

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES--COLLEGE OF NURSING

2010 BACCALAUREATE PROGRAM

Print, complete, and return the application only if you meet the requirements below.

The undergraduate curriculum of the University of Arkansas for Medical Sciences College of Nursing leads to the Bachelor of Science in Nursing degree. *The review of applicants requesting entry into the College of Nursing begins in February of each year prior to the start of classes in the summer session.*

ALL APPLICANTS

- ***The completed application packet must be postmarked no later than Monday, February 1, 2010.***

Transcripts must be in sealed envelopes from the issuing institutions. All official college transcript(s) through the fall semester must be received before the application packet will be reviewed.

Note: Final Spring 2010 transcripts are due in the office (not postmarked) of the Director of Admissions by Wednesday, May 19, 2010. (All spring and independent study official transcripts must be received by this deadline.) Summer registration and financial aid award are dependent upon all conditions being removed prior to registration date.

- **Do not return this application unless you are sure that all prerequisites will be completed and transcripts will be in by the stated deadlines. If you have been previously enrolled in a nursing program and have failed two or more nursing courses, you are not eligible to apply.**
- ***When all elements are in and the file is being reviewed, the application deficiencies will be communicated to you by e-mail. The applicant must notify us immediately if there are any changes to your e-mail address.***

Applicants who submit a **complete** application packet postmarked by Monday, February 1, 2010, will be given priority for admission. Following approval by the Admission and Progression Committee, candidates will be notified of the decisions by mail by the end of March.

- **When applicants are accepted for conditional admission, they will be required to send the College of Nursing a money order for \$150.00, along with their confirmation form, the cognitive standard form and the non-cognitive standard form in order to hold a place for the 2010 class.**
- Accepted applicants will be provided a background check/drug screening form and will be required to complete it through a designated company. This information, with the deadline date, will be included in the acceptance packet.
- If applicant fails to complete prerequisite requirements for admission, does not provide official transcripts, or fails to register for nursing classes in summer, the \$150.00 **will not** be refunded. When applicant registers for nursing classes, the \$150.00 will be applied as a credit to the tuition total.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
College of Nursing

**Guidelines for Submitting Applications to
the BSN Program to earn a BSN**

Application deadline is **Monday, February 1, 2010**. Late applications will be considered on space available basis.

- Application form is completed.

Be sure that every item is completed.

- An official transcript from **every** college, university, or school attended is included with your application. High school transcripts are not required.

An official transcript is required even if only one (1) course was completed at the institution, or if you enrolled and withdrew.

Official transcripts **must be in a sealed envelope from each issuing institution**. (Do not open transcript envelopes.)

- All prerequisite courses are completed or are currently enrolled in this semester and will be completed with a "C" or better while maintaining at least 2.5 cumulative GPA.

LPNs only:

- LPNs: A copy of current LPN licensure is enclosed.

- The health assessment requirement will be met in the following way:
college credit ____, continuing education credit ____.

Can be currently enrolled with proof of successful completion prior to registration.

- Employer employment verification form has been completed and notarized.

Contact Mary McClain, Director of Admissions, at 501-686-8351 or e-mail: mmcclain@uams.edu to verify that it has been received.

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
COLLEGE OF NURSING
APPLICATION FOR ADMISSION***

2010

RETURN TO:
Director of Admissions
University of Arkansas for Medical Sciences
College of Nursing
4301 West Markham Street #529
Little Rock, Arkansas 72205-7199

Deadline for completed application packet and all official transcripts-- February 1, 2010

(PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION)

BIOGRAPHICAL DATA

Complete the following as it applies to you.

___ I already have a bachelor's degree in another field.

Choose only one (1) PROGRAM and only one (1) SITE. (Checking BOTH sites will delay review of your application.)

___ I am not an RN or LPN and am applying to the full-time BSN program located in: **Little Rock** ___ *or* **Hope** ___.

___ I am a licensed LPN and am applying to the full-time BSN program located in: **Little Rock** ___ *or* **Hope** ___.

___ I am a licensed RN *(Stop, do not complete this application)*

Social Security Number _____ - _____ - _____

(Please include full legal name)

Name

Last	First	M. Initial	Other Name(s)
------	-------	------------	---------------

Current Address

Street	City	State
--------	------	-------

_____ (_____) _____

County _____ Zip Code _____ Telephone _____

(_____) _____ (_____) _____

Work Telephone _____ Times you may be reached at work _____ Daytime Telephone _____

Permanent Address

Street	City	State
--------	------	-------

_____ (_____) _____

County _____ Zip Code _____ Telephone _____

Your e-mail address: _____ Cell phone #: (_____) _____

Do you give permission for your biographical/demographic applicant data to be released when requested by outside sources? Yes-___ No-___

***It is the applicant's responsibility to keep the College of Nursing updated on ANY changes to information to his/her application. The College of Nursing will NOT be responsible for incorrect/incomplete addresses and/or college or course information that may cause a delay in reviewing your application.**

ETHNIC ORIGIN INFORMATION

Please check your choice of designation:

1. I am Hispanic/Latino. Y-/N-
2. Select one or more races:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

Male___ Female___

Date of Birth _____
(mo) / (day) / (year)**LANGUAGE INFORMATION (to be completed by all applicants)**

If you were not born in the U.S. or in a country where English is the official language, an official TOEFL score of at least 550 or above on the paper-based exam, or 213 or above on computer-based exam, or a minimum score of 20 in each section of the iBT is required. The test must have been taken within the last two (2) calendar years of admission.

TOEFL Score: _____ Date TOEFL taken: _____

CITIZENSHIP INFORMATION (to be completed by all applicants)Place of Birth: _____
(city) (state) (country)

U.S. Citizen: Yes-___ No-___; Country of citizenship, if not U.S. citizen: _____

Are you an international student not under student or temporary visa _____

EDUCATIONAL INFORMATION

Name under which you completed high school or GED _____

High School Name/Address _____ Year Graduated _____

G.E.D. Address _____ Year Certified _____

List ALL College(s) and Universities Attended and Dates Attended

(attach an official transcript from each in a envelope sealed by the issuing institution.)

Name under which you attended College(s) Name/Location Dates of Attendance

Degrees earned, dates received, and institution from which degree(s) granted:

Degree	Date Received	Institution
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

In order for your application to be considered for admission, previous coursework and the following course listings (fall and spring) must reflect that all prerequisite coursework will be finished and spring transcripts will be received by Wednesday, May 19, 2010. If all prerequisites cannot be accounted for, your application will not be reviewed, and you will not be considered for admission. NO follow-up will be made to track missing coursework.

ALL COURSES IN WHICH YOU ENROLLED FOR FALL 2009:

Course Number	Course Title	Credit Hrs.	Institution
ex: ENGL 1312	Comp I	3 hrs	UALR
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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REMEMBER TO ORDER OFFICIAL TRANSCRIPT(S) REFLECTING ALL FINAL GRADES FOR THE FALL 2009 SEMESTER AND ATTACH THEM TO THIS APPLICATION in sealed envelopes from the issuing institution.

ADDITIONAL CAREER EDUCATION

Have you ever been enrolled in any type of nursing education program (LPN, Diploma School, Associate Degree or BSN?) Yes-___ No-___.

If yes, which type of program and name and address of school:

Did you complete the program? Yes-___ No-___

If you did not complete the program, please explain these circumstances on a separate sheet of paper. As part of your application packet, you must also have the Dean/Director send us a letter regarding your standing when you left the program. Applicants who have been previously dismissed from a program, or are not in good standing will not be considered for admission. Both of these are due by February 1, 2010, along with the remainder of your application packet.

(If you have been previously enrolled in a nursing program and have failed two or more nursing courses, you are not eligible to apply.)

Have you ever been enrolled in any other health related program on the UAMS campus or elsewhere?

Yes-___ No-___ If yes, which program and where?

What was your name when you were there? _____

As part of your application packet, you must request a letter of your standing from the Director of the program that you did not complete. Applicants who have been previously dismissed from a program, or are not in good standing will not be considered for admission. This letter is due by the February 1, 2010, deadline along with the remainder of your application packet.

APPLICANTS WHO ARE ALREADY LICENSED LPNs:**ADVANCED PLACEMENT REQUIREMENTS****1. Experience Information/NLN Mobility for Advanced Placement for LPNs**

If you graduated more than 12 months prior to expected registration date and if you have not worked 1,000 hours in the last 24 months, contact the College of Nursing for testing information. All other applicants must submit the verification of RN/LPN Employment form to your employer for completion (including notarization).

2. Health Assessment Proof-(Required for ALL LPN applicants wanting advanced placement)

Course	When Taken	Where Taken	
Continuing Education	When Taken	Where Taken	Test Date
Will enroll in and complete through _____			

LICENSURE INFORMATION

Please enclose a copy of all nursing licenses currently held.

Honor Code:

We, the students of the UAMS College of Nursing, recognize the need for an atmosphere of mutual trust and respect in our academic community, as well as professional life. Students enrolled in the College of Nursing are bound by a peer administered Honor Code which provides the pride and self respect that each individual gains by living among honorable people. The Code rests on the premises that lying, cheating, and stealing constitute breaches of the spirit of honor and mutual trust, and are not tolerable within the health professions.

Acceptance of admission is an acceptance of the Honor Code and is an implicit agreement to live by its terms and spirit. Every student at the College of Nursing enjoys the benefits of the Code; each shares the responsibility of its enforcement and vitality.

All entering students should realize that the Honor Code imposes dual responsibilities--to live from day to day within the terms and spirit of the Code; and to insist that fellow students also live within the Code.

It is important to understand that a student who willfully commits a dishonorable act has chosen to live directly in conflict with other students and the profession.

The College of Nursing requires all applicants who are accepted for admission to consent to, submit to, and fully complete a criminal background check annually through Certified Background.com as a conditional of matriculation into UAMS College of Nursing. Those who have been convicted of a crime or a felony may not be able to enter some clinical sites and therefore would be dismissed from the program.

To comply with mandates from many clinical agencies utilized by the UAMS College of Nursing, students are now required to have criminal background checks, driving history record, and/or urine drug screens prior to clinical agency experiences. Students who are not eligible to participate in clinical experiences based on the results of these checks, will not be able to meet course objectives, and will, therefore, be dismissed from the program.

The Arkansas State Board of Nursing has instituted a mandatory criminal background check per state law, Act 1208 of 1999. A FBI fingerprint check is also mandatory. Both of these events occur the beginning of the semester before graduation and will be at the expense of the student. (This will be in addition to the background check upon admission to the program.)

Persons who have been convicted of a crime may not be eligible to write the national licensing exam upon completion of this program. A list of those crimes can be found at the website for the Arkansas State Board of Nursing. (See <http://www.arsbn.org/pralink.html> pages 13-16.) These persons must appear before the Arkansas State Board of Nursing to determine eligibility to take the National Council Licensure Examination (NCLEX) for registered nurses.

APPLICANT STATEMENT

(Must be completed by all applicants)

It is my understanding that I will be considered for admission to the University of Arkansas for Medical Sciences College of Nursing only after submitting all specified credentials by February 1. I further agree to inform the Admissions Office in a timely manner of any change in plans to attend UAMS. I also agree to provide all official transcripts by the dates specified in the cover letter. I certify that none of the information requested on this form is false. I understand that withholding information or submitting inaccurate information will make me ineligible for admission and/or enrollment and subject to administrative withdrawal.

Have you been convicted of a crime or a felony? -Yes -No

DATE: _____ SIGNATURE: _____

OPTIONAL INFORMATION

(Information collection for UAMS-College of Nursing's grant-writing purposes only.)

Do one or both of your parents have a bachelor's degree? ___ yes ___ no

Approximate Yearly Income: Below \$15,000-___ 15,001 to \$30,000-___ \$30,001 to \$45,000-___
\$45,001 to \$60,000-___ Over \$60,000-___

**University of Arkansas for Medical Sciences
College of Nursing
Student Services Office**

TO: RN or LPN APPLICANTS
SUBJECT: VERIFICATION OF RN/LPN EMPLOYMENT FORM
DATE: November 1, 2009

This form is to be included with the application packet of students who wish to be exempt from the NLN Mobility II exams and who have graduated from nursing school more than 12 months prior to the 2009 BSN program registration dates.

To be exempt, you must

- Have graduated less than 12 months from our registration date
- **OR**
- Have worked at least 1000 hours as an RN/LPN within the last 24 (twenty-four) months.

If you have not worked the required number of hours, you must successfully complete the NLN Mobility II exams with a minimum score of 90 on each one prior to registration.

Licensed RNs & LPNs wanting advanced placement must complete the Health Assessment pre-admission requirement. Please call (501) 686-5452 for information about the continuing education health assessment course through UAMS-College of Nursing.

The Employer must fill in the number of hours worked, sign the letter before a Notary Public, and return it to:

***UAMS-College of Nursing
Attention: Mary McClain
Director of Admissions
4301 W. Markham #529
Little Rock, AR 72205-7199.***

The deadline for this form to be received by the College of Nursing Admissions Office is February 1, 2010.

(This may mean a follow-up phone call to your employer verifying that the letter has been sent to the College of Nursing. The letter from your employer must be in your application file by the February 1, 2010, deadline.)

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

College of Nursing
4301 West Markham, #529
Little Rock, AR 72205-7199

MEMORANDUM

TO: Employer of -RN/-LPN Applicant who has completed an -ADN/ -Diploma/ -certificate program
FROM: Director of Admissions, UAMS-College of Nursing
RE: Verification of employment for _____ - _____
Applicant's Name SS#

The College of Nursing requests verification of employment for the above referenced RN/LPN applicant to the BSN or BSN Completion/Articulated BSN/MNSc program. Our applicant has identified you as an employer who could verify the number of hours she/he was employed as a registered nurse/LPN during the past 24 months.

Please complete the following statements, sign in the presence of a Notary Public, and return the notarized form to the College of Nursing as soon as possible. Thank you for your time and assistance with this matter.

I verify that the above RN/LPN has worked _____ hours as my employee as a -RN/-LPN during the past 24 months.

If the above hours do not equal 1,000 in the last 24 months, then I anticipate that the above RN/LPN will work approximately _____ hours as my employee as a -RN/-LPN between the present and

(Applicant: Your anticipated month (May 2010/August 2010/January 2011) of registration should be entered here.)

Name of Employer & Title (PLEASE PRINT)

Institution

Mailing Address

City / State / Zip

Day-time Phone number

Subscribed and sworn to
me this _____ day of
_____, _____,
County _____

Employer Signature

Notary Public
My Commission Expires _____