

NECP UWF Supplemental Application

University of West Florida Department of Nursing Supplemental Application for the Traditional BSN Program

Deadline Date: Packages must be received by Oct 30 to be considered

This application supplements the formal application for admission to the University of West Florida and must be completed by students applying for admission to the UWF Pre-Licensure BSN Nursing Program.

Instructions: Please read carefully and complete each item of the application. Information must be printed legibly or typed. **Only complete application packets will be considered.** A complete application packet will consist of:

1. A completed UWF supplemental application for the traditional BSN nursing program signed and dated.
2. Read, sign and attach the Core Performance Functions document.
3. Completed Hepatitis B series, with titer, keep a copy of this form, you will need it later.
An application packet without the UWF form included will be considered incomplete and will not be considered.
4. Official OR unofficial transcripts from all colleges (except UWF) attended since graduation from high school (*through application deadline*). These required transcripts are separate from those you have already provided the UWF Admissions office. These transcripts will be retained with your application to the Nursing Program.
5. ATI TEAS seventh edition

It is applicant's responsibility to ensure their application packet is complete when submitted. Only documents submitted with the application packet will be reviewed by the selection committee. Incomplete application packets will not be processed or reviewed.

MECP Nursing students are admitted once per year and begin the course of study in August (fall semester). The application deadline is **Oct 30th**.

All applicants will be notified by e-mail of the admission. This notification will be sent to the e-mail account that you provide on this application.

For document upload instructions, submit an email request to militarynurse@uwf.edu.

Biographical Data (PRINT LEGIBLY)

Last Name	First Name	Middle Name	UWF Student ID Number	
Mailing Address		City	State	Zip Code
Permanent Address (if different from Mailing Address)		City	State	Zip Code
(_____) _____	(_____) _____			
Home Phone	Cell Phone			

E-mail Address [PRINT LEGIBLY - BLOCK LETTERING IS PREFERRED!](#) If your UWF student e-mail account is active please use that account.

Are you a FTIC (First Time College Student) _____ Yes _____ No

Responding to this question is voluntary and is for statistical purposes only:

Ethnicity: Hispanic Not-Hispanic

Race: White Black or African American American Indian Asian Hispanic or Latino
Alaskan Native Two or More Races Race/Ethnicity Unknown Native Hawaiian

United States Citizen? Yes No If No, Nation of Citizenship: _____

Gender: Male Female Are you currently a licensed/certified healthcare provider? _____ Yes _____ No If yes, please provide a copy of your license/certification.

Have you previously attended an ADN or BSN Program? _____ Yes _____ No
If so, what were your dates of attendance? _____ to _____

READ NEXT STATEMENT CAREFULLY:

To be eligible to submit this supplemental application, you must be fully admitted to UWF through the Office of Undergraduate Admissions by the supplement application deadline with a declared major of pre-nursing (BSN). I have been fully admitted to the University with a declared major of pre-nursing (BSN) and all required transcripts have been sent to UWF Admissions office, and copies are included with this application packet. Yes No

TEAS (Seventh Edition) Exam

Date(s) TEAS VI completed or scheduled, location, version (computer-based or paper/pencil). Test must be taken between **the 12 months preceding the deadline date of your package.**

[Tests taken outside of UWF](#), scores **must be sent to UWF via ATI Testing.**

A minimum composite score of 75% is required, within a maximum of three attempts within the current cycle.

Date: _____ Location: _____ Score: _____
Date: _____ Location: _____ Score: _____
Date: _____ Location: _____ Score: _____

Pre-requisite Coursework

The nursing pre-requisites listed below must be completed prior to beginning the Dr. D.W. McMillan BSN Nursing program.

These courses must be completed for a *letter* grade (minimum grade of “C”).

Course(s)	Course Number	Grade Earned	Semester Completed	School Name Where Completed
Anatomy & Physiology I				
Anatomy & Physiology I Lab				
Anatomy & Physiology II				
Anatomy & Physiology II Lab				
Human Development Across the Lifespan				
Principles of Nutrition				
Microbiology				
Microbiology Lab				
Elements of Statistics				
Choose One: CHM, BCH, PHY, PCB, BSC (3CH)				
Choose One: PSY, SOP, SYG (3CH)				

Optional Criteria

Completion of these optional criteria may increase your ranking in the selection process.

• Optional Recommended Electives

Recommended Electives	Course Number	Grade	School Where Taken
HSC 3555, Pathophysiology, 3000 Level or higher			
HSC 3535, Medical Terminology, 3000 Level or higher			
Combo SYG 2000 Intro. to Sociology PSY 2012 Gen. Psychology			

Educational Background

• List any degrees you have been awarded.

Degree	Institution Where Awarded	Graduation Date

BACKGROUND CHECKS, DRUG SCREENINGS AND FINGERPRINTING

All applicants receiving a letter of acceptance into the Nursing Program will be required to undergo Fingerprinting, Background Check, and Drug Screening. All admissions into the Nursing Program are provisional until this step is successfully completed. The clinical sites our school has affiliation agreements with requires the UWF Nursing Program not accept students with criminal histories or other types of violations. Therefore, all students with criminal histories will not be admitted into the Nursing Program and some students with other types of violations will not be admitted into the Nursing Program. ***Students with questions related to their backgrounds should contact the Department Chair before submitting an application for admission.*** Questions or concerns please e-mail cohnursing@uwf.edu.

I understand that I must be admitted to the University in order to be admitted into the Nursing Program. I understand the Nursing Program is a limited access program and that admission to this program is competitive and is based on evaluation of all required submitted materials. I understand that enrollment is limited and some qualified applicants may not be admitted. I acknowledge that this program has evening and/or weekend commitments for clinical hours, simulation hours, meetings or community service projects.

I certify that all information provided on this application is true and correct. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in revocation of admission or disciplinary action which may include dismissal from the Nursing Program and/or the University.

Signature

Date

Remember to make a copy of your entire application packet, no documentation will be returned to applicants.

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