who are attending or who have attended the school. The Family Educational Rights and Privacy Act (FERPA), is a federal law designed to protect the privacy of a student’s educational records.

Educational records are all records that contain information directly related to a student and are maintained by an educational agency or institution or by a party acting for the agency or institution. All FERPA rights transfer from the parent to the student when a student attends a postsecondary institution - regardless of parental information that may have been required when applying for financial aid. Therefore, Financial Aid and Student Accounts Office employees are unable to discuss matters with members of the student’s family or other persons without the express written consent from the student. If applicable, please complete this form and return it to the Financial Aid Office so your file can be notated accordingly.

**In accordance with the Family Educational Rights and Privacy Act, I authorize the release of my financial information to the individual(s) named below:**

Student’s name providing authorization: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Last four digits of social security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Program: \_\_\_\_\_

Name of Individual(s) to Receive Information	Relationship to Student	Email Address	Phone Number

**NOTE:** Please create your **password** (no symbols or special characters) and be sure to inform the individual(s) listed above what your password is. When calling in, the authorized individual(s) will be asked to provide the password on your account. No information will be shared if the password given is incorrect.

Account password: \_\_\_\_\_ (ex. pet’s name, favorite food, etc.)

I understand that this authorization for release of my financial information will remain in effect until I graduate, withdraw, terminate, or I personally request from RSHS in writing that this authorization be nullified or changed.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Return form to:</b>	Reading Hospital School of Health Sciences Financial Aid Office PO Box 16052 Reading, PA 19612-6052	<b>or fax to:</b> 484-628-0134 <b>Questions:</b> 484-628-0106
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# FOR NURSING AND MEDICAL IMAGING PROGRAM STUDENTS ONLY

## Financial Aid Information

Financial aid consists of various federal, state, private, and institutional programs that may contribute to the funding of a student's education.

Types of financial aid our students may be eligible to apply for include:

- Federal Pell Grant
- PA State Grant (Nursing program only)
- Federal Direct Subsidized Loan
- Federal Direct Unsubsidized Loan
- Federal Direct PLUS (Parent Loan for Undergraduate Students) Loan

## STEP 1 – How to Apply - Filing the Free Application for Federal Student Aid (FAFSA)

1. Go to the <https://studentaid.gov> website to complete your FAFSA application for FREE. This will be your "one-stop shop" to complete the required applications and forms needed for financial aid.
2. When you create an account at [studentaid.gov](https://studentaid.gov), the username and password (your "FSA ID") you create will be used to log into and sign the FAFSA. If you are a dependent student (see the FAFSA instructions, but typically under the age of 24 and unmarried), one of your parents must also sign your application. To sign the FAFSA, your parent must also apply for their own FSA ID. **Hint:** Create a FSA ID as soon as possible. Due to processing time, it is recommended you apply at least three days BEFORE filing the FAFSA.
3. **To apply for financial aid, you must complete and submit a FAFSA application each year.** We strongly encourage all Nursing and Medical Imaging students to complete the FAFSA each year, even if you feel you may not be eligible for assistance. After you log into your account at <https://studentaid.gov>, follow the instructions to "Complete the FAFSA" under the "APPLY FOR AID" tab.

If you plan to attend college from	Complete the correct FAFSA application	Using income and tax information from	FAFSA submission dates
July 1, 2026 to June 30, 2027	2026-2027	2024	October 1, 2025 to June 30, 2027

4. It is highly recommended that you use the IRS Data Retrieval Tool (DRT) to automatically import federal tax information from the IRS into your FAFSA for yourself, spouse, or parent(s) as applicable, if you can. While using the IRS DRT is optional, it's still a more streamlined way to file the FAFSA because many manual entry errors are eliminated.
5. **For Nursing program students to be considered for PA State Grant eligibility, RSHS must be listed as your first school choice on your FAFSA application and be submitted by May 1st.**
  - The easiest way to file your PA State Grant application is right from the link on your FAFSA confirmation page. It will be at the bottom of the page and says "Start your state application to apply for Pennsylvania state-based financial aid." If you miss this link, you will need to wait approximately 3 to 4 days after your FAFSA is submitted and apply at [PHEAA.org](https://pheaa.org).

THE SCHOOL CODE FOR READING HOSPITAL SCHOOL OF HEALTH SCIENCES IS 014104.

6. Submit your FAFSA application with all required signatures. You will be notified that your FAFSA has been processed and you can view or print your Student Aid Report (SAR) from your My FAFSA page. If you did not provide an email address, you will receive your SAR by mail. Your FAFSA will be shared with the schools that you listed on the FAFSA and with PHEAA to determine eligibility for the PA State Grant.

## STEP 2 – Entrance Counseling

Financial aid that you borrow (a student loan) has serious obligations with specific responsibilities. Completing Loan Entrance Counseling prior to obtaining your Federal Direct loan disbursement is required by federal regulations. This will enable you to fully understand your rights and obligations as a student loan borrower before making the decision if you want to borrow a loan and an investment in your future.

1. Log into your account at <https://studentaid.gov>.
2. Follow the instructions to complete “Loan Entrance Counseling” under the “Loans and Grants” tab.
3. There will be questions that you will be required to answer involving information about the student loans. Please read the information carefully - it may take about 15 to 20 minutes to complete the entire session. Note: You can estimate your award and potential income to get through the exercises – you don’t have to use exact numbers!

## STEP 3 – Master Promissory Note (MPN)

The MPN is a binding legal document that you sign agreeing to repay your student loans. The MPN must be signed before RHSHS and the Department of Education disburses loan funds. **Please note that the completion of any of these forms does not obligate you to take out a student loan. You will have the opportunity to accept or decline any loan when you receive your Award Letter from RHSHS.**

1. Log into your account at <https://studentaid.gov>.
2. Follow the instructions to complete a “Master Promissory Note (MPN)” under the “Loans and Grants” tab. Choose the “I’m An Undergraduate Student” link. Use Reading Hospital School of Health Sciences as the school choice.
3. Complete all information on the MPN and make sure your electronic signature is submitted to complete the process.

**The Financial Aid Office at RHSHS will receive electronic notification that you have completed the FAFSA, Loan Entrance Counseling, and the MPN. Once you have confirmed your seat in the Nursing or Medical Imaging program class, we will then put together your financial aid award package and mail it to you at your home address.**

**If you have any questions, please contact the Financial Aid Office by calling 484-628-0106.**

# READING HOSPITAL SCHOOL OF HEALTH SCIENCES FOR NURSING AND MEDICAL IMAGING STUDENTS ONLY FINANCIAL AID/ HOUSING PLANS

PLEASE COMPLETE THE FRONT AND BACK OF FORM.

Name: \_\_\_\_\_  
(please print)

## 1. Financial Aid Plans:

- I do **NOT** plan to apply for any financial aid (grants or student loans).
- I **ONLY** want to apply for grants.
- I want to apply for all financial aid applicable. (**Be sure to read thoroughly all the steps and instructions included in the Financial Aid Information.**)

### TO DO Checklist:

FAFSA Completed Date: \_\_\_\_\_

Master Promissory Note (MPN) Completed Date: \_\_\_\_\_

Entrance Counseling Completed Date: \_\_\_\_\_

## 2. Potential Transfer Credits:

Please list below all coursework you are taking prior to starting the program and the school you are taking them at.

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**Please return this form to the Financial Aid Office (and page 13, if applicable). You may use the enclosed financial aid business reply envelope or send it with your post-acceptance materials in the admissions office business reply envelope.**

Thank you!  
The Financial Aid Office

# READING HOSPITAL SCHOOL OF HEALTH SCIENCES HOUSING STATUS

This form is being required for financial aid purposes in order to accurately determine your Cost of Attendance. Failure to complete the form timely will delay the awarding of your financial aid at Reading Hospital School of Health Sciences (RHSHS). Please complete all sections applicable. Be sure to contact the Financial Aid Office if your housing status changes after completing the form.

## Permanent/Home/Mailing Address

\_\_\_\_\_  
Street City State Zip Code

## Housing Status

Check the box that applies to you:

- I will live and commute from home, where I reside with my parents and/or guardian.
- I will live on-campus at the Delta Apartments.
- I will live off-campus. Off-campus housing refers to a room, apartment, or house (not with a parent and/or guardian) that I am renting or own.

If you checked the off-campus housing box above, you must provide below the address where you are living while attending RHSHS:

\_\_\_\_\_  
Street City State Zip Code

## Signature and Acknowledgment

By signing below, I confirm that all the information provided is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Student Name (please print) Date

\_\_\_\_\_  
Student Signature

# WEBCONNECT ONLINE STUDENT PORTAL

Registering with our WebConnect student portal allows you to access and track your billing and payment information, grades, and course schedules in your personal and secure online student record.

## STEP 1

### WebConnect Invite

You will receive an email from the school when you make your confirmation payment which secures your seat in your selected program. The email will instruct you to set up your WebConnect account by selecting Set New Password. This link will take you to the registration screen (see below) to establish your account.

**Note:** The email subject line you receive will read: Automated Password Set/Reset for: your name will appear here. Your Set New Password link will only remain active for seven days; if your link expires or you're having problems registering your account, call the Student Accounts Office at 484-628-0102.

## STEP 2

### Registration

1. Click the Set New Password button or the link provided in the email.
2. Enter your last name and student ID (seven-digit number located on your Applicant Follow-Up Letter included in your Accepted Student Packet).
3. Create your password following the requirements listed on the form.
4. Click the Submit button.

\*Once registered, you can access your WebConnect account at: <https://rhshs.readinghealth.org/authenticate.php>.

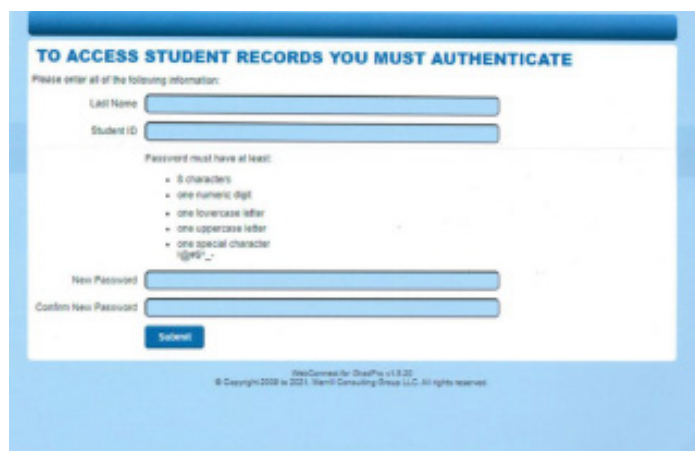
### Make an Online Payment

1. Log on to WebConnect.
2. From the top menu, select Account Info.
3. Click Pay Your Bill Online.

### Check or Money Order

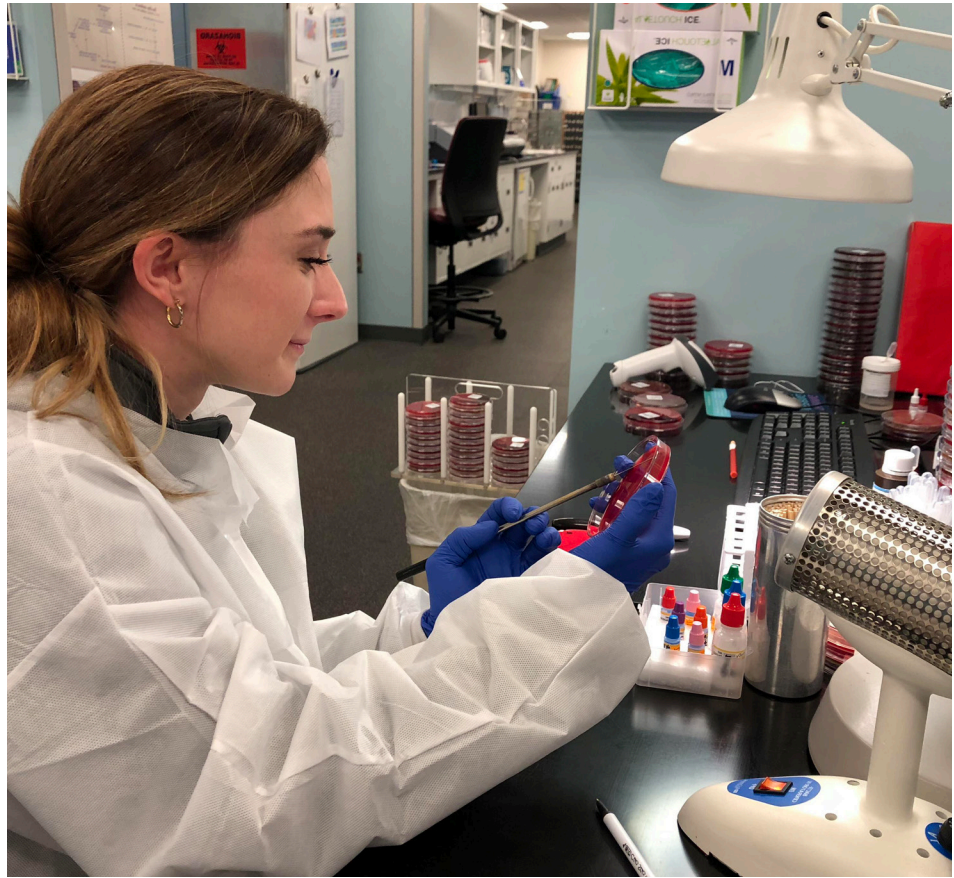
Payable to RSHSH and mailed to:

RSHSH  
Student Accounts Office  
PO Box 16052  
Reading, PA 19612-6052



### Payment Plan Option (PPO)

We know that paying your bill all at once can be difficult for some families so, establishing a payment plan provides an opportunity for students to pay with interest-free monthly installments. Visit the Payment Options webpage for more information about payment plans at: <https://reading.towerhealth.org/student-accounts-payment-options/>.





## REGISTRAR'S OFFICE

The Registrar maintains official records, for current and former students and graduates. We can help you with transcripts, class schedules, grades, and updating your demographic information. Your semester schedule will be available on WebConnect about 6 to 8 weeks prior to the start of each semester.

I am here to assist you and look forward to seeing you on campus!

**Karen Zeeger**

Registrar

Phone: 484-628-0115

Email: [Karen.Zeeger@towerhealth.org](mailto:Karen.Zeeger@towerhealth.org)

# TEXTBOOK INFORMATION FOR DUAL ENROLLMENT STUDENTS ONLY

Students are responsible for purchasing textbooks. These textbooks can be purchased from the Alvernia University Bookstore, Barnes and Nobles, [www.half.com](http://www.half.com), [www.amazon.com](http://www.amazon.com), and the list goes on. When ordering your textbooks please be sure the ISBN number and edition are accurate.

## Textbooks for Alvernia University Courses

Please follow the below process to purchase or retrieve the ISBN number for your required textbook.

1. [www.alvernia.bkstr.com](http://www.alvernia.bkstr.com).
  2. Scroll down to Find Textbooks.
  3. Select term and find courses.
  4. Follow the prompts to select your term (Fall, Spring, Summer) campus location (RSHS), department (BIO), course (107), and section (AH1).
- **Your class information can be found on WebConnect.**
  - **Only PELL eligible students with expected credit balances may "charge" their textbooks from their financial aid through the Alvernia Bookstore.**

**For questions concerning Alvernia University general education textbook information, please contact the bookstore.**

## Contact Information:

The bookstore is located on the first floor of the Student Center on the main campus in Reading.

Bookstore Phone: **610-796-8252**

Email: [alvernia@bkstr.com](mailto:alvernia@bkstr.com)

For store hours, please see [www.alvernia.bkstr.com](http://www.alvernia.bkstr.com).

# ONLINE PARKING REGISTRATION

Follow these steps to complete your online Parking Registration:

1. Go to [www.RHSchoolofHealthSciences.org](http://www.RHSchoolofHealthSciences.org)
2. Select "For Students".
3. Select "Parking Registration form".
4. Complete the online Parking Registration and select "Submit".

# PHOTO IDENTIFICATION

Tower Health requires all persons affiliated with Reading Hospital, including students, to carry proper company issued identification while on the hospital campus. In order to comply with this policy, you will be required to email a photo to [heather.phillips@towerhealth.org](mailto:heather.phillips@towerhealth.org).

There are a few select requirements that the photos must meet in order to get approval:

- No hats, sunglasses, or other obstructions to the photo.
- Individual must be facing front. Side or angled views are not acceptable.
- The photo will be of head and shoulders only.
- White background.
- Color photo, please do not add filters to your photo.

Once the photo is submitted, a Tower Health staff member will approve the photo as long as all the requirements outlined above are followed. If you have submitted your photo online prior to the deadline, you will receive your photo ID at your orientation session.

# DELTA APARTMENTS FAQs

The Reading Hospital School of Health Sciences housing option, the Delta Apartments, are Reading Hospital owned and maintained apartments located in the Wyomissing Borough. Each apartment has 2 bedrooms, 1 bathroom, a living area, full size kitchen, and a dining area.

## **How many students can live in one apartment?**

There will be 2 students assigned to each bedroom, with a maximum of up to 4 students per apartment.

## **Can I request a private bedroom?**

Private bedrooms may be available at the single occupancy rate. All private room requests will be considered but are not guaranteed.

## **What is included in the cost of each apartment?**

Included in the cost is electric, air conditioning, heat, water, trash removal, sewer, lawn maintenance, snow removal, and a security monitoring system.

## **What is not included in each apartment?**

Students are responsible for window treatments (mini blinds or curtains) cable, phone, and internet.

Please visit our Student Life webpage <https://reading.towerhealth.org/health-sciences/for-students/student-life/for> the Delta Apartments Welcome Video.

# HOUSING/COMMUTER QUESTIONNAIRE

**Follow the below steps to complete your online Reading Hospital School of Health Sciences Housing/Commuter Questionnaire.**

1. Go to [www.RHSchoolofHealthSciences.org](http://www.RHSchoolofHealthSciences.org)
2. Select "For Student".
3. Select "Housing/Commuter Questionnaire Form".
4. Complete the online form and select "submit".

Thank you!

## **Heather Phillips**

Coordinator, Student Services

Phone: 484-628-0104; Fax: 484-628-0134

Email: [heather.phillips@towerhealth.org](mailto:heather.phillips@towerhealth.org)

# STUDENT SERVICES

Included in the Student Services section you will find information on registering your vehicle and a Commuter/Resident Questionnaire. Please make sure to carefully read all material and meet all deadlines. Additional program specific information will be sent to you once your enrollment is confirmed. We look forward to having you on campus!

Best Wishes!  
Student Services  
484-628-0104.

REQUIRED DOCUMENTATION	DEADLINE	NOTES
<b>Security Parking Registration</b>	<b>TWO TO FOUR WEEKS</b> from date of acceptance letter	Please refer to page 21 for directions on completing the Online Parking Registration form.
<b>Housing/Commuter Questionnaire Form</b>	<b>TWO TO FOUR WEEKS</b> from date of acceptance letter	Housing is not a guarantee. Please refer to page 22 for directions on completing the online housing/commuter questionnaire form.
<b>Photo Identification Badge</b>	<b>TWO TO FOUR WEEKS</b> from date of confirmation	Please refer to page 21 for directions on submitting your photo ID.
<b>Personalized WebConnect Information</b>	<b>N/A</b>	An email is sent to you when you pay your confirmation fee, the link is valid for 7 days.
<b>Instructions on how to order textbooks for the Alvernia University classes</b>	<b>N/A</b>	<b>Contact information for the Alvernia University Bookstore:</b> Phone: 610-796-8252 Fax: 610-796-2869 Email: alvernia@bkstr.com
<b>Academic Calendar</b>	<b>N/A</b>	<a href="https://reading.towerhealth.org/health-sciences/school-policies/">https://reading.towerhealth.org/health-sciences/school-policies/</a>
<b>Mandatory New Student Orientation Dates</b>	<b>N/A</b>	Program specific orientation dates will be posted to your <b>WebConnect</b> account.
<b>ANY CONCERNS OR QUESTIONS, CALL THE SCHOOL AT 484-628-0104.</b>		

