

University of Saint Mary

Department of Nursing
4100 South 4th Street
Leavenworth, Kansas 66048
(913) 758- 4386 Fax: 913 758-4356

Application for Admission to the On-Campus BSN Program

Date: _____, 20____ Year for which admission is requested: _____

Name in Full (no initials): _____
(Last) (First) (Middle) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Home Number: _____ Cell Number: _____

Citizenship _____ If not U.S. citizen, please indicate the following:

F-1 Visa Permanent Resident Nonresident Alien Alien Registration # _____

Optional Information for reporting purposes only. You may omit this section.

Male _____ Female _____

Alaskan Native/Native American Asian Indian Asian Other
 Black or African-American Hispanic/Latino
 Native Hawaiian/Pacific Islander White/Non-Hispanic
 Other _____ (please specify)

How did you learn about our program?

Please indicate the contact you have had with University of Saint Mary Nursing Department.
(Check all that apply.)

Mail AACN USM Website Flyer CCNE

Current Student _____ Current Employee _____
Name of student Name of employee

Other: Please explain _____

1. If you are a licensed health care worker, please give the following information:

I am licensed as a/an LPN, LMHT, other: _____

I am licensed in the state(s) of: _____ License #: _____ Exp Date: _____

_____ License #: _____ Exp Date: _____

2. If currently employed, please indicate: [] Full-time [] Part-time _____ Hrs/ Week

Agency	Title	Dates Employed
3. If you have a degree in another area, please specify: _____		

4. I am currently a Certified Nurse Aid (CNA). Yes: _ No: _ State _____ License # _____

5. If currently attending college, list name of college and your cumulative GPA:

Official updated transcripts of all courses completed during the spring and summer semesters prior to enrollment in the nursing program are required to be submitted to University of Saint Mary prior to the first day of classes.

6. Give the names and addresses of two mature persons, not relatives or friends, who know you and can give information about you. For example, you may include a recent teacher, counselor, employer, or clergyman. Use the attached forms and follow application directions for guidance.

Name: _____ Address: _____ Position: _____

Name: _____ Address: _____ Position: _____

7. Person to be notified in case of an emergency:

Name: _____ Relationship: _____
(Print)

Telephone No. : _____ Alt. Phone No. _____

Address: _____
(Street) (City) (State) (Zip Code)

8. What responsibilities do you have that might interrupt or interfere with your program of study?

9. Complete the Test of Essential Academic Skills (TEAS) entrance test. (For pre-licensure students only. Reservations and full payment of \$30 are required before testing. Please refer to application information/instructions for further information.)

10. Have you ever been convicted of a crime other than traffic violations? Yes ____ No ____

“ to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant of licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120 no license, certification of qualification or authorization to practice nursing as a licensed professional nurse...shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 or chapter 21 of the Kansas Statutes...” (K.S.A. 65-1120 a) (2).

If yes, please explain. You may use an additional sheet of paper if necessary. _____

Completion of an on-line background check is required if selected to attend the nursing program. (Refer to application directions for further information.)

SIGNATURE OF APPLICANT: _____ DATE: _____

Completion of this form with your signature constitutes consent to review references and to use those references and all application materials submitted with the admission file to make a decision regarding admission to the nursing program. Return the completed form to the Department of Nursing at the address indicated. Since the nursing department functions on rolling admissions, application will be accepted anytime up to April 1st of each year. If you have questions or need other information, please include it in a separate letter from the application form.

University of Saint Mary Department of Nursing admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, sex, handicap, national and ethnic origin in the administration of its educational policies, admissions policies scholarship and loan programs and athletic and other school-administered program.

CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

I acknowledge that my acceptance into the Department of Nursing at University of Saint Mary is dependent upon meeting all of the requirements of the Department. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person or substance abuse. I release University officials from any potential claim or liability related to the appropriate use of this information.

I have been advised about the Background Check Review required by the nursing program. If I have engaged in past criminal activities listed in the policy and it is made known to USM Department of Nursing, I may be subject to termination from the nursing program.

I understand that state boards of nursing may reject any application to sit for the state licensing exam based on a previous criminal record. I understand this may include criminal activities that are not listed in the policy or are not found in my initial background check. I am advised to contact the state board of nursing in the state in which I plan to practice for further clarification of their policy.

This consent and release is effective as of the date signed and it will remain effective until further notice. The university is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including but not limited to the Kansas Bureau of Investigation and the Social and Rehabilitation Services Child Abuse and Neglect Central Registry. I also agree to incur the cost of the investigation.

(Name)

(Date)

(Other name/s used, if any)

(Parent or Guardian, if a Minor)

(Date)

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WRITTEN INTERVIEW

Please type or print legibly

Dear Applicant:

Please complete this written interview and return it to the Nursing Department with your application for admission. If necessary you may use extra paper.

1. Who/What influenced your choice of professional nursing as a career?
2. What are your reasons for applying to a baccalaureate program?
3. If you are making a complete change of career, please explain.
4. Do you have personal or work experience in the healthcare field? If yes, please explain.
5. What strengths/assets do you feel would contribute to the nursing profession?

6. Do you or have you had a dependence on alcohol or drugs? If yes, please explain.

7. Are you currently participating in a treatment program for drug or alcohol dependence? If so, please explain.

8. Please explain any incompletes, withdrawals, poor semester, pass/fail scores, or other areas of deficiency on your academic record.

9. Do you have questions or comments?

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University of Saint Mary Department of Nursing does not discriminate on the basis of race or color, religion, gender, age, national or ethnic origin or ancestry, disability, veteran status, sexual orientation or citizenship status as required by law. The University of Saint Mary's non-discrimination policy applies to admission policies, academic and non-academic programs, financial assistance, programs and other programs administered by the University.

SUMMARY OF EVALUATION

Applicant's promise as a BSN student
In comparison with others of similar
Age and experience

Below Average	Average	Above Average	Outstanding	Exceptional	No Basis for Judgment
Lowest 40%	Middle 20%	Next 20%	Next 15%	Upper 5%	

1. Academic Performance						
2. Intellectual Ability						
3. Imagination/Creativity						
4. Oral & Written Expression						
5. Motivation/Self Confidence						
6. Emotional Maturity						
7. Honesty/Integrity						
8. Dependability						
9. Judgment/Decision Making Ability						
10. Ability to Work with Others						

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

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Not Recommended

Recommended with
Some Reservations

Recommended

Highly Recommended

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