

University of West Florida Nursing Program
Supplemental Application

Deadline Date: March 1, 2012 (MAIL OR HAND DELIVER!)

Please note: CPR Certification is no longer required with application!!

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 Nursing Program. **IT IS APPLICANT'S RESPONSIBILITY TO SUBMIT A COMPLETE APPLICATION PACKET.**

Instructions: Please read carefully and complete each item of the application. Information must be printed legibly or typed. Applications must be submitted as part of a complete packet. **Only complete application packets will be considered. DO NOT TURN IN PACKET UNTIL IT IS COMPLETE.** A complete application packet will consist of:

1. A **completed** UWF nursing program supplemental application, signed and dated
2. The date(s) TEAS version V exam was taken or is scheduled (see page 3 of Supplemental Application); TEAS version V must be taken **after 8/15/2011 and no later than 2/29/2012.** Go to uwf.edu/nursing for TEAS registration information or to atitesting.com
3. **Official OR unofficial** transcripts from **all colleges** attended since graduation from high school (**through Fall semester 2011**) with the exception of courses attended at UWF. **THESE ARE SEPARATE TRANSCRIPTS FROM THOSE SUBMITTED WHEN YOU APPLIED TO THE UNIVERSITY OF WEST FLORIDA!** These transcripts will be retained with your application to the Nursing Program. **IF ALL OF YOUR COLLEGE COURSEWORK WAS DONE AT UWF, NO ADDITIONAL TRANSCRIPTS ARE REQUIRED WITH THIS APPLICATION.**
4. Documentation of required immunizations (see **required** UWF Immunization Form). Results can take several weeks so **PLAN ACCORDINGLY. KEEP A COPY OF COMPLETED IMMUNIZATION FORM FOR YOUR RECORDS! YOU WILL NEED IT LATER IF ACCEPTED INTO NURSING PROGRAM. WE WILL NOT PROVIDE YOU WITH THE COPY YOU SUBMIT WITH APPLICATION.**
5. **OPTIONAL:** Letter(s) documenting volunteer/work experience (minimum 60 hours) within the period of Mar 1, 2011-March 1, 2012, on company letterhead, dated and signed by company official. Stronger consideration given if in a healthcare setting.

Letters of recommendation are not encouraged. **Faxed application materials are not accepted. IT IS APPLICANT'S RESPONSIBILITY TO ENSURE THEIR APPLICATION PACKET IS COMPLETE WHEN SUBMITTED. ONLY DOCUMENTS SUBMITTED WITH THE COMPLETE APPLICATION PACKET WILL BE REVIEWED BY SELECTION COMMITTEE.**

*Applicants must ensure copies of **all** college transcripts (official or unofficial) are included when submitting this supplemental application. These are separate transcripts from those submitted to the University of West Florida Admissions/Registrar's office.

DO NOT MAIL OR FAX TRANSCRIPTS SEPARATELY TO THE NURSING DEPARTMENT!

Nursing students are admitted once per year and begin the course of study in August (fall semester). **The application deadline is March 1, 2012, 3:00 PM. The application packet must be mailed and postmarked by 3/1/2012 (see p. 3 for address) or hand delivered to UWF Nursing Dept. by 3pm, 3/2/2012. Emails notifying all applicants of acceptance status will be sent by May 17, 2012.**

Incomplete application packets cannot be processed/reviewed.

Biographical Data (PRINT LEGIBLY)

Last Name	First Name	MI	UWF Student ID Number	
Mailing Address		City	State	Zip Code
Permanent Address (if different from Mailing Address)		City	State	Zip Code
(_____) Home Phone	(_____) Work Phone			
(_____) Cell Phone	e-mail Address		PRINT LEGIBLY! You will be notified by email by 5/17/12	

All applicants must be fully admitted to the University with a declared major of pre-nursing (BSN) to be considered for admission to Nursing. READ NEXT STATEMENT CAREFULLY:

I have been fully admitted to the University **with a declared major of pre-nursing (BSN)** and all transcripts **through December 2011** have been sent to UWF Admissions AND are included with this application packet **AND I WILL HAVE COMPLETED ALL NURSING PROGRAM PREREQUISITES BY THE END OF FALL 2011.** YES

If response is NO, the application to the nursing program **cannot** be reviewed.

Admission Information

Degrees or Diplomas Earned

List any degrees or professional diplomas earned. Potential graduates should list prospective graduation dates.

Type of Degree/Diploma	Institution Where Earned	Graduation Date

Prerequisite Coursework

THE NURSING PREREQUISITES LISTED BELOW MUST BE COMPLETED BY THE END OF FALL 2011. NO EXCEPTIONS!

Indicate the prerequisites for the nursing program you have completed by the end of Fall 2011:

Course(s)	Course Number	Credit Hours	Date Completed	School
Anatomy/Physiology I + Lab				
Anatomy/Physiology II + Lab				
Choose One: PSYxxxx, SOPxxxx, or SYGxxxx				
Human Growth and Development				
Nutrition				
Microbiology + Lab				
Statistics				
Choose One: CHMxxxx, BCHxxxx, PHYxxxx, PCBxxxx, or BSCxxxx				

Optional Criteria

The following are optional criteria for which you may submit documentation for consideration.

- **Work/Volunteer Experience within the specific time period of 3/1/2011 – 3/1/2012.**
 - Written documentation must *verify* a minimum of 60 hours within the required timeframe, paid or volunteer experience. A letter from the agency on letterhead dated and signed with required information listed above must be included with application packet. Stronger consideration will be given for experiences in a health care related setting, comprised of two or more cultural groups.
 - **The minimum requirement of 60 hours must be met by application deadline date of 3/1/2012.**

List agency letters included in this application packet:

- **Optional Recommended Electives**

For consideration in the selection process, the following courses must be completed by **3/1/2012**:

Recommended Electives	Course Number and Date Completed
CHM 2200/L, Fundamentals of Organic and Biochemistry with Lab	
HSC 3550, Pathophysiology	
HSC 3534, Medical Terminology	
PSY 2012, Psychology	

BACKGROUND CHECKS, DRUG SCREENINGS AND FINGERPRINTING

All applicants receiving a letter of acceptance into the Nursing Program will be required to undergo a Background Check, Drug Screening and Fingerprinting. All admissions into the Nursing Program are provisional until this step is successfully completed. All clinical sites require Background Checks, Drug Screening and Fingerprinting of students as well. Some of the clinical sites required in the Nursing Program will 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.

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 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.

All applicants will be notified of status by email by 5/17/12

Signature of Applicant

Date

CHECKLIST

Check off each item to ensure you are submitting a complete application.

Incomplete application packets WILL NOT be reviewed. ONLY DOCUMENTS SUBMITTED WITH THE COMPLETE APPLICATION PACKET WILL BE REVIEWED BY SELECTION COMMITTEE. DO NOT TURN IN APPLICATION PACKET UNTIL IT IS COMPLETE!!! Complete application packet must include all of the following:

Completed Nursing Program Supplemental Application, signed and dated
Date(s) TEAS V completed or scheduled, location, version (computer-based or paper/pencil). Test must be taken after August 15, 2011 and no later than February 29, 2012.

Date: _____ Location: _____ Version: _____

Date: _____ Location: _____ Version: _____

Date: _____ Location: _____ Version: _____

Unofficial/Official Transcripts included from each college attended

DO NOT MAIL OR FAX TRANSCRIPTS SEPARATELY TO NURSING DEPT!

Completed UWF Immunization Form of ALL required immunizations (results can take several weeks!)

KEEP COPY FOR YOUR RECORDS-IF ACCEPTED INTO PROGRAM, YOU WILL NEED IT LATER!

Appropriate documentation of volunteer/work experience as per guidelines (OPTIONAL)

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

Race: White (Non-Hispanic) Black or African American (Non-Hispanic) American Indian or Alaskan Native
 Asian (not Hispanic) Hispanic or Latino Other (Specify) _____
 Race/Ethnicity Unknown Native Hawaiian or other Pacific Islander

UNITED STATES CITIZEN? Yes No IF NO, NATION OF CITIZENSHIP: _____

Gender: ___ Male ___ Female:

ARE YOU AN LPN/LVN? ___ Yes ___ No

Mail COMPLETED Application Packet to (or hand deliver to):

University of West Florida Nursing Program
11000 University Parkway, Bldg 37
Pensacola, FL 32514
ATTN: Application Materials

DEADLINE DATE: POSTMARKED BY 3/1/2012 OR hand delivered BY 3 PM, 3/1/2012.