

Brigham Young University – Idaho, Nursing Program Application Instructions for Alumni to the R.N. to B.S.N. Completion Program

As an applicant seeking admission into the R.N. to B.S.N. Nursing Program at Brigham Young University – Idaho, please use the following directions when completing your application packet. Careful attention to these directions will ensure your submission of a complete application packet thus helping your potential selection as a student in the R.N. to B.S.N. Program. We wish you every success. Should you have any questions, please check with the Continuing Education Department, RN to BSN Completion Program at (208) 496-2305.

ACCEPTANCE STANDARDS: Refer to the current BYU-Idaho Catalog, Department of Nursing

<u>University Registration Deadlines:</u>	<u>Department of Nursing Application Deadlines:</u>
On Campus Students: Winter – October 1 st Spring/Fall – February 1 st	Winter – October 1 st Summer – February 1 st
Online Students: Allow 8 weeks for processing	Fall – May 1 st

Application Steps

Step 1: Application to Brigham Young University-Idaho: If you are a current ASN student, please contact the Nursing Department Secretary regarding your standing with the University. If you were previously admitted, but have not attended, or have fallen out of your admission sequence, please check with the Admissions Office (208-496-1026) regarding your current status. If you need to apply for acceptance to BYU-Idaho: On campus students follow the directions at www.besmart.com; and Online students complete the Online Degree Application found at <http://www.byui.edu/nursing/assets/pdf/20090109OnlineDegreeApplication.pdf>.

Step 2: Submit the following items with the attached application to the Department of Nursing:

- Official non-BYU-Idaho transcripts and unofficial BYU-I transcript printout so we can better advise you.
- A Baccalaureate Degree Completion Plan (see page 4, declare part- or full-time track).
- A one-page typewritten response to the essay.
- Two references noted on the application or (2) Letters of Recommendation from employers or educators (on attached forms) if you are graduated from BYU-I for more than 1 year. They must be included in the application packet. Have the recommender fill out the form, place it in an envelope, seal it and sign their name over the seal.
- Current RN license in good standing for the state in which you will be completing your clinical experience (or if you are in your last ASN semester see Department of Nursing Student Policies in the Nursing Student Handbook).
- Current Resume (identify evidence of professional activity, work experience, courses/workshops taken/presented).
- Background check report from “Certified Background” (www.certifiedbackground.com – the package code is RG85-21 if you are 21 years or older, or RG-85 if you are 20 years old or younger). This is good for 5 years.

Copies of the following will be required upon acceptance into the program:

- Current CPR certification
- Current TB test results (required yearly)
- Immunization records for:
 - MMR booster, or positive titer
 - Tetanus within 10 years
 - Hepatitis B immunization records , or positive titer
 - Varicella (chicken pox) immunization or noted by history
- 5-Panel Drug and Blood Alcohol Test results

Please do not submit this sheet with your application. Keep these instructions for your use.

The B.S.N. Program at BYU-Idaho is accredited by the National League for Nursing Accreditation Commission, Inc. 3343 Peachtree Rd. NE, #500, Atlanta GA Phone: (404) 975-5000 Fax: (404) 975-5020
--

<p>To submit your application:</p> <p><u>Mail or hand deliver to:</u> BYU-Idaho Department of Nursing RN to BSN Program 102 Clarke Rexburg, Idaho 83460-0620</p>	<p>Brigham Young University – Idaho RN to BSN Completion Program</p> <p>ALUMNI APPLICATION FOR ADMISSION</p>	<p>Nursing Seal</p>
---	--	---------------------

FALL WINTER SPRING

CAMPUS PROGRAM or ONLINE PROGRAM or BOTH

Application Date _____, 200__ Permanent email address: _____

1. Date of previous application to the BYU-Idaho RN to BSN Completion Program: _____

2. Print or type in full: _____
Last Name First Name Middle/Maiden Name

3. Home Phone: () _____ Cell Phone: () _____

4. Mailing Address: _____
PO Box/ Number & Street City State Zip code

5. Permanent Address: _____
PO Box/ Number & Street City State Zip code

6. Person to notify in case of emergency:

Relationship: _____ Phone Number: () _____

Address: _____
Number & Street City State Zip code

7. Information concerning School of Nursing (RN Degree):

Name of School	City/State	Date of Entrance	Date of Exit	Degree Received (A.S. / A.A.S.)

Name of School	City/State	Date of Entrance	Date of Exit	Degree Received (A.S. / A.A.S.)

8. Give the names of two persons you have selected as references. If you graduated more than 1 year ago, you must also follow the directions for the Letter of Recommendation form.

1 Name: _____ Position: _____ Employer _____ /Co. name: _____ Address: _____ Phone: () _____	2 Name: _____ Position: _____ Employer _____ /Co. name: _____ Address: _____ Phone: () _____
---	---

PLEASE ANSWER THE FOLLOWING QUESTIONS ACCURATELY

Qualifying Questions		Yes	No
1.	Have you ever applied for a license or received a license to practice under any name other than the name listed on this application?		
2.	Have you ever been denied the right to sit for a licensure exam?		
3.	Have you ever had a license, certificate, permit, or registration to practice a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?		
4.	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in regulated profession while under investigation or while action was pending against you by any professional licensing agency, criminal, or administrative jurisdiction?		
5.	Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?		
6.	Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?		
7.	Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?		
8.	Have you been named a defendant in a malpractice suit during the past 10 years? The filing date of the complaint naming you as a defendant should be considered to be the date of the malpractice suit for purposes of responding to this question.		
9.	Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?		
10.	Is any action pending against you now by the Federal Drug Enforcement Administration or any state drug enforcement agency?		
11.	Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession, or distribution of which is unlawful under the Idaho Controlled Substances Act or other applicable state or federal law?		
12.	Have you ever used drugs without a prescription, possession, or distribution of which is unlawful under the Idaho Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?		
13.	Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations need not be listed.		
14.	Have you ever pleaded guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?		
15.	Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?		
16.	Have you ever been terminated from a position because of drug use or abuse?		
17.	Would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstances or condition?		
18.	Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?		
If you answered "Yes" to questions 2-9, please attach to this application a full disclosure of all of the circumstances and any resolution reached. If you have answered "Yes" to questions 10-18, please also specifically provide the following information:			
1.	The nature and extend of any past or present use of dependency on a drug, controlled substance, alcohol or chemical.		
2.	The disposition of any related criminal action.		
3.	The disposition of the matter with appropriate ecclesiastical authorities.		

4.	If you were formally enrolled or employed at Brigham Young University-Idaho, the disposition of the matter in relationship to your enrollment or employment.
5.	The details of your involvement in any supervised drug rehabilitation program.
6.	Any evidence of your complete rehabilitation from past use of dependency on drugs, controlled substances, alcohol, or chemicals.
In addition, if you answered “Yes” to questions 13 and 14, you must include with your application a court docket for each and every arrest and/or conviction within the past ten (10) years. If you are currently on probation or parole, you must also include a probation/parole officer report.	
I have read the above questions and have answered them correctly.	
	Applicant's signature _____ Date _____

ESSAY

Instructions: In an essay format, place your name and date at the top of the page, then identify and evaluate your goals related to your future practice and educational aspirations in nursing. Please limit this document to one, double-spaced, typewritten page.

BACCALAUREATE DEGREE COMPLETION PLAN INSTRUCTION (BDCP)

In an effort to help you plan the BSN degree and finish in a timely manner, we have provided two options for you. You are required to select either Full-Time or Part-Time. Keep in mind that NURS 338 has Statistics as a prerequisite or co-requisite.

1. You will need a total of 30 credits at the 300-400 level from BYU-I to meet the residency and upper division level course requirements to graduate. The Nursing courses will give you 24 credits. When Escrow/Vertical Credits are applied for NURS 327 and NURS 330, you receive an additional 6 credits to meet this 30-credit requirement (shows as NURS 331 on your transcript).
2. Escrow/Vertical Credit is a method of academic adjustment that allows a block of credit to be granted for previous learning. (See “Vertical Credits” in the catalog.) At BYU-I, Escrow Credits allow lower division credits already earned to be awarded as upper division credits upon successful completion of specified course work. After completing NURS 327 and NURS 330 and applying for Escrow Credit, six (6) credits will be awarded. Escrow Credits cannot count towards your total enrolled credits for the semester.
3. Students must provide transcripts for advising. Official non-BYU-I transcripts must be sent to Admissions (BYU-I). Official non-BYU-I transcripts and a BYU-I transcript printout must be submitted as part of the RN to BSN Completion Program.
4. Be sure to indicate either Full-Time or Part-Time by signing in the corresponding space.
5. The required University courses can be taken through BYU-I Online, BYU-I Continuing Education, BYU Independent Study, or another university. If religion courses are taken through a LDS institution, the courses must be taken for credit. Acceptance of these credits is contingent upon approval by the Students Records and Registration Office at BYU-I (208) 496-1001.

BACCALAUREATE DEGREE COMPLETION PLAN (BDCP) Continued NURSING CLASS SEQUENCE

Choose your preferred sequence by signing in the designated space. You are expected to remain in your chosen sequence throughout the duration of the program. If circumstances change, you can petition to change your sequence of classes.

For Full-Time Sequence– **PLEASE SIGN HERE:**

1 st Semester	2 nd Semester	3 rd Semester
NURS 316 Professional Seminar	NURS 327 Adv. Physical Assess	NURS 338 Nursing Research
NURS 330 Advanced Med/Surg	NURS 449 Community Nursing	NURS 450 Nursing Leadership
7 Credits	8 Credits	8 Credits

NURS 330 requires 60 clinical hours. Review the Clinical Requirements page at: <http://www.byui.edu/nursing/bsn/ClinicalArrangments.htm> then specify your 1st and 2nd choice for clinical placement.

1st Choice: _____

2nd Choice: _____

For Part-Time Sequence – **PLEASE SIGN HERE:**

1 st Semester	2 nd Semester	3 rd Semester	4 th Semester	5 th Semester	6 th Semester
NURS 316	NURS 330	NURS 327	NURS 449	NURS 338	NURS 450
2 Credits	5 Credits	4 Credits	5 Credits	3 Credits	5 Credits

- Statistics is a prerequisite to NURS 338. You may petition to do this as a co-requisite.
- Foundations / General Education classes are scheduled at your own discretion.

FOUNDATIONS / GENERAL EDUCATION / PREREQUISITES PLAN

Selection of courses and timeline for completing baccalaureate degree requirements:

Course and Number at BYU-Idaho	Credits	Course Completion Plan
		Note if completed or planned semester
Statistics	3	
Pathophysiology	3	
FDREL 121 – Book of Mormon	2	
FDREL 122 – Book of Mormon	2	
FDREL 200 Family Foundations	2	
FDCNC 250 – Foundations Capstone: Analytical Thinking & Moral Judgment	2	

Note: Your required courses may differ from those listed and is determined by your BYU-I catalog year and what courses transfer from other colleges/universities. Consult with Academic Advising at (208) 496-2438 if you have any questions.

Planned graduation date: _____ Application to BYU-I is complete [] Yes [] No

I declare that during the duration as a student at BYU-I Nursing, I will live by the BYU-I honor code. I will also keep my RN license, CPR, and my immunizations records current and updated with the Department of Nursing. This includes an annual TB. My CPR card must be on file at BYU-I and show a current expiration date. I understand that it is my responsibility to renew and re-submit the items listed to the Department of Nursing before they expire. *Any default of these items may cause me to be place on suspension or removed from the program.*

Signature _____

Date _____

