

# SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

APPLICATION FOR ADMISSION 2009 – 2010  
**Health Care Administration**

**APPLICATION DEADLINE**

June 1 for September 2009

November 1 for January 2010

March 1 for May 2010

All admissions decisions will be sent **after** each deadline date



## APPLICATION FEE WAIVERS

There are a variety of ways to obtain an application fee waiver:

Current Simmons degree-seeking students or alumnae/i of the Simmons Undergraduate College or a Simmons Graduate School	Exempt from paying the application fee, with the exception of the DPT Bridge and DNP Advanced Standing applications
Attendee of an on-campus School of Health Sciences Information Session	Fee waiver form is provided at the Information Session and should be completed and included with your application materials when you apply
Know a Simmons School of Health Sciences Graduate	That person may recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> returning it to you to submit with your application materials when you apply
Know a Simmons School of Health Sciences preceptor for one of your clinical classes	May recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> (see below), and returning it to you to submit with your application materials when you apply
If the application fee is a financial hardship for you	Send a letter from the Office of Financial Aid on letterhead stationery from the college or university you are currently attending that verifies your inability to pay this fee
Student of a college or university that has an articulation agreement or arrangement with the School of Health Sciences	The application fee is waived. To learn which U.S. undergraduate institutions have such agreements with SHS, visit <a href="http://www.simmons.edu/shs/admission/articulation.shtml">http://www.simmons.edu/shs/admission/articulation.shtml</a>
Employee of an agency or hospital	Contact your Human Resources Office or the Finance Office of your workplace to determine if an articulation agreement with SHS exists



# SIMMONS

ACADEMIC YEAR: 2009-2010

### Application Deadline:

(NOT POSTMARK DATE)

June 1 for Sept. 2009 entry

Nov. 1 for Jan. 2010 entry

Mar. 1 for May 2010 entry

**Admission decisions will be mailed after the application deadline.**

### SIMMONS COLLEGE

School for Health Sciences

300 The Fenway

Boston, MA 02115-5898

Phone: 617-521-2605

Fax: 617-521-3137

Email: shs@simmons.edu

GRE Code: 3761-0619

TOEFL Code: 3761

FAFSA Code: 002208

### OPTIONAL INFORMATION

The School for Health Sciences seeks to attract students from all racial and ethnic groups in our society, to enhance diversity for the benefit of the educational experience of all students. If you are a U.S. citizen or permanent resident of the U.S., you may, but are not required to identify yourself as a member of any such group listed below. This information will remain confidential. The information will be used only for equal opportunity (notification of specific scholarships) and research purposes. Refusal to complete this section will **not** negatively affect your candidacy.

American Indian or Alaskan Native

Asian

Black or African American (non-Hispanic)

Hispanic/Latino/a

Native Hawaiian or other Pacific Islander

White (non-Hispanic)

Other-Please specify:

SOCIAL SECURITY NO.\*

\* Your Social Security number is requested for identification purposes only. Disclosure of your Social Security number is voluntary on your part as an applicant to the College. If you do not wish to disclose your Social Security number, this non-disclosure will **not** negatively affect your candidacy for admission. However, it is required if you are a U.S. citizen applying for financial aid (loans only).

## Application | A APPLICATION FOR ADMISSION – HEALTH CARE ADMINISTRATION SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Please use the same name in the same order on all correspondence. Certificate in Health Care Management and Dietetic Interns from MGH applicants only: Submit Pages A, B and M, a personal statement (page L), resume, and official transcripts from all institutions attended. This office will obtain the Simmons transcript for SOM applicants. Please review Page M carefully.

### REQUIRED INFORMATION

Have you previously applied to the School of Health Sciences (formerly the School for Health Studies)?  No  
 Yes If so, when? \_\_\_\_\_ Which program? \_\_\_\_\_ Under what name? \_\_\_\_\_

Applying for Financial Aid (low-interest loans for U.S. citizens only)  Yes  No

Intend to live on campus  Yes  No

Applying for:  Fall (Sept.) 2009  Spring (Jan.) 2010  Summer (May) 2010  
 Full-time  Part-time (U.S. citizens only)

Select One:  Master's in Health Administration (M.H.A.)  
 Certificate of Advanced Graduate Study (C.A.G.S.) in Health Administration (post-Master's)  
 Certificate in Health Care Management (post-MBA: SOM students and graduates and MBAs from other AACSB- accredited institutions.  
 Master's in Health Administration (M.H.A.) (currently enrolled in or completed HCA 500 and HCA 501 and applying for regular status)  
 Master's in Health Care Administration (M.H.A.) via the Simmons accelerated undergraduate option  
 I am applying via a special arrangement with my agency or institution (name)\_\_\_\_\_

Name: Last (Family or Surname) First (Given) Middle Former

Permanent Mailing Address: Street

City State, Province, Foreign Country Postal Code

Permanent Phone Number (area / country / city code / number)

Current or temporary mailing address (if different from above)

City State, Province, Foreign Country Postal Code

Temporary Phone Number Inclusive Dates: (month, day, year, to month, day, year of temporary mailing address)

Email Address (our primary form of communication) Fax Number

Date of Birth (month, day, year) Male/Female Country of Birth

Country of Citizenship (for financial aid purposes) First Language

A \_\_\_\_\_  
Resident Alien Number Visa type (if in possession of a visa now)

Note: All non-U.S. Students with F-1 or J-1 visas must be enrolled full time each semester.

### Attestation of Truthfulness

I hereby certify that the information contained in this application and in any supplemental materials which I submit, is factually accurate and honest as of the date submitted. I have reported all post secondary attendance and have submitted all required educational documents. I further assert that this material is for the sole use by Simmons College in evaluating my candidacy for admission. I understand that application materials become the property of Simmons College and cannot be returned to me. If I am accepted and I matriculate, I am subject to the academic rules and regulations of Simmons College and to the ethical standards and conduct as a student and in my clinical workplace consistent with professional practice as interpreted by the College. I understand that any misrepresentation will be cause for withdrawal of my application, denial of admission, or cancellation of enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.

SIGNATURE OF APPLICANT

DATE OF APPLICATION (month/day/year)

**REQUIRED INFORMATION (continued)**

Name: Last (Family or Surname) First (Given)

**EDUCATIONAL HISTORY**

List all undergraduate and graduate schools attended (including study abroad), **whether or not a degree was earned, regardless of when courses were taken, or if they are not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit.** Official transcripts from all institutions must be enclosed in signed/sealed envelopes and included in the application packet. **Do not** open these envelopes before submission to this office as this will render the transcripts as unofficial.

Please list first your current school or the one where you received your most recent degree.

College/University	City/State Country	Dates of Attendance Month/Year	Diploma Certificate or Degree Received and Date Awarded	Degree and Academic Discipline

**RESUME**

Attach a resume which includes the following (list the most recent information for each category):

- Academic Information** including all undergraduate and graduate institutions attended. If a degree was conferred, indicate date of degree and type of degree granted.
- Employment Information** including name and address of employer, dates of employment, nature of work or title. List most recent employment first.
- Additional Experiences** which Demonstrate Community Involvement including name and address of site, nature of the experience, and length of experience. List most recent experience first.

**ESSAYS**

\*(see instructions on Page L: a personal statement, rather than essays, is required for the Certificate in Health Care Management and Dietetic Intern applicants from MGH only)

**LETTERS OF RECOMMENDATION**

List names, titles, and affiliations of the three people whom you will ask to provide recommendations. Recommendations should be from employers, college faculty, or others who know you on a professional or academic basis. These individuals should not represent a single facility or institution. If currently or recently employed, you should ask a supervisor for a recommendation. If the SHS recommendation form is not used, the writer must submit a recommendation on letterhead stationery. Photocopies or faxes and recommendations from family or friends are not acceptable. These recommendations should be enclosed in signed/sealed envelopes and included in the application packet. All recommendations will be acknowledged by the School for Health Sciences. Three recommendations are required for applicants to the master’s and certificate programs, except for current Simmons SOM students applying to the Certificate in Health Care Management.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

To what other colleges and universities have you applied or are planning to apply? (This information is for research purposes only.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED INFORMATION (continued)**

Name: Last (Family or Surname) \_\_\_\_\_ First (Given) \_\_\_\_\_

**CURRENT/FUTURE ENROLLMENT**

Please indicate below the courses you are currently enrolled in or plan to enroll in during the next academic term:

Course Name	Credits	Institution	Dates of Enrollment

**STANDARDIZED TEST SCORES**

Tests should be taken at least two or three months in advance of the deadline in order for official scores to arrive at Simmons on time. It takes 4-6 weeks for us to receive official score reports. Official scores from the Educational Testing Service (ETS) or the Graduate Management Council are required. **Copies of student score reports are not acceptable.**

**Graduate Record Exam (GRE)** must have been taken within the last five years.

Graduate Record Exam Taken:  No  Yes

Date taken: \_\_\_\_\_ Date will take: \_\_\_\_\_  
 (month, year) (month, year)

Scores requested from ETS:  No  Yes

**Or Graduate Management Admission Test (GMAT)** took within the last five years. Not required for certificate programs.

Graduate Management Admission Test taken:  No  Yes

Date taken: \_\_\_\_\_ Date will take: \_\_\_\_\_  
 (month, year) (month, year)

Official scores requested:  No  Yes

I will waive GRE/GMAT since:  am currently enrolled in \_\_\_\_\_  have already taken HCA 500 and HCA 501

**TOEFL**

Applicants whose first language is not English must submit official TOEFL (Test of English as a Foreign Language) scores taken within two years prior to the application deadline. The TOEFL requirement is based on first language, not citizenship. **TOEFL does not replace GRE or GMAT**; both are required. No other English proficiency exam will be accepted. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of education in the host country in English-speaking countries only.

**A minimum score of 550 (paper-based) or 230 (computer-based,) or 88 (internet-based) is required.**

TOEFL taken:  No  Yes

Date taken: \_\_\_\_\_ Date will take: \_\_\_\_\_  
 (month, year) (month, year)

Scores requested from ETS:  No  Yes

**CERTIFICATION OF FINANCES: REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)**

September 2009 - August 2010

This form is required of all **applicants who are not U.S. citizens or U.S. permanent resident immigrants** at the time of application for admission. This information is needed in order to issue a Form I-20 to obtain an F-1 Student Visa to study at Simmons College. **Both page F and G of this form must be completed as part of the admission process before an application can be reviewed and before a Form I-20 can be issued.** Make copies of this form for your records.

Please carefully read this form and complete all sections before sending to the School for Health Sciences at the address indicated. **Photocopies or facsimiles are not acceptable.** Original signatures are required. All statements must be in English and funds should be reflected in U.S. dollars (\$). Sources of support should not be more than six months old. **Monthly bank statements and separate currency tables are not acceptable. Please print or type clearly.**

**APPLICANT INFORMATION**

Name: Last (Family or Surname) \_\_\_\_\_ First (Given) \_\_\_\_\_ Former \_\_\_\_\_

Address (To which the I-20 should be sent, not a Post Office Box) \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State/Province/Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone (country/city or area code/number) \_\_\_\_\_ Fax (country/city or area code/number) \_\_\_\_\_

Email (our primary form of communication) \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Do you currently have a Visa?  Yes  No If so, what type \_\_\_\_\_

Please list below any dependents who will accompany you and remain with you during your study.

NAME (Given, Surname), Relationship to you, Date of Birth (month, day, year), Country of Birth, Country of Citizenship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCES OF SUPPORT AND SPONSORSHIP**

I certify that I am prepared to meet the anticipated yearly expenses (including funds for travel to and from the U.S.) for study at Simmons College. Funds will be provided by (check which apply)

my own savings  my family  my government  other(specify) \_\_\_\_\_

Sponsor's Name (print) \_\_\_\_\_  
Given (First) \_\_\_\_\_ Surname or Family (Last) \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

Relationship of sponsor to student \_\_\_\_\_

**Application | E APPLICATION FOR ADMISSION – HEALTH CARE ADMINISTRATION**  
**SIMMONS COLLEGE ACADEMIC YEAR 2009-2010**

**CERTIFICATION OF FINANCES: REQUIRED ONLY FOR INTERNATIONAL APPLICANTS (NON-U.S. CITIZENS)**

September 2009- August 2010

Name: Last (Family or Surname)

First (Given)

**ESTIMATED STUDENT EXPENSES: Academic Year 2009-2010: (Note that costs increase each year.)**

Academic Program	Tuition*	Housing & Food	Fees & Health Insurance	Books & Supplies	Personal**	Total First Year Costs
Health Care Administration	\$29,580 USD (30 credits)	\$13,500	\$3,200	\$1200	\$6,000	\$53,480 USD
Nursing (Direct Entry) Nursing (RN)	\$37,030 USD (35 credits)	\$13,500	\$3,200	\$1,400	\$6,000	\$61,130 USD
	\$29,580 (30 credits)	\$13,500	\$3,200	\$1,200	\$6,000	\$53,480 USD
Nutrition (MS.)	\$30,566 USD (31 credits)	\$13,500	\$3,200	\$1,240	\$6,000	\$54,506 USD
Physical Therapy	\$36,482 USD (37 credits)	\$13,500	\$3,200	\$1,480	\$6,000	\$60,662 USD
Dietetic Internship	\$11,832 USD (12 credits)	\$13,500	\$3,200	\$ 480	\$6,000	\$35,012 USD

\*\$986, USD per credit hour

\*\*Includes allowance for transportation

**STATEMENT FROM BANK OR OTHER FINANCIAL AGENCY**

This is to certify that (print name of sponsor or self-supporting student) \_\_\_\_\_

whose signature appears herein, has ample funds (specify amount U.S. \$ \_\_\_\_\_) to meet the yearly expenses of

(print name of student) \_\_\_\_\_. This certification does not constitute a statement of liability on my part or that of the firm or bank I represent.

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

Bank Representative: Signature \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: Country/City or Area Code/Number \_\_\_\_\_

Fax Number: Country/City or Area Code/Number \_\_\_\_\_

Email: \_\_\_\_\_

Please place bank seal or stamp here

Date \_\_\_\_\_  
 month/day/year

**APPLICANT: I certify that the information on this form is correct and complete.**

Signature of Applicant Given (First Name) Family or Surname (Last) Date (month/day/year)

*If the bank section is not completed and signed, a separate bank letter stating the availability of sponsor funds in U.S. dollars (equal to or greater than costs listed here), written in English, is acceptable. It should bear a current date, original inked signature and stamp or seal. No photocopies or facsimiles are acceptable. A letter from the sponsor verifying that such funds will be used for educational expenses must also be submitted.*

**RECOMMENDATION FORM, PAGE 1**

**REQUIRED INFORMATION**

To be completed by the applicant. Please type or print:

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Name: Last (Family or Surname)      First (Given)      Middle      Former

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Address: Street      City      State/Country      Postal Code

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Email Address

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Signature      Date (month/day/year)

UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

- Non-confidential.** I reserve my right to review this form at a later date.  
 **Confidential.** I waive my right to review this form. I certify this waiver was given by me.

To be completed by the person making the recommendation:

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Name      Title/Position

---

Firm/Institution

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Address: Street      City      State/County      Postal Code

---

Email Address (our primary form of communication)      Telephone (area/country/city code and number)

Please assist the Graduate Program in Health Care Administration at Simmons College in accurately determining the prospective student's qualifications as related to her/his professional objectives.

1. In what capacity have you known the applicant?

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2. How long have you known the applicant?

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**RECOMMENDATION FORM, PAGE 2**

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Name of applicant: Last (Family or Surname) First (Given)

Please rate the applicant on the qualities listed below by circling the appropriate rating.

**Acceptance of Feedback** (e.g. seeks opportunities for feedback, receives feedback without becoming defensive, applies feedback to performance, is able to critique own performance accurately)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

**Commitment** (e.g. eagerly seeks new knowledge, seeks opportunities to improve self or organization)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

**Dependability** (e.g. willingness to be prepared, reliable)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

**Interpersonal Skills** (e.g. is respectful, cooperative, confident, non-judgmental, a careful listener, works well with others)

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**Leadership** (e.g. takes initiative, is self-directed, positive attitude)

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**Problem-Solving and Critical Thinking Skills** (e.g. raises relevant questions, applies information logically, demonstrates intuitive as well as analytical thinking)

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**Professionalism** (e.g. good character, mature, honest, ethical, and adheres to professional standards of practice)

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Please provide additional comments on the applicant's principal strengths, professional potential, and her/his capacity for graduate study in this discipline. Please write these comments on letterhead stationery and sign the letter. We encourage you to include any additional information which you feel would be helpful to the Admission Committee.

X

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Signature

Date (month/day/year)

*Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.*

**RECOMMENDATION FORM, PAGE 1**

**REQUIRED INFORMATION**

To be completed by the applicant. Please type or print:

Name: Last (Family or Surname)      First (Given)      Middle      Former

Address: Street      City      State/Country      Postal Code

Email Address

Signature      Date (month/day/year)

UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

- Non-confidential.** I reserve my right to review this form at a later date.
- Confidential.** I waive my right to review this form. I certify this waiver was given by me.

To be completed by the person making the recommendation:

Name      Title/Position

Firm/Institution

Address: Street      City      State/County      Postal Code

Email Address (our primary form of communication)      Telephone (area/country/city code and number)

Please assist the Graduate Program in Health Care Administration at Simmons College in accurately determining the prospective student's qualifications as related to her/his professional objectives.

1. In what capacity have you known the applicant?

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2. How long have you known the applicant?

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**RECOMMENDATION FORM, PAGE 2**

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Name of applicant: Last (Family or Surname) First (Given)

Please rate the applicant on the qualities listed below by circling the appropriate rating.

**Acceptance of Feedback** (e.g. seeks opportunities for feedback, receives feedback without becoming defensive, applies feedback to performance, is able to critique own performance accurately)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

**Commitment** (e.g. eagerly seeks new knowledge, seeks opportunities to improve self or organization)

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X

---

Signature

Date (month/day/year)

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**RECOMMENDATION FORM, PAGE 1**

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To be completed by the applicant. Please type or print:

Name: Last (Family or Surname)      First (Given)      Middle      Former

Address: Street      City      State/Country      Postal Code

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Signature      Date (month/day/year)

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1. In what capacity have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION FORM, PAGE 2**

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Name of applicant: Last (Family or Surname) First (Given)

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X

---

Signature

Date (month/day/year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant for inclusion in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

## ESSAY INSTRUCTIONS

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Name: Last (Family or Surname)

First (Given)

The Simmons HCA program received a competitive grant from the National Center for Healthcare Leadership (NCHL) to implement leadership competencies in the HCA curriculum. Our mission is to develop future leaders in healthcare management.

### NCHL and Center for Critical Thinking Competencies

In this section, please reflect on the following competencies:

- **Critical Thinking:** As defined by the Foundation of Critical Thinking: critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by observation, experience, reflection, reasoning, or communication, as a guide to belief and action.
- **Achievement Orientation:** A concern for surpassing a standard of excellence. The standard may be one's own past performance (striving for improvement); an objective measure (results orientation); outperforming others (competitiveness); challenging goals, or something that has been done previously (innovation).
- **Communication Skills:** The ability to speak and write in a clear, logical and grammatical manner in formal and informal situations; to prepare cogent business presentations; and to facilitate a group.
- **Interpersonal Understanding:** The ability to understand other people as well as to accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others. It measures increasing complexity and depth of understanding of others and includes cross-cultural sensitivity.
- **Self-confidence:** A belief in one's own capability to accomplish a task and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.

### ESSAY

**If you are currently working in healthcare, please answer each question here.**

Please write a one- to two-page essay on **each** of the three questions below in the context of health administration. Write the essay question and your name at the top of each page:

1. Of the above five competencies, which one do you believe is, at this time, most important to your development as a leader, and why?
2. As you consider improving in that competency, what might you do to ensure that you are truly making progress?
3. Describe an experience at work, your own experience, or something you observed and saw the consequences of that had a major effect on your development as a leader. Explain why the experience was so significant.

### ESSAY

**If you are not working in healthcare, please write a one to two page-essay (no more than 500 words) about what you hope to do in health care administration.** Write your name at the top of each page.

### PERSONAL STATEMENT (In lieu of above essays; on a separate page, in no more than 500 words, please select the appropriate personal statement below; write your name at the top of each page)

**Certificate in Health Care Management applicants only:** Please state your career objectives, describe your strengths and weaknesses in relation to those objectives, and explain how you think the Certificate in Health Care Management will help you attain your objectives. **Dietetic Interns from MGH only:** Submit the same essay as for SOM applicants, except explain how the Master's in Health Care Administration will help you attain your objectives.

# Application | M APPLICATION FOR ADMISSION – HEALTH CARE ADMINISTRATION

SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

## APPLICATION CHECKLIST

Please send this checklist with the Application Form. Please use the same name in the same order on all correspondence.

NAME: Last (Family or Surname)                      MIDDLE                      FIRST (Given)                      FORMER

Enclosed are:	Submitted separately:
<input type="checkbox"/> Application Form <input type="checkbox"/> Application Fee (\$50.00) check made payable to Simmons College * <input type="checkbox"/> Academic Transcripts (including the most recently completed academic term, in signed, sealed envelopes) <input type="checkbox"/> Essays or personal statement <input type="checkbox"/> Application Checklist (Page M, this page) <input type="checkbox"/> Certification of Finances Form (non- U.S. Citizens) <input type="checkbox"/> Resume <input type="checkbox"/> Proof of U.S. citizenship if you were born abroad (Copy of U.S. passport or other documentation) Faxes are not legible <input type="checkbox"/> Three letters of recommendation in signed, sealed envelopes***	<input type="checkbox"/> GRE or GMAT Scores (taken within past 5 years)** <input type="checkbox"/> TOEFL Score (If English is not your first language)  Applicants whose first language is not English must submit official TOEFL (Test of English as a Foreign Language) scores taken within two years prior to the application deadline. The TOEFL requirement is based on first language, not citizenship. TOEFL does not replace GRE or GMAT; both are required. No other English proficiency exam will be accepted; student score reports are not acceptable. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of education in the host country in English-speaking countries <b>only</b> .

\* Fee waiver information is available on the second page of this application.

\*\* Waived for MGH Dietetic Interns and applicants to all certificate programs.

**Certificate in Health Care Management and Dietetic Interns from MGH applicants only: Submit Pages A, B and M, a personal statement (page L), resume, and official transcripts from all institutions attended. This office will obtain the Simmons transcript for SOM applicants.**

\*\*\* Waived for current SOM students

**List all institutions attended, whether or not a degree was awarded.**

School	Diploma, Certificate or Degree Granted (if any)	Academic Major	Years of Attendance/ Graduation
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			
<input type="checkbox"/> Transcript			

**RECOMMENDATION FORMS** (Enclosed in sealed, signed envelopes and included in the application packet)

(Name) \_\_\_\_\_

(Name) \_\_\_\_\_

(Name) \_\_\_\_\_

**OPTIONAL SURVEY** (This is for research purposes only.) We would appreciate the completion of the following survey. Please check off how you learned about the Simmons Health Care Administration Program. Check more than one if applicable.

<input type="checkbox"/> Admission Staff Member (who)	<input type="checkbox"/> Simmons Faculty (who)
<input type="checkbox"/> Advertisement (radio or print -publication and date)	<input type="checkbox"/> Simmons Graduate (who)
<input type="checkbox"/> Email	<input type="checkbox"/> Simmons Student (who)
<input type="checkbox"/> HCA Alumnus (who)	<input type="checkbox"/> Simmons Web Site
<input type="checkbox"/> Info Session (date)	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Recruitment Event (date and place)	<input type="checkbox"/> Workplace
<input type="checkbox"/> Other	