



## CALIFORNIA STATE UNIVERSITY, STANISLAUS School of Nursing

### APPLICATION TO RN TO BSN PROGRAM

*Fall Nursing Application Filing Period May 1<sup>st</sup> to July 1<sup>st</sup>*

Space is limited and applicants will be admitted in the order in which the application is received.

University Application – [www.csumentor.edu](http://www.csumentor.edu) See web site for deadline dates.

Supplemental Nursing Application – [www.csustan.edu/nursing](http://www.csustan.edu/nursing) Accepted between **May 1<sup>st</sup> to July 1<sup>st</sup>**

The CSU, Stanislaus RN to BSN program can be taken either on a full-time or part-time basis. Students on the full-time track will receive first priority in class enrollment in order to guarantee that they complete the nursing major in 3 semesters. Students who wish to complete the BSN on a part-time basis may proceed at their own pace; however, following the recommended track helps insure class availability. Class offerings, as presented, are dependent upon adequate enrollments.

RN to BSN students are admitted in the Fall semester only. Students wanting to begin course-work in the spring are encouraged to take any required general education courses.

The following prerequisites must be completed prior to admission to the nursing program.

- Oral Communication/Speech
- Written English Composition
- Critical Thinking/Logic
- Statistics

**Step 1** - University Application - Students must first apply to the university prior to applying to the nursing program. University admission is required before final acceptance into the School of Nursing.

**Step 2** – Nursing Application - Send completed application with a copy of your current RN license. If you are still taking your boards, note that on the application and send a copy when you receive it. Send 1 set of official transcripts from each previous attended college or university to the School of Nursing. This is in addition to the set of transcripts that you must send to Enrollment Services when you apply to the university. The clinical letter, which is a letter validating clinical competence, is required of all applicants unless you have completed your associate degree in nursing within the last year. (Pg. 4 of application)

*If not currently working as an RN, the ATI Predictor exam will be used in place of the clinical letter.*



# CALIFORNIA STATE UNIVERSITY, STANISLAUS RN to Bachelor of Science in Nursing Program Application

*Fall Application Filing Period May 1<sup>st</sup> to July 1<sup>st</sup>  
Applications received after deadline date will be considered on space available basis.*

*\*(PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS BEFORE SENDING)\**

## PERSONAL INFORMATION:

Student# \_\_\_\_\_

Once admitted the university will assign you a student number

Name \_\_\_\_\_  
(Last) (First) (Middle) (Alias/Maiden)

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

~~~~~  
**Provide Copy of RN License**

California R.N. License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Or  
State RN exam will be taken on \_\_\_\_\_

Do you have an Associate Degree in Nursing?  Yes  No Diploma:  Yes  No

## ACADEMIC INFORMATION: List education preparation in nursing and colleges attended.

(List the most recent first)

| Name & Location Of School | From | To | Grade Point | Diploma Or Degree Received |
|---------------------------|------|----|-------------|----------------------------|
|                           |      |    |             |                            |
|                           |      |    |             |                            |
|                           |      |    |             |                            |
|                           |      |    |             |                            |
|                           |      |    |             |                            |
|                           |      |    |             |                            |

I am interested in starting:  Fall (year) \_\_\_\_\_

Are you interested in taking a full-time or part-time program?  Full-Time  Part-Time

**Please list your prerequisites or equivalent information below.**

| Course<br>CAN #                                           | Institution<br>Where Course, or Equivalent, Was taken | Term/Year | Grade | For Office Use Only<br>Decision of Evaluator |
|-----------------------------------------------------------|-------------------------------------------------------|-----------|-------|----------------------------------------------|
| <i>Written English Composition</i>                        |                                                       |           |       |                                              |
| <i>Critical Thinking/Logic</i>                            |                                                       |           |       |                                              |
| <i>College Level Chemistry<br/>Equivalent to CHEM1000</i> |                                                       |           |       |                                              |
| <i>College Level Math/Statistics</i>                      |                                                       |           |       |                                              |

**EMPLOYMENT RECORD:** List the last two positions you held as an R.N. (*Most Recent First*)

| Employer Name & Address                | Position<br>Held | Dates<br>From | Dates<br>To | Supervisor Name & Phone<br>Number |
|----------------------------------------|------------------|---------------|-------------|-----------------------------------|
| Briefly describe your responsibilities |                  |               |             |                                   |
|                                        |                  |               |             |                                   |
| Employer Name & Address                | Position<br>Held | Dates<br>From | Dates<br>To | Supervisor Name & Phone<br>Number |
| Briefly describe your responsibilities |                  |               |             |                                   |
|                                        |                  |               |             |                                   |

1. Do you aspire to earn a degree beyond the B.S. in Nursing:  Yes  No  Uncertain  
 If yes,  Master's  Doctorate

2. Main reason for selecting CSU Stanislaus \_\_\_\_\_  
 \_\_\_\_\_

I certify that the foregoing statements on this application are true, complete and accurate:

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Date)

**RETURN COMPLETED APPLICATION ALONG WITH APPLICATION FEE OF \$15.00 TO:**

Nursing Department DBH261  
 California State University, Stanislaus  
 One University Circle  
 Turlock, California 95382

*Be sure to include:*

- ✓Official Transcripts
- ✓Statistical data form (see pg. 5)
- ✓\$15.00 application fee
- ✓Clinical letter (see pg. 4)
- ✓Copy of CA RN license



**CALIFORNIA STATE UNIVERSITY, STANISLAUS**  
**Department of Nursing**  
 One University Circle  
 Turlock, CA 95382

**REGISTERED NURSE CLINICAL COMPETENCY LETTER**  
 (Required unless the ADN was completed within a year of the starting semester.)

Name of Student: \_\_\_\_\_ Student # \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Area: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Address: \_\_\_\_\_

Dear Employer:

The Department of Nursing requests a letter validating clinical competencies as part of the admission process. As the applicant's immediate supervisor, you are in the best position to provide this information. Please rate the above candidate on the following areas regarding clinical competency:

(Please mark appropriate box.)

The applicant:

|                                                                           | <b>1<br/>Poor</b> | <b>2<br/>Fair</b> | <b>3<br/>Average</b> | <b>4<br/>Competent</b> | <b>5<br/>Expert</b> | <b>Not<br/>Applicable</b> |
|---------------------------------------------------------------------------|-------------------|-------------------|----------------------|------------------------|---------------------|---------------------------|
| Maintains currency in the field.                                          | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |
| Effectively applies the nursing process to plan nursing care.             | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |
| Is technically competent in the nursing area.                             | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |
| Interacts effectively with clients.                                       | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |
| Is able to diagnose (nursing) and monitor client conditions.              | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |
| Is able to effectively manage rapidly changing conditions.                | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |
| Is able to administer and monitor therapeutic interventions and regimens. | 1                 | 2                 | 3                    | 4                      | 5                   | N/A                       |

Please specify below additional information about clinical competency such as current clinical ladder step, competency assessment achievements or other indicators of currency in the field of nursing. Please feel free to attach additional information if necessary.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



# California State University, Stanislaus

Office of Nursing DBH 260  
One University Circle, Turlock, CA 95382

Phone: 209-667-3141

Fax: 209-667-3690

## STATISTICAL DATA FORM

The following information will be used for accreditation and the State Board of Registered Nursing statistical reports only. The data is confidential. It is unlawful to discriminate against you on the basis of this information.

|           |                                                                                        |               |
|-----------|----------------------------------------------------------------------------------------|---------------|
| Full Name | Semester Application is for                                                            | Date of Birth |
|           | Fall <input type="checkbox"/> Year _____<br>Spring <input type="checkbox"/> Year _____ |               |

**GENDER:**  Male  Female

**RACE / ETHNICITY:** (Select one)

**BLACK:** ..... African origin; not of Hispanic origin

**ASIAN:** ..... Far Eastern, Southeast Asian, or Indian Origin  
 Chinese  Japanese  Korean  Vietnamese  
 Asian Indian  Cambodian  Laotian  Other \_\_\_\_\_

**PACIFIC ISLANDER:** ..... Hawaiian Islands or Pacific Island origin  
 Hawaiian  Guamanian/Chamorro  Samoan  Other \_\_\_\_\_

**HISPANIC:** ..... Spanish/Latin-American/Latino  
 Cuban  Mexican  Mexican-American/Chicano  Puerto Rican  
 Other \_\_\_\_\_

**CAUCASIAN**

**AMERICAN INDIAN:** ..... Indian origin Native to the Americas with cultural identification  
 Aleut  Eskimo  Native American: Tribe/Nation \_\_\_\_\_  
 Other \_\_\_\_\_

**FILIPINO**

**OTHER NON-WHITE**

**DECLINE TO STATE**

**CHECK THE PROGRAM FOR WHICH YOU HAVE APPLIED:** (Select one)

Pre-Licensure

LVN to BSN

RN to BSN

**HOW DID YOU LEARN OF OUR PROGRAM?**

- CSU, Stanislaus Outreach Office
- Colleague, Friend, Alumni or Relative
- Hospital
- Other \_\_\_\_\_

- Advertising (source) \_\_\_\_\_
- CSU Nursing Department
- Another college's nursing program