

Hackensack Meridian *Health*
JFK Medical Center
Muhlenberg Harold B. and Dorothy A. Snyder Schools
Nursing - Radiography - Diagnostic Medical Sonography

This packet contains the application and required forms to help you apply to Hackensack Meridian *Health* JFK Medical Center Muhlenberg Harold B. & Dorothy A. Snyder Schools. Please complete the entire application.

Use the included Application Checklist for directions and record keeping. The Hackensack Meridian *Health* JFK Muhlenberg Snyder Schools' programs admit students twice a year, for either the Fall semester or the Spring semester.

Open dates to submit and complete an application:

FALL SEMESTER (Deadline Extended Due to Demand)

LPN to RN Track:	January 2nd – March 1st
Generic and Pathway to BSN Track:	January 2nd – June 3rd
Radiography and Sonography:	January 2nd – June 3rd

SPRING SEMESTER

Accelerated Track:	June 1st – August 30th
Generic, LPN to RN and Pathway to BSN Track:	June 1st – October 1st
Radiography and Sonography:	June 1st – November 1st

All required materials including the Entrance Exam must be submitted by the deadline.

Applicant Checklist

Generic Track:

While the School of Nursing strongly recommends completion of two Biology requirements prior to applying, it is no longer required. If completed Anatomy and Physiology I and II or Microbiology, require a cumulative GPA of 2.5 or higher when applying.

Pathway to BSN Track:

While the School of Nursing strongly recommends completion of two Biology requirements prior to applying, it is no longer required. If completed Anatomy and Physiology I and II or Microbiology, require a cumulative GPA of 2.7 or higher when applying.

Accelerated Track:

All general education courses must be completed when applying for the Spring semester. A cumulative GPA of 2.7 or higher is required on the relevant courses, and on the BIO's, Anatomy and Physiology I and II and Microbiology.

LPN to RN Track:

Two BIO's are required, Anatomy and Physiology I and II or Microbiology, with a cumulative GPA of 2.5 or higher when applying.

Radiography and Sonography:

General education courses need not be taken prior to applying.

High School Seniors:

Generic Track: Must have a 2.5 or higher cumulative GPA in Algebra, Biology and Chemistry when applying.

Pathway to BSN Track: Must have a 2.7 or higher cumulative GPA in Algebra, Biology and Chemistry when applying.

The following checklist is for your record keeping. Applications and the entrance test must be complete by the appropriate deadline. Applications may be mailed to the Schools or brought in person. Incomplete applications will not be considered.

_____ \$75.00 non-refundable application fee. The School's accepts online payments www.jfkmuhlenberschools.org, personal checks, money orders and certified checks.
Mail in your application, essay, one complete reference and the appropriate signed Consumer Information form.

_____ Request **official** high school transcript * or GED/TASC

- All applicants, including those with Bachelor's degree, must submit an official high school transcript or GED/ TASC
- Electronic transcripts are acceptable directly from one school to another school. Send transcript to Norma.Blas@hackensackmeridian.org

FOR HOLDERS OF GED or TASC (General Education Development Diploma)

For New Jersey Residents: A copy of the GED/TASC with the access or verification code is acceptable.

For information about the requirements for the thirty (30) college credit route to a state-endorsed High School Diploma contact:

New Jersey: New Jersey Department of Education, Adult Education – High School Equivalency Office
PO Box 500
Trenton, NJ 08625-0500
Phone: 609-777-1050, Fax: 609 292-3768, E-mail: adulsted@doe.nj.gov
www.state.nj.us/education/students/adulsted/

For Out of State Residents: You must have your **official** GED/TASC test results sent to the Schools.

For information about the requirements for the twenty (24) college credit route to a state-endorsed High School Diploma contact:

New York: New York State Education Building
89 Washington Avenue
Albany, NY 12234
NYSED General Information: (518) 474-3852
TASC (formerly GED): (518) 474-5906
www.acces.nysed.gov/hse/status-verification

_____ Request **official** transcripts

- From all colleges, including Union County College, vocational schools, school of practical nursing, radiography, etc. Electronic transcripts are acceptable from the Student Clearing House and Parchment, send transcripts to Norma.Blas@hackensackmeridian.org

Official transcripts are those transcripts sent directly from one school to another school without the student receipt and include the official seal of the sending school. **Official** transcripts in envelopes sealed with the respective school's seal, hand carried by the applicant, will also be accepted.

- If you attended school under another name, please have the school include your current name as well as your former name(s). This applies to all transcripts and evaluations.
- If you have been home-schooled, you must also submit a copy of your transcript or home school record. If a home school record/transcript is not available, a GED or TASC may be submitted instead.

It is the applicant's responsibility to notify high schools and colleges to forward the requested information directly to the Schools by the appropriate deadline.

FOR APPLICANTS WITH TRANSCRIPTS FROM SCHOOLS OUTSIDE THE UNITED STATES

Applicants with educational credentials from schools outside the United States must first have their transcripts translated and evaluated. Contact the National Association of Credential Evaluation Services, www.naces.org, for a list of accredited members. Allow ample time for processing by the deadline. The Schools are not affiliated with any accrediting agency. If you would like to receive credit for specific courses that you have completed, this evaluation must be done on a course-by-course basis. The evaluation must also include verification of high school graduation.

_____ Each program requires one complete letter of reference (A reference form and a letter of reference). Make sure you complete your section of the reference form. The individual completing the reference form must also sign the form; they must also write a letter of reference.

- High school seniors, or those who have graduated from high school within the last year, must include a complete letter of reference from a guidance counselor, teacher or high school administrator.
- LPN graduates must include a complete letter of reference from a faculty instructor of their LPN program (not required if they graduated more than five years ago).
- Applicants, who have previously attended another nursing school within the last five years, must submit a complete letter of reference from a faculty instructor.
- All other applicants must obtain a complete reference from an employer, supervisor, previous college instructor or any other non-family professional contact who can address character and academic abilities. References from friends and family members are NOT acceptable.

_____ All Hackensack Meridian *Health* JFK Muhlenberg Snyder School applicants are required to satisfy the appropriate Entrance Test requirements for their program of interest. The Entrance Test evaluates areas that are considered essential for academic success: [Entrance Exam – ATI TEAS Information](#).

_____ Applications may be personally delivered to the Schools.

- If you are not a U.S. Citizen, you must bring your application in person to the Schools' Administrative Office. You will be required to show your Permanent Resident Card and/or Naturalization paper at that time. Permanent Residency is a requirement for school entrance consideration.
- If you are a licensed practical nurse (LPN), you must bring your application in person to the Schools' Administrative Office. You will be required to show your current LPN license at that time.

_____ The applicant must select one of the essay topics listed below and write an essay of 250 words or more.

1. Please tell why you would like to become a nurse or medical imaging technologist (specify discipline). Describe some of the experiences that have influence your decision.
2. If you were able to spend the day with a famous individual, real or fictional, whom would you pick and why?
3. If you were to write your autobiography, what might it say on page 200?

_____ Read, sign and return the appropriate Consumer Information Sheet.

_____ Please complete the survey asking how you heard about the Schools.

If you feel that your application needs additional explanation (i.e., academic history), please feel free to include a statement to this effect.

It is the applicant's responsibility to submit, or directly forward to the Schools, all the requested information by the appropriate deadline. Incomplete applications will not be considered.

All of the above materials should be mailed to:

Hackensack Meridian *Health*
JFK Medical Center Muhlenberg
Harold B. and Dorothy A. Snyder Schools
P.O. Box 4649
Metuchen, NJ 08840
Attn: Admissions

If accepted to the Schools, you may be required to take the College Placement Test, the English for Speakers of Other Languages Test and/or the RAD102 Math Test. The information regarding these tests is included in the acceptance packet. All remediation work, if needed, must be completed prior to registering for any credit-bearing courses and will be arranged through the Hackensack Meridian *Health* JFK Medical Center Muhlenberg Snyder Schools Office of Registration and Enrollment.



Park Avenue & Randolph Road
Plainfield, New Jersey 07061
Mailing Address
P.O. Box 4649
Metuchen, New Jersey 08840
908-668-2400

APPLICATION FOR ADMISSION

**This application is appropriate for all programs offered by
Hackensack Meridian Health
JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools**

GENERAL INFORMATION

Name: _____
Last
List All Former Last Names
First
Middle Initial

Home Address: _____
Number, Street and Apt #
City

State _____ Zip Code _____ County _____

(_____) _____ (_____) _____ (_____) _____
 Area Code Home Telephone Area Code Work Telephone Area Code Cell Telephone

Email Address: _____
Print Clearly

Mailing Address if different from above: _____
Number, Street and Apt#
City

State _____ Zip Code _____ County _____

Social Security Number									
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Applicant must select one track or program. Nursing applicants must select day or evening classes.

Nursing - Fall 2019

- | | | |
|---|----------|--------------|
| ____ Accelerated Track (Spring semester start only) | ____ Day | |
| ____ Generic Track | ____ Day | ____ Evening |
| ____ LPN to RN Track | ____ Day | ____ Evening |
| ____ Pathways to BSN Track (Joint program with Kean University) | ____ Day | ____ Evening |

Medical Imaging - Fall 2019

- | | |
|------------------------------------|----------|
| ____ Radiography | ____ Day |
| ____ Diagnostic Medical Sonography | ____ Day |

Have you ever applied to Hackensack Meridian Health JFK Muhlenberg Snyder Schools before? _____

If yes, when? Semester _____ Year _____

\$75.00 application fee

Pay online or by personal check, money order or certified check payable to:

Hackensack Meridian Health JFK Muhlenberg Snyder Schools of Nursing or School of Radiography (for all SOMI programs)

Accredited by ACEN and NJ State Board of Nursing
Accredited by JRCERT, CAAHEP for Medical Imaging

Failure to complete the entire application may void your application. Report any changes (name, address, email address, telephone number, college information, etc.) to the Schools.

EDUCATION

ALL APPLICANTS MUST COMPLETE THIS SECTION INCLUDING THOSE WITH A BACCALAUREATE DEGREE (OR HIGHER) OR THOSE WITH FOREIGN EDUCATION.

Diploma-Granting High School

Name of School _____

Address _____
Street City State

Dates Attended _____ To Graduation Date ____/____/____

G.E.D. Date Received _____ Adult Education Diploma Date Received _____

List all High Schools/Secondary Schools Attended:

POST-SECONDARY EDUCATION is education beyond high school. It includes all courses/programs attended at colleges and technical or business schools throughout an academic year. Each applicant must list ALL courses/programs ever attended.

NAME OF POST-SECONDARY SCHOOL

1.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

2.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

3.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

4.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

5.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

Note: You must list **all schools** attended (including Union County College), even if you took only one course. It is not necessary to attend Union County College prior to applying to any of the Hackensack Meridian Health JFK Muhlenberg Snyder Schools' programs. However, **if** you have attended, or are currently attending Union County College, you must have achieved a minimum GPA of 2.5 cumulative in relevant courses. All other admission criteria apply as well.

ACADEMIC HONORS

Briefly list any academic awards/honors you have received

EMPLOYMENT RECORD

Present Position

Position/Title	Employer	Starting Date
Address	City	State
Zip Code		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

Other Employment

EXTRA-CURRICULAR, COMMUNITY & VOLUNTEER ACTIVITIES

Please List Any Extra-Curricular, Community or Volunteer Activities

CITIZENSHIP: Applicants must be U.S. citizens, naturalized citizens or Permanent Residents

Are you a United States Citizen? Yes No

Do you have a Permanent Resident card? Yes No

PERSONAL INFORMATION

The following questions are required by the U.S. Dept. of Health, Education and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

SEX: MALE FEMALE

ETHNIC: Hispanic/Latino (Central /South American, Cuban, Mexican, Puerto Rican, or other
 Non-Hispanic/Latino

RACE:

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White
<input type="checkbox"/>	Two or More Races (Choose races if applicable)		

Date of Birth: _____ / _____ / _____
 Month Day Year

ESSAY

Please complete one of the following essays on a separate sheet of paper. Your essay should be a minimum of 250 words and typed.

1. Please tell why you would like to become a nurse or medical imaging technologist (specify discipline). Describe some of the experiences that have influenced your decision.
2. If you were able to spend the day with a famous individual, real or fictional, whom would you pick, and why?
3. If you were to write your autobiography, what might it say on page 200?

NON-DISCRIMINATION POLICY

It is the policy of Hackensack Meridian *Health* JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools to comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Older Americans Act of 1975, and the American with Disabilities Act of 1991. These laws prohibit discrimination on the basis of race, color, religion, sex, national origin, age, disability or sexual orientation in all educational programs and activities as long as the handicapped person does not present a safety hazard to himself/herself or clients. Hackensack Meridian *Health* JFK Medical Center, Inc. is an Equal Opportunity Employer.

PUBLISHED: DECEMBER 2018

At the time of printing, all information contained herein was deemed accurate and current. However, the Schools reserve the right to change any provisions, requirements, charges, programs, offerings or services without notice or obligation.

Announcements published in this publication may not be regarded in the nature of binding obligations on the Schools. My signature below indicates that the foregoing information is correct and complete to the best of my knowledge. I certify I am a current resident and have / have not been a resident continuously for at least six months in the county indicated on this form. I will notify the institution of any change in address. I understand that any falsification or omission of information may result in immediate disqualification or dismissal from the program.

Signature _____ Date _____

Parent's signature if under 18 _____
(Revised December 2018)

SURVEY

How did you hear about Hackensack Meridian *Health* JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools? (Select as many choices as are applicable.)

- | | | | |
|--------------------|--------------------------|----------------------------|--------------------------|
| _____ College Fair | _____ Internet | _____ Union County College | _____ Guidance Counselor |
| _____ Alumni | _____ Friend | _____ Parent/Relative | _____ Employee |
| _____ Physician | _____ Facebook | _____ Twitter | _____ Newspapers |
| _____ Billboards | _____ Bus Advertisements | _____ Other | |



Hackensack
Meridian *Health*
JFK Medical Center

Muhlenberg Harold B. and Dorothy A. Snyder
Schools of Nursing and Medical Imaging

Note to student: Each program offered by Hackensack Meridian *Health* JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools requires one (1) complete reference (form and letter). See the directions on the Application Checklist for instructions.

LETTER OF REFERENCE FORM

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Check One: Nursing Radiography Diagnostic Medical Sonography

APPLICANT'S NAME (Please Print): _____

EVALUATOR'S NAME (Please Print): _____

An applicant may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Please indicate your wishes by signing below either section A or B.

A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature _____ Date _____

B. I do not waive my right to the evaluation provided by the person named above and he/she should be notified that I retain my right of access; thus, the confidentiality of the evaluation is not guaranteed.

Applicant's Signature _____ Date _____

IMPORTANT: DIRECTIONS TO THE EVALUATOR

Complete the information on side 2 legibly and attach a letter to this form which details your relationship to the applicant, in what professional capacity and length of time you know them, their major relevant strengths/weaknesses, and any other pertinent comments you may wish to share with the Admissions Committee.

STUDENT REFERENCE FORM CONTINUED

The traits described below are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development. Rate the applicant according to the legend.

Applicant's Name _____

LEGEND

5 – Excellent

4 – Above Average

3 – Average

2 – Below Average

1 – Unsatisfactory

0 – Unable to Evaluate

	Rating #
1. Interpersonal skills (cooperative, tactful, ability to work with others)	
2. Manual dexterity (agile, dexterous, coordinated)	
3. Maturity (stability, self-disciplined, responsive to criticism)	
4. Ability to work independently (initiative, diligent, good organization)	
5. Problem-solving abilities (recognizes problems, analytical ability)	
6. Reliability (trustworthy, dependable, responsible, perseverance)	
7. Personality (warm, cheerful, positive, patient)	

DATE _____

EVALUATOR'S NAME: Please print _____

SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

PLEASE RETURN THIS FORM, ALONG WITH A LETTER OF REFERENCE TO:

Hackensack Meridian *Health*
JFK Medical Center
Muhlenberg Harold B. and Dorothy A. Snyder Schools
Office of Admissions
P.O. Box 4649
Metuchen, NJ 08840



Consumer Information Sheet - School of Nursing

Only Complete for Nursing Applicants

Student Right-to Know

The following information is being provided as required under the Student Right-to-Know and Campus Security Act Public Law 101 542 as amended by the Higher Education Technical Amendments of 1991 Public Law 102 26.

Information on Graduation/Completion Rates

- 89.77% of students graduated in 2015 passed the NCLEX-RN (National Council Licensure Examination) – Registered Nurse Licensing Exam on the first attempt. The national first time pass rate in 2015 is 85.77%.
- 94.6% of graduates are employed in nursing (from A Survey of the Classes of 2008 – 2009, 2009 – 2010 and 2010 – 2011 Graduates of the Cooperative Program in Professional Nursing by the Office of Assessment, Planning and Research – Union County College, January, 2013 Research Report No. 165)

Americans with Disabilities Act (ADA)

The following information is being provided as required by the Federal government, Section 504 of the Rehabilitation Act of 1973. Applicants to the School of Nursing must be able to perform specific skills in order to care for patients safely and perform all the procedures that would be required of a graduate nurse in the work force. The Hackensack Meridian Health JFK Muhlenberg Harold B. and Dorothy A. Snyder School of Nursing has accepted the following standards for applicants to the program. Corrective devices are allowed to meet the minimum requirements or standards.

To enter the School of Nursing, applicants must be able to:

1. Communicate clearly and succinctly in English to the patient, family and other support staff, both verbally and in writing.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Visually observe the patient in order to assess the patient's condition and/or needs from a distance of at least 20 feet.
4. Read all written medical information pertaining to the patient.
5. Assess all readings and functions of technical equipment pertaining to patient care.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities in moving, turning and lifting. Be able to push, pull and lift 40 pounds.
7. Manipulate a stretcher, wheelchair and/or portable equipment within the medical facility without injury to self, patient or others.
8. Draw up sterile solutions without contaminating the syringe and/or needles, etc.
9. Manipulate dials, buttons and switches.
10. Physically be able to administer emergency care including performing CPR.
11. Be able to stand for periods as long as 2 hours and walk a distance of 2 miles during a normal work day.

I have read this form and understand the contents therein:

Signature

Print Name Clearly

Date

RETURN WITH YOUR APPLICATION

ACEN and NJSON ACCREDITED



Muhlenberg Harold B. and Dorothy A. Snyder
Schools of Nursing and Medical Imaging

Consumer Information Sheet - School of Radiography

Only Complete for Radiography Applicants

Student Right-to-Know

The following information is being provided as required under the Student Right-to-Know and Campus Security Act, Public Law 101- 542, as amended by the Higher Education Technical Amendments of 1991, Public Law 1022- 26, and the Higher Education Technical Amendments of 1993, Public Law 103-208.

Information on the School of Radiography Program Effectiveness Data

Of the 17 + 1 (Advanced Placement Student) graduates from Hackensack Meridian Health JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools' Program in Radiography in 2015, sixteen (16) students passed the ARRT Boards, 93% of first-time examinee pass rate. The majority of the School of Radiography students are "transfer-ins", and, therefore, are not considered first-time, full-time degree-seeking students.

Employment data is not yet available for the 2015 graduates. Of the 2014 graduates, there was 100% job placement within 12 months after graduation.

PHYSICAL/TECHNICAL REQUIREMENTS FOR ADMISSION

Applicants to the School of Radiography must be able to perform specific skills in order to perform clinical assignments of the School and to perform all procedures required of a diagnostic radiographer in the work force.

Corrective devices are permitted to meet the minimum requirements.

1. Communicate in English in order to converse and instruct patients, to relieve their anxiety and gain their cooperation during procedures.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Observe the patient in order to assess his condition and/or needs from a distance of at least 20 feet.
4. Read a patient's medical chart and/or physician's orders.
5. Evaluate radiographs using a view box to make certain that the films contain proper identification and are of diagnostic value.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities when moving, turning, getting on and off the radiographic table or stretcher and when moving in and out of a wheelchair.
7. Push, pull and lift 40 pounds.
8. Push and manipulate a portable X-ray machine in turning corners, maneuvering on and off elevators and within a patient's room.
9. Manually move and maneuver the X-ray tube at standard and non-standard heights up to 7 feet.
10. Draw up sterile contrast media and other solutions without contaminating the syringe needle and/or injecting device.
11. Select the exposure factors necessary to produce a radiograph by manipulating dials, buttons and switches.
12. Place X-ray cassettes in Bucky trays and spot film devices and properly manipulate all locking devices.
13. Physically be able to administer emergency care including CPR as necessary.
14. Physically be able to stand for periods as long as 2 hours while wearing lead aprons and to walk a distance of 2 miles during a normal work day.

I have read the above Physical and Technical Requirements for admission into the Hackensack Meridian Health JFK Muhlenberg School of Radiography. My signature below determines that I am capable of fulfilling these requirements.

Signature

Print Name Clearly

Date

RETURN WITH YOUR APPLICATION

Consumer Information Sheet - School of Diagnostic Medical Sonography

Only Complete for Diagnostic Medical Sonography Applicants

Student Right-to-Know

The following information is being provided as required under the Student Right-to-Know and Campus Security Act, Public Law 101 542, as amended by the Higher Education Technical Amendments of 1991, Public Law 102-26, and the Higher Education Technical Amendments of 1993, Public Law 103-208.

Information on Graduation/Completion Rates

Of the fifteen graduates from the Hackensack Meridian Health JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools' Diagnostic Medical Sonography Program in 2014, the following Program Outcomes were achieved:

Class of 2014.....	Enrolled – 20	Graduated – 15	Did not graduate (Attrited) – 5
Employed in the profession.....	7 employed; 63% job placement within 2 years for those who took the registry.		
Registry examination.....	11 Graduates chose to sit for the ARDMS examinations; 73% passed the Registry within 2 years of graduation.		

Americans with Disabilities Act (ADA)

The following information is being provided as required by the Federal Government, Section 504 of the Rehabilitation Act of 1973. Applicants to the Diagnostic Medical Sonography Program must be able to perform specific skills in order to care for patients safely and perform all procedures that would be required of a graduate Sonographer in the work force.

The Hackensack Meridian Health JFK Muhlenberg Snyder Diagnostic Medical Sonography Program has accepted the following standards for applicants to the program. Corrective devices are allowed to meet the minimum requirements or standards.

To enter the Diagnostic Medical Sonography Program, the applicant must be able to:

1. Communicate clearly and succinctly in English to the patient, family and other support staff, both verbally and in writing.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Visually observe the patient in order to assess the patient's condition and/or needs from a distance of at least 20 feet.
4. Read all written medical information pertaining to the patient.
5. Assess all readings and functions of technical equipment pertaining to patient care.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities in moving, turning and lifting.
7. Be able to push, pull and lift 40 pounds.
8. Manipulate a stretcher, wheelchair and/or portable equipment within the medical facility without Injury to self, patient and others.
9. Manipulate dials, buttons, and switches.
10. Physically be able to administer emergency care (CPR).
11. Be able to stand for periods as long as 2 hours.
12. Walk a distance of 2 miles during a normal work day.

I have read this form and understand the contents wherein:

Signature

Print Name Clearly

Date

RETURN WITH YOUR APPLICATION