

UNIVERSITY OF WEST FLORIDA
DEPARTMENT OF NURSING



RN-BSN ONLINE PROGRAM
APPLICATION PACKET
FOR **FALL 2012** and **SPRING 2013** TERMS

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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
850-473-7764

RN to BSN Application Form

Fall 2012 / Spring 2013 Packet

Admission/Eligibility Requirements

FALL 2012 or SPRING 2013 COHORT

- Completion of an Associate Nursing Degree or a Diploma Nursing program
- 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 *to the correct office* and processed. If you have previously applied but not attended you must complete a Readmission Form before submitting this nursing program application
- Documentation of current unencumbered RN licensure in any state
- 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.

Florida Common Pre-requisites for Nursing Coursework:

The following courses or their equivalent must be completed with a minimum grade of “C” 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 Mathematics)

BSC 1085/L Anatomy & Physiology I with lab (4 semester hours)
BSC 1086/L Anatomy & Physiology II with lab (4 semester hours)
MCB 1000/L Microbiology with lab (4 semester hours)
DEP 2004 Human Growth & Development (3 semester hours)
STA 2023 Statistics (3 semester hours)
HSC 2577 Nutrition (3 semester hours)

Choose one three semester hour course with the following prefixes:

CHM, BSC, BCH, PCB, PHY

Choose one three semester hour course with the following prefixes:

PSY, SOP, SYG

PLAN OF STUDY

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

First Semester	Second Semester	Third Semester
<i>NUR 3081</i> Transition to Professional Nursing Practice 4 SH	<i>NUR 4636</i> Community Health Nursing 4 SH	<i>NUR 4895</i> Client Education 4 SH
<i>NUR4165</i> Nursing Research 3 SH	<i>NUR 4286</i> Gerontological Nursing 3 SH	<i>NUR 4828</i> Nursing Systems Management 4 SH
<i>NUR 3067</i> Health Assessment 4 SH	Nursing Elective 3 SH	Nursing Elective 3 SH
11 SH	10 SH	11 SH

Other Graduation Requirements

Total hours of all college coursework must equal 124 hours.

Total number of hours of University of West Florida coursework must equal 32 hours.

It is the students' responsibility to be familiar with the graduation requirements of the University and to ensure all requirements have been met prior to the final semester of coursework.

(Office Use) Date Received _____

APPLICATION TO THE RN TO BSN NURSING PROGRAM TRACK

Complete all fields (UWF ID number is received after application to the University has been initiated. DO NOT submit this application without this number).

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. Be sure your email is legible.

I am applying for the:

FALL 2012 _____

SPRING 2013 _____

FALL 2012 is my first choice; if cohort has been met please move my application to SPRING 2013 _____

If the applicant is not admitted to the fall or spring cohort, a new application must be submitted to the Department of Nursing to be considered for a future cohort.

Please list all schools attended/dates/degrees

University/College	Dates Attended	Degree Awarded/Anticipated

Please list all courses that are currently in progress and courses to be completed that will be used to satisfy AA degree requirements, general studies requirements, foreign language requirements and common prerequisite requirements.

Course Name/Number	Semester/Year course is to be taken	University/College where course will be taken

1. I understand that this program is 100% online and that I have the computer competency skills and computer access 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 DVD/CD player. **Initial** _____

2. 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** _____

3. Upon acceptance to the program, I agree to submit to a background check, drug screen, fingerprinting, and upload copies of the following to the service provider selected by UWF. Total cost for all services is approximately \$160.00 (Additional names and locations cost extra). **Initial** _____

- 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 & fingerprinting required. Previous tests, screens, and prints are NOT acceptable and ALL must be completed via the UWF provider. Information on this service is provided upon acceptance into the program and must be initiated within one week of acceptance into the program and completed within the first month of enrollment.
- HIPAA training completion verification
- Declaration page of Professional Liability Insurance (this is a state requirement; ALL students must have this even if you reside outside of Florida). This is not a student or employer based policy, but an RN policy with limits of \$1 million/\$3 million.

4. Upon notification per email of acceptance into the program, I understand that **I have one week to enroll in Certified Background as confirmation of my intention to accept the slot in the program.** I understand and agree that if I do not establish an account with Certified Background I will forfeit admission to the RN-BSN program. **Initial** _____

ADMISSION TO THE PROGRAM IS LIMITED

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 for which you have applied. UWF Nursing Department practices “rolling admission”; qualified applicants will be admitted by application date until the cohort has been filled. The University requires a minimum number of student enrollments in courses. If the cohort fails to meet the minimum requirement, applications will be automatically rolled over into the next term.

Nursing Program application deadline for Fall 2012 is March 23, 2012. Notification will be sent via email on or before March 30, 2012. Enrollment into Certified Background indicating your acceptance of the program slot offer must occur on or before April 6, 2012.

Nursing Program application deadline for Spring 2013 is October 1, 2012. Notification will be sent via email on or before October 5, 2012. Enrollment into Certified Background indicating your acceptance of the program slot offer must occur on or before October 12, 2012.

Please MAIL completed (1) Application, (2) Admission/Progression Requirements Acknowledgment, and (3) Criminal Background Disclosure forms (pages 4-9 of application) **in one envelope** to (NOTE: do NOT send required documentation with this application):

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

Nursing applications will not be reviewed until ALL college and high school (if applicable) transcripts have been received and evaluated by the University Admissions Department. Be aware you will need to allow sufficient time for the University admission process in advance of the nursing application deadline to ensure your departmental application can be reviewed. Receipt of application will not be acknowledged by the UWF Department of Nursing. If verification of receipt of application is desired, the application should be sent by certified mail with return receipt requested.

DEPARTMENT OF NURSING ADMISSION/PROGRESSION REQUIREMENTS

The Department of Nursing and all its students must maintain compliance with state and accrediting institutional policies such as nursing standards of practice, health examinations, CPR, drug screens, fingerprinting, criminal background requirements, and proof of health and liability insurance.

Information on registration and payment with Certified Background will be sent with notification of acceptance to program. Enrollment into Certified Background must occur within one week of notification of acceptance in order to retain your seat in the cohort. Health Form and HIPAA training information will be sent in admission email.

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.

____ 1. I understand I must submit current documentation prior to the required date for:

- UWF Nursing Department *Statement of Health Form* signed by MD or ARNP
- Unencumbered RN licensure in the state you currently reside
- Professional CPR current through graduation date (American Heart Association for Healthcare Professionals)
- Health Insurance Portability and Accountability Act (HIPAA) training verification
- Verification of Health Insurance
- Copy of required immunizations and titers
- Professional liability insurance \$1 million/\$3 million limits

____ 2. I understand I am required to submit to and pay any costs (currently approximately \$160) required for criminal background check, fingerprinting, and drug screen through the provider UWF Nursing has contracted with, within one week of acceptance to the Program. Admission to and progression in the Program requires a Negative Drug Screen and Satisfactory Background Check.

____ 3. 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.

____ 4. I will maintain confidentiality of clients and organizations in which I work as a UWF 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.

PRINT NAME

SIGNATURE

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DEPARTMENT OF NURSING
DISCLOSURE OF CRIMINAL BACKGROUND
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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 (note, **additional name and county searches will increase the cost of background check**): _____

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).

Print Name: _____

Signature: _____

Date: _____