

UNIVERSITY OF WEST FLORIDA
DEPARTMENT OF NURSING



RN-BSN ONLINE PROGRAM
2010 APPLICATION PACKET
FOR SPRING AND SUMMER TERMS

Contact Information:

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This program is fully accredited by the Commission on Collegiate Nursing Education (CCNE) through the year 2017

University of West Florida
Department of Nursing
11000 University Parkway
Pensacola, FL 32514
850-473-7762

RN to BSN Application Form
Spring or Summer 2010 Packet

Admission/Eligibility Requirements

SPRING OR SUMMER 2010 COHORT

Completion of an Associate Nursing Degree or a Diploma Nursing program prior to enrollment

Completion of an Associate of Arts Degree from a Florida community college, OR completion of UWF General Studies requirements prior to enrollment.

Completion of two years High School foreign language or two semesters of the same language at the college level

Admission to UWF with all transcripts, health forms, and fee payments as required submitted and processed. If you have previously applied but not attended within the last three semesters you must complete a Readmission Form before submitting this nursing program application

Documentation of current unencumbered RN licensure in any state (or pending)

Minimum cumulative GPA of 2.75 in all college credit course work and a minimum grade of "C" in all Florida Common Course Prerequisites applicable to the BSN degree program. Provisional admission may be offered to those students with a GPA of less than 2.75 *on a space available basis*. The student must complete the first twelve semester hours in the program with a 3.0 for the provisional admission to convert to full admission status and progression in the program

Pre-requisite Coursework:

The following courses or their equivalent must be completed prior to entry into the nursing major. 16 hours of these should be used to satisfy the General Studies requirements (7 hours Natural Sciences, 6 hours Social Sciences, 3 hours for the second mathematics course)

BSC 1085, 1085L (3,1) Anatomy & Physiology I with lab
BSC 1086, 1086L (3,1) Anatomy & Physiology II with lab
CHM 1032, 1032L (3,1) General Chemistry with lab
MCB 1000, 1000L (3,1) Microbiology with lab
DEP 2004 (3) Human Development Across the Lifespan
HSC 2577 (3) Nutrition
PSY 2012 (3) General Psychology
SYG 2000 (3) Introduction to Sociology
STA 2023 (3) Statistics

NOTE: State-wide common prerequisites are always under review. For the most current information and for other courses that may serve as acceptable alternatives, visit

http://facts23.facts.org/florida/facts/Home_Page/College_Students/Transferring/Common_Prerequisite_Manual/

PLAN OF STUDY

SPRING 2010 COHORT

Admission is limited to those students who have completed all other requirements for the University Baccalaureate degree prior to enrolling in the SPRING 2010 semester.

SPRING 2010 Semester	SUMMER 2010 Semester	FALL 2010 Semester
<i>NUR 3081</i> Transition to Professional Nursing Practice 4 SH	<i>NUR 4828</i> Nursing Systems Management 4 SH	<i>NUR 4949</i> Professional Practicum 6 SH (REQUIRES 6-8 HRS/WEEK CLINICAL)
<i>NUR4165</i> Nursing Research 3 SH	<i>NUR 4636</i> Community Health Nursing 4 SH	Nursing Elective 3 SH (<i>may be taken any semester</i>)
<i>NUR 3067</i> Health Assessment 4 SH	<i>NUR 4286</i> Gerontological Nursing 3 SH	
	<i>NUR 4940</i> Senior Concentration in Nursing 1 SH	
11 SH	12 SH	9 SH

SUMMER 2010 COHORT

Admission is limited to those students who have completed all other requirements for the University Baccalaureate degree prior to enrolling in the SUMMER 2010 semester.

SUMMER 2010 Semester	FALL 2010 Semester	SPRING 2011 Semester
<i>NUR 3081</i> Transition to Professional Nursing Practice 4 SH	<i>NUR 4828</i> Nursing Systems Management 4 SH	<i>NUR 4949</i> Professional Practicum 6 SH (REQUIRES 6-8 HRS/WEEK CLINICAL)
<i>NUR4165</i> Nursing Research 3 SH	<i>NUR 4636</i> Community Health Nursing 4 SH	Nursing Elective 3 SH (<i>may be taken any semester</i>)
<i>NUR 3067</i> Health Assessment 4 SH	<i>NUR 4286</i> Gerontological Nursing 3 SH	
	<i>NUR 4940</i> Senior Concentration in Nursing 1 SH	
11 SH	12 SH	9 SH

APPLICATION TO THE RN TO BSN NURSING PROGRAM TRACK

Complete all applicable fields

UWF ID Number: _____ RN License Number and State: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact phone: _____

Contact Email: _____

All correspondence will be sent via email, including acceptance into the program

I am applying for the:

Spring 2010 Plan (three semesters) _____

Summer 2010 Plan (three semesters) _____

Spring 2010 is my first choice, if not accepted please move my application to Summer 2010 _____

List all schools attended/dates/degrees

University/College	Dates Attended	Degree Awarded/Anticipated

I understand that this program is 100% online and that I have the computer competency skills necessary to complete all coursework, including: log onto a distance learning platform, utilize threaded discussions, uploading and downloading documents in Word, rtf, and/or pdf formats, have adequate skill in word processing, PowerPoint, internet searches, and online library research. I also have access to a video recorder and ability to upload files to an account created at Fliggo.com (requires most recent version of Adobe Flash). **Initial** _____

I understand that all written coursework submission is required to be in the current 6th edition of APA Manual format and it is my responsibility to familiarize myself with and use professional writing skills. **Initial** _____

Additional information

During the second semester of the program during NUR 4940 and prior to the clinical component, NUR 4949, during the last semester of the program you are required to submit copies of:

- Current American Heart Association Healthcare Provider certification valid through graduation date
- Proof of required immunizations and titers current through graduation date
- UWF Statement of Health Form (to be completed by licensed MD or NP)
- Verification of Health Insurance
- Drug test & background check required. Registration for the Practicum will be contingent on a negative drug screen and satisfactory background check
- HIPAA training completion verification

ADMISSION IS LIMITED AND COMPETITIVE

If the number of people eligible for admission to the program exceeds the enrollment capability, the date of application will be used to determine individuals accepted into the program. Your submitted application is good only for the Academic Year and term for which you have applied. UWF practices “rolling admission”; qualified applicants will be admitted by *completed* application date until the cohort has been filled.

UWF admission deadline for Spring 2010 is November 1, 2009 - Nursing Program application deadline for Spring 2010 is November 15, 2009. Notification will be sent via email no later than November 25, 2009.

UWF admission deadline for Summer 2010 is April 1, 2010 – Nursing Program application deadline for Summer 2010 is April 1, 2010. Notification will be sent via email no later than April 9, 2010.

Please MAIL completed (1) Application, (2) Copy of RN license **or** Statement of Pending Licensure, (3) Admission/Progression Requirements Acknowledgment, and (4) Criminal Background Disclosure forms **in one envelope** to:

University of West Florida
Department of Nursing
ATTN: RN-BSN COORDINATOR
11000 University Parkway
Pensacola, FL 32514

Incomplete applications will not be accepted. Complete application packets must be received no later than November 15, 2009 to be considered for the Spring term and no later than April 1, 2010 to be considered for the Summer term admission tracks. University admission with no “holds” is a part of and a requirement of a completed application. Keep a copy for your records. Nursing applications will not be reviewed until ALL college and high school (if applicable) transcripts have been received and reviewed by the University Admissions Department. The date of your nursing application submission will be the date all University admission requirements are met.

**DEPARTMENT OF NURSING ADMISSION/PROGRESSION REQUIREMENTS
ACKNOWLEDGMENT**

RN-BSN TRACK

The Department of Nursing maintains legal contracts with clinical agencies and must follow each agency's policies in order to allow nursing students access to that facility to practice nursing for the required practicum component. The Department and students must maintain compliance with agency policies such as nursing standards of practice, health, CPR, drug screens, and criminal background requirements.

My initials on each item and my signature on this document signify that I have read each item and that my questions have been answered to my satisfaction with regard to the requirements for me to follow the policies and procedures of the Department of Nursing and agencies for practicum.

____ 1. I understand I must submit a completed University of West Florida Nursing *Statement of Health Form* to the Department of Nursing prior to the required date during "Senior Concentration in Nursing" course, affirming I am physically and mentally capable of meeting essential functions for nursing practice.

____ 2. I understand I must submit verification of required immunizations and titers prior to the required date during "Senior Concentration in Nursing" course.

____ 3. I understand I must provide evidence of annual tuberculosis testing during "Senior Concentration in Nursing" course that will expire after graduation.

____ 4. I understand I must submit current documentation prior to the required date during "Senior Concentration in Nursing" course for:

- Unencumbered RN licensure in the state(s) you will complete your Practicum
- Professional CPR current through graduation date (American Heart Association for Healthcare Professionals)
- Health Insurance Portability and Accountability Act (HIPAA) training
- Verification of Health Insurance
- Copy of required immunizations and titers

____ 5. I understand I am required to submit to and pay any costs required for criminal background checks and drug screen through the provider UWF Nursing has contracted with prior to the required date during "Senior Concentration in Nursing" course. Progression to the Practicum course requires a Negative Drug Screen and Satisfactory Background Check.

____ 6. I understand I must disclose in writing any convictions of any misdemeanors or felonies in Florida or any other state to the Department of Nursing prior to entry into the RN to BSN nursing track. I understand that any conviction will be a factor used to determine if I will be admitted to the program. If I fail to disclose complete information regarding such convictions or make any misrepresentation with regard to this information, my admission may be denied, or if I have been admitted, I may be dropped from the nursing program once the information is discovered.

____ 7. I will maintain confidentiality of clients and organizations in which I work as a nursing student, including compliance with the Health Insurance Portability and Accountability Act (HIPAA), and will abide by the policies and procedures of such patients and organizations regarding the privacy and security of patient and organizational information.

____ 8. I understand that failure to comply with the above Department of Nursing requirements, health clearance, and background checks will result in my inability to enroll in the Practicum course and complete requirements for graduation.

____ 9. I understand that I must obtain a photo ID from UWF Nautilus Card Services, or an acceptable alternative, that will serve as my Nursing Student identification badge that I will wear whenever I am performing activities as a student nurse. This is not the Nautilus Card issued to students at UWF, it is an additional identification at an estimated cost of \$10.00 that does not include private information and its sole purpose is to clearly identify the student as a UWF Nursing Student.

PRINT NAME

SIGNATURE

DATE

**UNIVERSITY OF WEST FLORIDA
DEPARTMENT OF NURSING
DISCLOSURE OF CRIMINAL BACKGROUND
PAGE 1/2**

1. Name of Student (Print): _____
2. Maiden Name if Applicable (Print): _____
3. Enter All Other Names Used (Print): _____
4. UWF Student ID Number: _____
5. Date of Birth: _____
6. List all States and Counties you have resided in during the prior seven (7) years and the dates of residency for each such State and County: _____

7. Have you ever been convicted of any felony charges? (circle) **Yes / No**
8. Have you ever been convicted of any misdemeanor charges? (circle) **Yes / No**
9. Are there any current pending felony charges that have been filed against you? (circle) **Yes / No**
10. Are there any current pending misdemeanor charges that have been filed against you? (circle) **Yes /No**
11. If you answered yes to any of the above questions, list all criminal convictions you have received by year, as well as any current pending criminal charges that have been filed against you:

**UNIVERSITY OF WEST FLORIDA
DEPARTMENT OF NURSING
DISCLOSURE OF CRIMINAL BACKGROUND
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12. I understand that providing false information regarding my criminal history, failing to disclose requested information regarding my criminal history, or not successfully passing any required criminal history check may result in a failure to be approved for required Practicum facility access, and as such may result in my inability to progress through the UWF Department of Nursing program, as such required placement is prerequisite to the completion of the RN-BSN degree.

IMPORTANT NOTICE: Pursuant to Section 456.0635, *Florida Statutes*, you are being notified that effective July 1, 2009, health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere to a felony violation regardless of adjudication of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Date: _____ Signature: _____

University of West Florida
Department of Nursing
Statement of Pending Licensure
Submit this form ONLY if you are not providing a copy of your RN license

The status of my RN licensure in the state of _____ is pending due to the following reason:

This pending licensure will be resolved in the following manner and time frame:

I understand that if I am allowed provisional admission to the RN-BSN program track that without documentation of current, unencumbered RN license submitted during NUR 4940 I will not be able to complete requirements for graduation and will be dismissed from the program.

Date: _____ Signature: _____