

UNIVERSITY OF WEST FLORIDA  
DEPARTMENT OF NURSING



**RN-BSN ONLINE PROGRAM**  
2010 APPLICATION PACKET  
FOR **FALL 2010** and **SPRING 2011** 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

Fall 2010/Spring 2011 Packet

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### Admission/Eligibility Requirements

### FALL 2010 or SPRING 2011 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

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### 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

### FALL 2010 COHORT

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

Fall Semester 2010	Spring Semester 2011	Summer Semester 2011
<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	
<b>11 SH</b>	<b>12 SH</b>	<b>9 SH</b>

### SPRING 2011 COHORT

***Admission is limited to those students who have completed all other requirements for the University Baccalaureate degree prior to enrolling in the SPRING 2011 semester.***

Spring 2011 Semester	Summer 2011 Semester	Fall 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	
<b>11 SH</b>	<b>12 SH</b>	<b>9 SH</b>

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**APPLICATION TO THE RN TO BSN NURSING PROGRAM TRACK**

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**Complete all 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**

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I am applying for the:

FALL 2010 Plan \_\_\_\_\_

SPRING 2011 Plan \_\_\_\_\_

FALL 2010 is my first choice, if not accepted please move my application to SPRING 2011 \_\_\_\_\_

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List all schools attended/dates/degrees

University/College	Dates Attended	Degree Awarded/Anticipated

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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 video recorder and ability to upload files to an online account. **Initial** \_\_\_\_\_

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

## Additional information

During NUR 4940, taken in the second semester of the program and immediately prior to the clinical component of NUR 4949 taken during the last semester of the program you are required to submit to a background check, drug screen, and upload copies of the following to the service provider selected by UWF. Total cost for all services is approximately \$110.00 **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 required. Registration for the Practicum will be contingent on a negative drug screen and satisfactory background check
- HIPAA training completion verification

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### 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 and term for which you have applied. UWF Nursing Department practices “rolling admission”; qualified applicants will be admitted by *completed* application date until the cohort has been filled.

UWF admission deadline for Fall 2010 is July 1, 2010 - Nursing Program application deadline for Fall 2010 is August 1, 2010. Notification will be sent via email no later than August 10, 2010.

UWF admission deadline for Spring 2011 is November 1, 2010 – Nursing Program application deadline for Spring 2011 is December 1, 2010. Notification will be sent via email no later than December 10, 2010.

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Please MAIL completed (1) Application, (2) Admission/Progression Requirements Acknowledgment, and (3) 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 August 1, 2010 to be considered for the Fall term and no later than December 1, 2010 to be considered for the Spring 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 approved service provider (currently Certified Background) 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  
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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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.

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**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).

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_