

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES--COLLEGE OF NURSING

**2010 RN to BSN/articulated MNSc 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 March of each year prior to the start of classes.*

**RN to BSN/articulated MNSc applicants  
wanting to earn a Bachelor's Degree in Nursing (BSN)**

- ***The completed application packet must be postmarked no later than Monday, March 1, 2010. Because there are a limited number of slots for all programs, this deadline will be strictly enforced.***
- ***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.) Your registration and financial aid award is dependent upon all conditions being removed prior to your registration date.***

- ***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, March 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 April.

- 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 an applicant fails to complete prerequisite requirements for admission, does not provide official transcripts, or fails to register for nursing classes in May or August, the \$150.00 **will not** be refunded. When applicant registers for nursing classes in summer or fall, 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 RN to BSN/Articulated MNSc Program to earn a BSN**

These instructions are provided to assist you in submitting all of the required application materials. Application deadline is **Monday, March 1, 2010** for summer and fall admission.

- Application form is completed.

Be sure that all required blanks such as place of birth are completed.

- An official transcript from **every** college, university, or school attended is included with your application.

An official transcript is required even if only one (1) course was completed at the institution. Official transcripts **must be in a sealed envelope from each issuing institution.**

- A copy of current RN licensure.

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

Can be currently enrolled with successful completion prior to registration.

- The employer employment verification form has been completed and notarized **or** advance placement exams have been successfully completed

Contact Mary McClain, Director of Admissions, at 501-686-8351 or e-mail [mmclain@uams.edu](mailto:mmclain@uams.edu) to verify that proof has been received.

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

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

2010

**RN to BSN/Articulated MNSc Baccalaureate application ONLY**

PRINT THIS APPLICATION and RETURN TO:

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

**Deadline for completed application packet and all official transcripts is – March 1**

(PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION)

**BIOGRAPHICAL DATA**

**CHECK each of the following that apply:**

- I am entering as a licensed RN.  
 I have a previous bachelor's degree in another field.  
 I am not an 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

Place of Employment

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
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**

High School Name &amp; Address \_\_\_\_\_ Year Graduated \_\_\_\_\_

G.E.D. &amp; Address \_\_\_\_\_ Year Certified \_\_\_\_\_

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

Name of College/Univ	Name under which you attended College(s)	Location	Dates of Attendance
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Degrees earned, dates received, and institution from which degree(s) granted:

Degree	Date Received	Institution
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*In order for your application to be considered for admission, previous coursework and the following course listings for fall, spring and summer I must reflect that all prerequisite coursework will be finished and transcripts through Fall 2009 must be received by Monday, March 1, 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.*

**COURSES IN WHICH YOU ARE ENROLLED FOR FALL 2009:**

Dept.	Course Number	Course Title	Credit Hrs.	Institution
ex: ENGL	1312	Comp II	3 hrs	UALR


**REMEMBER TO ORDER OFFICIAL TRANSCRIPT(S) in sealed envelopes from the issuing institution REFLECTING ALL FINAL GRADES FOR THE FALL 2009 SEMESTER AND ATTACH THEM TO THIS APPLICATION.**

**COURSES IN WHICH YOU ARE ENROLLED FOR SPRING 2010:***(Include only those independent study courses not completed by December 2009)**All official spring transcripts from each school must be in our office by, Wednesday, May 19, 2010, or your slot will be forfeited.*

Dept.	Course Number	Course Title	Credit Hrs.	Institution
ex: ENGL	1312	Comp II	3 hrs	UALR

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**COURSES IN WHICH YOU ARE ENROLLED FOR SUMMER I, 2010:***All official summer transcripts from each school must be in our office by Friday, July 16, 2010, or your slot will be forfeited.*

Dept.	Course Number	Course Title	Credit Hrs.	Institution
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List all courses you have repeated or are in the process of repeating. (Only those courses that are exactly the same content and credit hours will be considered.) Do not list courses where a "W" was earned.

Course No. & Title	Cr. Hrs.	Semester first taken & Institution	Semester Retaken & Institution
ex: ENGL 1213 English Comp	3 hrs.	Sp 2001-UALR	Sp 2003-UALR

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### 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 location \_\_\_\_\_  
\_\_\_\_\_

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. Both of these are due by March 1, 2010, along with the remainder of your application packet.

Have you ever been enrolled in any other program on the UAMS campus (Health Related Professions, Pharmacy, Medicine, Graduate School?) 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 Dean/Director of that program when you left the program. This letter is due by the March 1, 2010, deadline along with the remainder of your application packet.

Please indicate the one (1) site at which you plan to participate in the **RN to BSN** or **RN to Master's BSN completion web-based program** and select one (1) track:

\_\_\_ **RN to BSN Track I** (*earning a BSN degree only*)

**OR**

\_\_\_ **RN to Master's Track II** (*earning a BSN degree while completing up to nine hours of graduate level coursework*) –*entering cumulative GPA of 2.85 required*);

Select your preferred site:

- \_\_\_ Little Rock
- \_\_\_ Batesville
- \_\_\_ El Dorado
- \_\_\_ Fayetteville
- \_\_\_ Ft Smith
- \_\_\_ Helena
- \_\_\_ Jonesboro
- \_\_\_ Mountain Home
- \_\_\_ Texarkana

## ADVANCED PLACEMENT TESTS

### Health Assessment Proof-(Required for ALL RN applicants)

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

### Experience Information/NLN Mobility for Advanced Placement

If you graduated more than 12 months prior to expected registration date and if you have not worked at least 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 Employment form to your employer for completion (including notarization).

## 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.

**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 March 1. I further agree to inform the Admissions Office of any change in plans to attend UAMS. I also agree to have all official transcripts sent 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 enrollment and subject to administrative withdrawal.

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

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OPTIONAL INFORMATION**

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

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**

**T0: RN or LPN APPLICANTS**

**SUBJECT: VERIFICATION OF RN 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 2010 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 contact (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 March 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 March 1, 2010, deadline.) (Please be aware that letters stating 40 hours per week will not fulfill this requirement.)

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

\_\_\_\_\_  
Employer Signature

Subscribed and sworn to  
me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_,  
County \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_