APPLICATION TO RN TO BSN PROGRAM

Fall Nursing Application Filing Period February 1st to 28th
Space is limited and applicants will be admitted in the order in which the application is received.

University Application – www.csumentor.edu See web site for deadline dates.
Supplemental Nursing Application – www.csustan.edu/nursing Accepted February 1st to 28th.

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. Contact RN-BSN Assistant Director for possible exceptions.
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. If you miss the University deadline you have the option of enrolling in the fall using “Open University” through University Extended Education (if accepted by the School of Nursing) until you can apply to the University during the next application period for official Spring admission.

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 of your license when you receive it. Send one (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.*
*(PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS BEFORE SENDING)*

Student# ______________________________
(or Date of Birth)

Name ____________________________________________
(Last) (First) (Middle) (Alias/Maiden)

Address ____________________________________________
(Number & Street) (City) (State) (Zip)

Home Phone: ( ) _______ - _______  CSU Email: ________________________________

Cell Phone: ( ) _______ - _______  Email: ________________________________

California R.N. License Number ________________________  Expiration Date ________________
Or
Date RN exam will be taken on __________________________________

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

<table>
<thead>
<tr>
<th>Name of College Where Associate Degree Was or Will Be Completed</th>
<th>Month &amp; Year ADN Completed</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Other Colleges Attended</th>
<th>Month &amp; Year Diploma or Degree Obtained</th>
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I am interested in starting: ☐ Fall (year) ______

Full-time or part-time program? ☐ Full-Time ☐ Part-Time
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 $60 FEE RECEIPT TO:
School of Nursing Science 1 – RM 225
California State University, Stanislaus
One University Circle
Turlock, California 95382

Be sure to include:
✓ Official Transcripts  ✓ Clinical letter if required (see pg. 4)
✓ Statistical data form (see pg. 5)  ✓ Copy of CA RN license or date of ADN
✓ Pay $60.00 money order (payable to School of Nursing) at the Cashier’s Office MSR, RM 100
Name of Student: __________________________________________

Date of Employment: ____________________________

Supervisor’s Name: ____________________________

Area: ______________________________________

Employer: _______________________________

Position: ___________________________________

Address: ____________________________________

Dear Employer:

The School 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:

The applicant:

<table>
<thead>
<tr>
<th>Maintain currency in the field.</th>
<th>1</th>
<th>Poor</th>
<th>2</th>
<th>Fair</th>
<th>3</th>
<th>Average</th>
<th>4</th>
<th>Competent</th>
<th>5</th>
<th>Expert</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
<td></td>
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</tbody>
</table>

Effectively applies the nursing process to plan nursing care.

<table>
<thead>
<tr>
<th>Is technically competent in the nursing area.</th>
<th>1</th>
<th>Poor</th>
<th>2</th>
<th>Fair</th>
<th>3</th>
<th>Average</th>
<th>4</th>
<th>Competent</th>
<th>5</th>
<th>Expert</th>
<th>N/A</th>
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<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
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</tbody>
</table>

Interacts effectively with clients.

| Is able to diagnose (nursing) and monitor client conditions. | 1 | Poor | 2 | Fair | 3 | Average | 4 | Competent | 5 | Expert | N/A |
|                                                               |---|------|---|------|---|---------|---|-----------|---|--------|-----|
|                                                               | 1 | 2    | 3 | 4    | 5 | N/A     |   |           |   |        |     |

Is able to effectively manage rapidly changing conditions.

| Is able to administer and monitor therapeutic interventions and regimens. | 1 | Poor | 2 | Fair | 3 | Average | 4 | Competent | 5 | Expert | N/A |
|                                                                          |---|------|---|------|---|---------|---|-----------|---|--------|-----|
|                                                                          | 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
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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Semester Application is for</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall □ Year ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spring □ Year ________</td>
<td></td>
</tr>
</tbody>
</table>

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 School of Nursing
□ Another college’s nursing program