



A R I Z O N A S T A T E U N I V E R S I T Y

Request to Enter the RN Baccalaureate Program Track (RN-BSN)

Last Name

First Name

ASU ID: _____
(10 digit number)

Desired Program Start (*please check one*):

12 Month January Hybrid (Year) _____ 12 Month August Hybrid (Year) _____

16 Month January Online (Year) _____ 16 Month August Online (Year) _____

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Materials Due:

November 20, 2009 (for January Hybrid track)

November 20, 2009 (for January Online track)

OR

April 1, 2010 (for August Hybrid track)

July 15, 2010 (for August Online track)

Arizona State University vigorously pursues Affirmative Action and Equal Opportunity in its employment activities and programs.

Instructions/Checklist

Materials may be mailed, delivered or faxed to:

RN Baccalaureate Program Track Office
College of Nursing & Health Innovation
Arizona State University
550 North 3rd. St., Mail Code 3020
Phoenix, Arizona 85004
(Ph 602-496-0701)
(Fax 602-496-2282)

- Regular Admission Status Requirement:** Individuals must be admitted as an undergraduate nursing major with Arizona State University before being considered for the RN-BSN program track. To be admitted, prospective students must: (1) apply online for undergraduate admission www.asu.edu/admissions (2) pay the application fee required; and (3) arrange for copies of official transcripts from all prior colleges or universities attended to be sent to Undergraduate Admissions, Arizona State University, Tempe Campus, P.O. Box 870112, Tempe, AZ 85287-0112.

- Pre-requisite course work.** (See your curriculum check sheet)
Candidates must submit proof they have completed all prerequisite courses with a minimum grade of "C" or better or must submit evidence that any course in progress will be completed by December 31 (for January Track) or July 31 (for August Track).

- Candidates must have a cumulative GPA of 2.75 or greater based on the following selected (*) pre-requisite courses:

*BIO 201	Human Anatomy & Physiology I
*BIO 202	Human Anatomy & Physiology II
*CHM 101	Introductory Chemistry
*ENG 101	First Year Composition I
*ENG 102	First Year Composition II
MAT 142	College Mathematics
*MIC 205	Microbiology
*PGS 101	Introduction to Psychology
STATS	Statistics
HU – Elective	Humanities

Candidates falling below this GPA must petition the College of Nursing & Healthcare Innovation Standards Committee to reconsider their particular situation based on their rationale. The petition form is located at:

<http://nursingandhealth.asu.edu/students/forms>

Additional documentation required by submission deadline

- Copy (front and back) of valid state fingerprint clearance card OR copy of completed application for Arizona fingerprint clearance card showing application number and application date

NOTE: Individuals having a restriction on their fingerprint clearance card will need to petition the Standards Committee for review. The petition form may be found online at: <http://nursingandhealth.asu.edu/students/forms> Please see page 5 of these instructions for additional information concerning the fingerprint clearance card requirement.

- Copy (front and back) of current "Level C" (Health Care Provider) CPR certification
- Recent graduates from an associate degree or diploma program must provide the date for the scheduled NCLEX exam on the application. *Candidates awaiting licensure must complete the NCLEX examination and notify the RN Baccalaureate Program Office of the NCLEX exam results within twelve (12) weeks of graduation from their associate degree or diploma program.*
- Health and immunization records: *(NOTE: Individuals are responsible for maintaining their own health records until graduation and for providing Arizona State University, the RN Baccalaureate Program Office, and any facility in which they may be placed for their clinical practicum, upon request, proof that they are in compliance with applicable health requirements at all times during the course of their enrollment. Copies of proof of these updates must be submitted to the RN Baccalaureate Program Office as they become due.*
 - Tetanus/Diphtheria (Td)** – Proof of a Tetanus/Diphtheria immunization received within the last ten (10) years.
 - Tuberculosis (TB)** - Proof of one of the following, and due annually:
 1. A negative TB skin test; or
 2. Results of a chest x-ray showing individual does not exhibit symptoms of Tuberculosis; or
 3. Copy of completed annual questionnaire form or doctor's note averring individual is without symptoms of Tuberculosis.
 - Measles (Rubeola), Mumps and Rubella** – There are three ways to satisfy this requirement:
 1. Proof of two (2) MMR immunizations, one of which must have been received after December 31, 1979; or
 2. Proof of one (1) MMR immunization, one (1) positive titer for Measles (Rubeola) and one (1) positive titer for Rubella; or
 3. Proof of one (1) positive titer each for Mumps, Measles (Rubeola) and Rubella.
 - Chicken Pox (Varicella)** – There are two ways to satisfy this requirement. Please note that history of the disease **does not** satisfy this requirement.
 1. Proof of two (2) Varicella immunizations; or
 2. Proof of one (1) positive titer for Varicella.

- Hepatitis B** – proof of completion of the series of three (3) Hepatitis B inoculations. (*NOTE: If the series is in progress at the time of acceptance into the program, proof upon completion will be required for continuance in the program.*)
- Signed Statement of Understanding and Consent to Release Health and Immunization Information (found on page 3 of “Forms” section)
- Photocopy of the most current curriculum check sheet reviewed with you by your RN-BSN academic advisor showing:
 - Prerequisite courses needed _____
 - Upper Division credits needed: _____
 - Lower Division credits needed for non-alliance students: _____
 - University General Studies areas needed (H/G/C): _____
- Evidence of enrollment of courses now completing (only if being taken at a college or university other than ASU).

OTHER INFORMATION REQUIRED IF ACCEPTED INTO PROGRAM

- Proof of negative drug/alcohol screen during the period identified by the RN-BSN program office. Specific testing information and approved laboratory collection sites will be provided at a later date. Inconclusive drug test results or drug test results below acceptable levels for creatinine and specific gravity indicate dilution of urine and will require retesting at the student’s expense. Students who refuse to comply with this requirement will forfeit admission to the RN-BSN program.

Students on prescription drugs that may result in a positive drug screen are advised to request from their health care provider who prescribed the medication, a letter, on the provider’s official letterhead stationery, indicating the prescribed drug(s), reason for the prescription, and whether the drug needs to be taken prior to the drug screen. This letter must be sent to the College of Nursing and Health Innovation, 550. North Third Street, Phoenix, AZ 85004, Attention: Diann Muzyka, Associate Director RN-BSN Programs. Students whose drug screen results are positive, and who do not submit data about prescription drugs that may result in a positive drug screen will forfeit their admission to the RN-BSN program.
- Send all updated official transcripts showing final grades received for all necessary pre-requisite and transfer course work and proof of Associates Degree in Nursing to ASU, Tempe Campus Registrar’s Office, P.O. Box 870312, Tempe, AZ 85287-0312.
- Additional laboratory tests, immunizations, or documentation may be required. Individuals will be notified accordingly.
- Proof of valid and active RN license from your Nursing Governing Board. (i.e Arizona State Board of Nursing).

SUPPLEMENTAL INFORMATION

1. **Admission to the RN Baccalaureate Program is competitive.**
 - Qualified individuals may not be admitted to the RN-BSN program due to limited space.
 - An ASU cumulative GPA below 2.0 places students on University Probation. Students must comply with ASU policy. Student must also submit a petition to the CONHI Standards Committee to be considered for admission while on ASU probation.
2. **Course grade of "D" at ASU.** When a student earns a grade of "D" in a prerequisite course taken at ASU, he or she should repeat that course at ASU. By doing so, will replace the lower grade so that the highest grade will reflect in the students cumulative grade point average. <http://www.asu.edu/aad/manuals/usi/usi203-o6.html>
Please make an appointment with an RN-BSN Academic Advisor to discuss your options.
3. **Repeated courses:** In accordance with ASU policy on repeated course work, the College of Nursing & Health Innovation accepts the first grade of C" or better.

ASU COLLEGE OF NURSING & HEALTH INNOVATION FINGERPRINTING REQUIREMENT

All RN-BSN program track students must obtain a state fingerprint clearance card.

According to Arizona State Law, a fingerprint clearance is required to work and care for children, the elderly and any vulnerable adults. Proof of fingerprinting clearance in the form of a fingerprint clearance card will be mailed directly to the student. If there is a history of DUI within the past five years, a "restriction" will be placed on the fingerprint clearance and the card will indicate that it is a "restricted card." **If you have a "restriction" on your fingerprint clearance, you must petition the ASU College of Nursing & Health Innovation Standards Committee for admission with a "restricted" fingerprint clearance.**

The RN Baccalaureate Program Office must have a copy (front and back) of your fingerprint clearance card on file **before you may participate in the clinical courses.** Failure to submit fingerprint clearance card documentation will restrict your progression in the program.

All ASU College of Nursing & Health Innovation students must show their fingerprint clearance card to faculty and/or clinical agency personnel when requested.

All ASU College of Nursing & Health Innovation students must report restricted or revoked fingerprint clearance cards to the RN Baccalaureate Program Office immediately.

Community Wellness & Safety of Arizona has offices throughout the valley to assist individuals with the fingerprint clearance application process. For dates, locations and hours of operation, please visit <http://www.cwsoa.com>.

**Information Only
Not a Requirement**

Effective Date: January 10, 2005

To: Nursing Students
RN-BSN Program Track

Re: Hepatitis A Immunizations

From: College Standards Committee

Hepatitis A Vaccine is not required for admission to the ASU College of Nursing & Health Innovation at this time. However, the following information is provided so that you can make an informed decision regarding obtaining this vaccine on your own.

Currently CDC (Centers for Disease Control) recommends the routine vaccination of children in states, counties, and communities with rates that are twice the 1987-1997 national average or greater (i.e., greater than or equal to 20 cases per 100,000 population). Arizona is one of those communities.

Additionally you may be exposed to children with Hepatitis A in community- based clinical sites. Inpatient institutional sites are not considered high risk. The following are CDC recommendations for those who should receive the vaccine based on risk factors. **Immunization is not recommended in pregnancy.**

2. People who share a household or have sexual contact with someone who is infected with the hepatitis A virus.
3. **Children and employees in child care centers (especially centers that have children in diapers) where a child or an employee has a Hepatitis A virus infection.**
4. Travelers visiting developing countries where Hepatitis A is common and where clean water and proper sewage disposal are not available. These areas include, but are not limited to, Africa, Asia (except Japan), parts of the Caribbean, Central and South America, Eastern Europe, the Mediterranean Basin and the Middle East.
5. Persons who have chronic liver disease.
6. Persons who have clotting-factor disorders, such as hemophilia.
7. Residents and staff of institutions for disabled children where a resident or an employee has Hepatitis A.
8. Men who have sex with men.
9. Illegal drug users.

Forms

RN-BSN PROGRAM TRACK APPLICATION

NAME (Last, First, Middle): _____ ASU ID # _____

FORMER NAMES: _____

LOCAL ADDRESS:

PERMANENT ADDRESS:

Number, Street, Apt.

Number, Street, Apt.

City, State, Zip

City, State, Zip

(_____) _____
Area Code Home Phone

(_____) _____
Area Code Home Phone

(_____) _____
Area Code Work Phone

(_____) _____
Area Code Work Phone

(_____) _____
Area Code Cell Phone

(_____) _____
Area Code Cell Phone

NON ASU E-MAIL ADDRESS _____

EMPLOYER _____

EMERGENCY CONTACT:

Name (_____) Area Code Phone Relationship

Address: (Number, Street, Apt., City, State, Zip)

Institution Attended	Date Graduated	Degree	Major

RN LICENSURE

Do you have an active RN license in good standing, to practice in the state or country in which you are living? Yes No

If yes, in what state are you licensed? _____

- a. original date issued: _____
- b. RN license number: _____
- c. Expiration date: ____/____/____

If no, please explain: _____

Note: If a change occurs in the status of your RN license that warrants an investigation by the State Board of Nursing, you must notify the Associate Director of the RN-BSN program, within 48 hours of being informed of the complaint. Phone 602.496.2203.

Note: Recent graduates from an ASN or diploma program may start the RN-BSN program but must demonstrate passage of NCLEX-RN and notify the RN Baccalaureate Program Office of NCLEX results within twelve (12) weeks of graduation from their program. You must be licensed prior to a clinical (mentored) course.

Date of Scheduled NCLEX: _____

Are you an Arizona Resident? Yes No ASU/MARICOPA ALLIANCE NURSING MEMBER? Yes _____ No _____

Are you an International student? Yes No If yes, TOEFL SCORE _____

Enrollment Status:

Complete the following:

Are you presently enrolled as an undergraduate at Arizona State University? Yes No

Are you presently enrolled at another college of university? Yes No

(If enrolled at another college or university, please submit proof of enrollment.)

Have you been admitted to ASU for the upcoming spring semester (if applying for the January point-of-entry) or fall semester (if applying for the August point-of-entry)? Yes No

Date you applied for admission to ASU: _____

LIST PRE-REQUISITE OR NURSING COURSES YOU ARE CURRENTLY ENROLLED IN OR ARE SCHEDULED TO COMPLETE PRIOR TO THE START OF THE RN-BSN PROGRAM:

COURSE	INSTITUTION	ANTICIPATED COMPLETION DATE

PLEASE REFER TO PAGES 2, 3 AND 4 OF THE INSTRUCTIONS FOR ADDITIONAL ITEMS THAT MUST ACCOMPANY THIS SUBMISSION.

CERTIFICATE OF ACCURACY

I certify that all information provided is true, correct and complete, and that I am the sole author of my application to the College of Nursing & Health Innovation. I understand that if I have provided false information in this application, I may be withdrawn from the RN-BSN Program Track at any time. I also understand that only completed applications submitted by the deadline date will be considered for admission and that completion of all required prerequisite courses does not guarantee admission into the RN-BSN Program. I further understand that if I receive a "W", "D", "E", or "I" in any prerequisite course(s), in which I am currently enrolled, my admission to the RN-BSN Program Track will be canceled and it will be necessary for me to reapply.

Signed _____ Date _____

Please Print Name Here _____

Statement of Understanding and Consent to Release Health and Immunization Information

(Must be submitted to RN Baccalaureate Program Track Office)

I understand that I am responsible **for submitting** required information on health status, immunizations, TB skin test, and CPR certification to the ASU College of Nursing & Health Innovation upon admission to the RN-BSN Program Track. I further understand, I must submit evidence of current TB test and CPR certification annually.

I understand that I am responsible **for maintaining** records of all my immunizations, health information, TB skin test results and CPR training. I further understand that I may need to submit this information directly to clinical placement agencies before I am eligible to participate in any ASU College of Nursing & Health Innovation clinical experience or practice related to course work.

I understand that the ASU College of Nursing & Health Innovation may need to **provide clinical agencies** with information on my immunization, TB skin test results, health status and CPR training. I understand that this in no way releases me from the responsibility of maintaining my own records and submitting these records to clinical agencies upon their request.

I understand that inaccurate, incomplete and/or outdated information on my immunizations, TB skin test, health status, or CPR training will prohibit me from participating in required clinical experiences.

I, hereby, authorize the ASU College of Nursing & Health Innovation to **release** health and immunization information from my student file to clinical placement agencies as needed.

Print name

ASU ID Number_____

Signature

Date: _____

RN-BSN PROGRAM TRACK QUESTIONNAIRE

Name: _____

Date: _____

Please respond to the questions listed below. Responses will be judged for clarity and congruity with ASU CONHI RN Baccalaureate Program Track expectations. Writing skills will also be evaluated. For the following seven questions, limit total responses to 3 typed pages or less.

1. What would you like to accomplish / achieve in the RN Baccalaureate program?
2. Describe the relationship of the study of RN Baccalaureate program to your career goals and specific outcomes you want to accomplish in RN Baccalaureate study.
3. In what way(s) will you personally advance the work and principles of the RN Baccalaureate Program following completion of the program?
4. How will the RN Baccalaureate Program assist you in achieving your goals over the next five years?
5. Discuss the personal / professional motivation and support that you have to participate in and complete the RN Baccalaureate program.
6. Describe your current level of comfort with basic technology, i.e. hardware, software, Internet etc.
7. Discuss the obstacles to your active participation and completion of the program.