

**APPLICATION**for the

**UNC RN-BSN Program**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***(please print)***

**Checklist:**

* **Admitted to UNC**
* **School of Nursing application (attached)**
* **Submitted UNOPENED official transcripts to UNC Office of Admissions**
* **This coversheet (on top)**

Full Legal Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Last First Middle

List any other names that appear on transcripts **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Bear Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Optional)

Ethnic Origin **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Gender **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Optional) (Optional)

**LOCAL ADDRESS:**

Street City State Zip

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNC Bear E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)**

**Personal Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required)**

***(\*Letter of notification will be sent to this email address unless you indicate otherwise)***

* **Check Appropriate Responses Below:**
* Do you have a previous Bachelor’s degree?
	+ Where ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have a previous Master’s degree?
	+ Where ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you bilingual? Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you from a rural area (more than 30 miles from a town with a population of <30,000)? \_\_\_\_
* Number of times previously applied to UNC School of Nursing: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Academic Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Required Prerequisite Courses | Semester Completed Term/Year | Name of school where completed | Plan to take Fall 2016 | School Where you Will Take Fall 2016 |
| Introduction to Human Anatomy & PhysiologyBIO 245 |  |  |  |  |
| Advanced Human Anatomy & PhysiologyBIO 246 |  |  |  |  |
| MicrobiologyBIO 251 |  |  |  |  |
| Principles of Nutrition FND 250 |  |  |  |  |
| Introduction of Statistical AnalysisSTAT 150 |  |  |  |  |
| Human Growth & Development PSY 230 |  |  |  |  |
| College Research PaperENG 123 |  |  |  |  |

List name of every school from which you are submitting transcripts for your:

* Last 45 credit hours of course work
* All Nursing Prerequisite Courses

*NOTE: Failure to report all schools attended documenting most recent 45 credits hours will result in your application not being considered.*

**PERFORMANCE STANDARDS REQUIRED FOR NURSING**

The following is a listing of performance standards that are required for clinical practicums in the School of Nursing. Please review these standards and sign the statement below indicating that you can perform all of the functions.

|  |  |  |
| --- | --- | --- |
| **PROFESSIONAL ISSUE** | **STANDARD** | **SOME EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)** |
| Critical Thinking | Critical thinking ability sufficient for clinical judgment. | Identify cause-effect relationships in clinical situations in order to develop nursing care plans. |
| Interpersonal | Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds. | Establish rapport with patients/clients and colleagues. |
| Communication | Communication abilities sufficient for interaction with others in verbal and written form. | Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses. |
| Mobility | Physical abilities sufficient to move from room to room and maneuver in small spaces. | Move around in patients’ rooms, work spaces, and treatment areas, administer cardiopulmonary procedures. |
| Motor Skills | Gross and fine motor abilities sufficient to provide safe and effective nursing care. | Calibrate and use equipment; position patients/clients. |
| Hearing | Auditory ability sufficient to monitor and assess health needs. | Hear monitor alarm, emergency signals, ausculatatory sounds, cries for help. |
| Visual | Visual ability sufficient for observation and assessment necessary in nursing care. | Observe patient/client responses. |
| Tactile | Tactile ability sufficient for physical assessment. | Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g. insertions of a catheter. |

*The Standards were developed by the Board of Directors of the Southern Council on College Education for Nursing (SCCEN) for the 14 southern states nursing programs. Reprinted with permission from the Middle Tennessee State University, Department of Nursing.*

*Students should contact Disability Support Services for assistance if they believe they would have difficulty meeting any of the standards.*

**I have read and understand the list of Performance Standards for the nursing program. I will be able to meet all of the standards with or without reasonable accommodations by the University of Northern Colorado.**

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 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name