

CHECKLIST FOR APPLICATION FOR AASN READMISSION OR TRANSFER STUDENTS BEEBE CAMPUS

PLEASE BE SURE THAT YOU HAVE COMPLETED EVERY STEP BELOW, AND THAT YOU HAVE ENCLOSED ALL DOCUMENTS BEFORE SUBMITTING YOUR APPLICATION.

**Deadline: June 15th for Fall Semester
October 1st for Spring Semester**

- _____ 1. Apply for readmission/transfer to Arkansas State University (Jonesboro Campus) if you have not been actively enrolled during the past semester.

- _____ 2. Schedule and take the appropriate readmission/admission test. Email Brenda Goodwin at bgoodwin@astate.edu for testing information and to schedule a test. All testing will be held on the Jonesboro campus. Payment for the exam must be made before test will be ordered and is non-refundable. Check website for test dates.

- _____ 3. Apply for admission/readmission to the School of Nursing. Complete the application in full. Be sure to sign and date the application form.

- _____ 4. Obtain **Official transcript(s)** showing **ANY** college work completed since you were in the program, including current enrollment. You must request **official** transcripts from **EACH** institution (including current). Request all transcripts be **mailed to you** and then mail in the **original sealed envelope with the application.** The transcript is only official as long as it remains sealed.

DO NOT RETURN THIS PAGE WITH YOUR APPLICATION

**ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SCHOOL OF NURSING
PO BOX 1000
BEEBE, AR 72012**

APPLICATION FOR READMISSION OR TRANSFER - AASN

Deadline for Applications: Applications material **must** be postmarked by:

Fall Semester Readmission: June 15 **Spring Semester** Readmission: October 1

Students must apply for admission to Arkansas State University – Jonesboro at <http://www2.astate.edu/a/student-affairs/admissions/>. Contact Office of Admissions & Records at 800-382-3030.

Applications are reviewed after the application deadline and are not reviewed on a first come, first served basis. Please indicate which level of admission you are seeking:

Requesting READMISSION TO which semester/course(s):
(Circle appropriate courses)

| | | | | | |
|--------------------------|--------|----------|--------|------|------------------|
| AASN | | | | | |
| 1 st Semester | Spring | Clinical | Theory | Both | Readmit/Transfer |
| 2 nd Semester | Fall | Clinical | Theory | Both | Readmit/Transfer |
| 3 rd Semester | Spring | Clinical | Theory | Both | Readmit/Transfer |
| 4 th Semester | Fall | Clinical | Theory | Both | Readmit Only |

Indicate if you are licensed or certified and **include copy of license or certification:** LPN _____ CNA _____

NAME _____
Last First Middle Other names by which academic records may be found

ASU ID# _____ **SOCIAL SECURITY #** _____

HOME PHONE _____ **CELL PHONE** _____ **EMAIL ADDRESS** _____

LOCAL ADDRESS _____

CITY STATE ZIP CODE

PERMANENT ADDRESS (If different from above) _____

CITY STATE ZIP CODE

Notification of Admission decision should be sent to: **(Check One)**

LOCAL ADDRESS _____ or PERMANENT ADDRESS _____

NOTE: (If applicant does not indicate choice, notification will be sent to the first address listed above.) If your name, address, or phone number changes during application or enrollment, it is your responsibility to notify the Department of Nursing and the Office of the Registrar in writing of these changes.

1. Has your license in Nursing or any other Health Profession ever been disciplined (revoked, suspended, placed on probation, or reprimanded) or voluntarily surrendered in any state or jurisdiction? Yes ___ No ___
2. Is your license currently suspended, revoked or on probation or reprimanded for any reason? Yes ___ No ___

FOR TRANSFERRING STUDENTS ONLY (Questions 3-6):

3. Have you withdrawn, been dismissed, or attended but did not complete another Nursing program? Yes ___ No ___ If you marked 'yes', you **MUST** submit a letter of good standing from the director/chair of each nursing program you have attended, withdrawn from, been dismissed from or otherwise not completed.
4. Were you born in a foreign country? Yes ___ No ___ if yes, what country? _____ If you were born in a foreign country, you must take one of the following tests: 1) Test of English as a Foreign Language (TOEFL) with a minimum TOEFL score of 83 on the preferred internet-based (iBT); 570 on the paper-based test, or 213 on the computer-based test; 2) International English Language Testing System (IELTS) with a score of at least 6.5 and a spoken band score of 7; or 3) Pearson Test of English Academics (PTE) with a score of 56. (For further information and exceptions see nursing website)
5. Do you speak Spanish proficiently? Yes ___ No ___ For special consideration, you will be tested by the World Language Department

Students applying to the nursing program must also apply for admission to Arkansas State University. Contact the Office of Admissions & Records by phone at 870-972-3024. **If your Cumulative GPA is below 2.0, and/or you do not have ASU acceptance, please do not submit an application at this time. Readmission is based on completion of readmission packet, standardized assessment test score, space availability, GPA and recommendation of faculty.**

All applicants will be notified in writing of the decision of the Admissions Committee.
NO RESULTS WILL BE GIVEN BY PHONE.

APPLICATION MATERIALS: With this application form, applicants must submit the following documents.

- (1) Official transcript(s) showing ALL college (including ASU) work completed since leaving the program, including grades on courses taken in the last semester of enrollment and evaluation of transfer work. You must request these from EACH institution (including ASU) and include them when submitting your application to the School of Nursing. Please remember that these transcripts are only official as long as they remain sealed in the envelopes from the institutions attended.
- (2) Copy of LPN license or CNA Certification if appropriate.

Submit nursing application to:

Arkansas State University
 School of Nursing
 University Center Room 107
 Beebe, AR 72012
 Telephone: 501-882-8891

or mail to:

Arkansas State University
 School of Nursing, AASN Admissions Committee
 PO Box 1000
 Beebe, AR 72012

ALL APPLICANTS: List all colleges, universities, or other institutions (including ASU) attended since your last semester in the program, credit hours earned, and degree(s) if applicable:

| College/University/School | # of Credit Hours/Degree | Date |
|---------------------------|--------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Arkansas State Board of Nursing (ASBN) requires a criminal background check for all graduates applying for licensure. Graduating from a nursing program does not assure ASBN's approval to take the licensure examination. Eligibility to take the licensure examination is dependent on meeting standards in the ASBN Nurse Practice Act and Rules. You will be required to sign a statement, before beginning the nursing program, that states you have read and understood ACA §17-87-312 and the specific offenses which, if pleaded guilty, nolo contendere, or found guilty of will make an individual ineligible to receive or hold license in Arkansas. You can access the information at <http://www.arsbn.arkansas.gov/lawsRules/Pages/nrsePracticeAct.aspx>.

I hereby affirm that all information supplied on this application is complete and accurate. I understand that I will not be permitted to enroll in the professional courses in the Bachelor of Science in Nursing (BSN) program without a letter of acceptance into the program. **Your signature below also indicates you have read and understand the guidelines of "Abilities and Skills for the Undergraduate Nursing Major."**

 Signature of Applicant

 Date

PLEASE KEEP A PHOTOCOPY OF THIS COMPLETED APPLICATION FOR YOUR RECORDS!

Abilities and Skills for the Undergraduate Nursing Major

The School of Nursing affirms that all students enrolled in a nursing program must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

The professional nurse must possess the knowledge and ability to effectively assess his or her client's biophysical, psychological, social, cultural, and intellectual domains. Further, the professional nurse must competently analyze the assessment data through intellectual processing to arrive at a definition of the client's status or problem, plan independently or collaboratively for full range of therapeutic interventions, execute all or part of the plans through nursing acts, and evaluate the care delivered and the client's responses to it.

A candidate for professional nursing must have the abilities and skills necessary for use of the nursing process. These skills and abilities include observations; communication; motor ability; conceptualization; integration and quantification; and behavioral/social acceptability. Technological compensation can be made for some handicaps in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of trained intermediary is not acceptable, in that a candidate's judgment must be mediated by someone else's power of observation and selection.

The following abilities and skills are necessary to meet the requirements of the curriculum:

Observations: The candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and tactile sensation. It is enhanced by the functional sense of smell.

Communication: The candidate must be able to speak, hear, and to observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but, reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment maneuvers. A candidate must have sufficient motor skills to gain access to clients in a variety of care settings and to manipulate the equipment central to the treatment of patients receiving professional nursing care. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Examples of required fine motor skills would include, but are not limited to, preparation and administration of oral and injectable medications, assessment of vital signs, application of dressings, and insertion of drainage catheters. Examples of required gross motor skills would include, but are not limited to, positioning clients in bed, assisting with ambulation, transferring clients and maneuver in confined spaces. In addition, the candidate should be able to lift and carry a minimum of 35% of his or her own body weight. Also the candidate should be able to sit, bend, reach and/or walk and stand for most of the day.

KEEP THIS PAGE FOR YOUR RECORDS

Intellectual-Conceptual, Integrative, and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of nurses, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interests, and motivation are all personal qualities necessary for professional nursing.

The School of Nursing affirms that all students enrolled in the School of Nursing must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

The citations for these guidelines are as follows:

Section 504 of the 1973 Vocational Rehabilitation Act and 42 U.S.C. 12101 et seq., the American with Disabilities Act (ADA)

Bower, D., Line, L., & Denega, D. (1988). Evaluation instruments in nursing (pp. 71). New York: National League for Nursing

(Effective - Fall 1999)

****IMPORTANT**

**Some clinical agencies required background check of students before doing clinical rotations at their facility. If the clinical agency declines a student from attending based upon their background check, the School of Nursing will attempt to make accommodations, however, if unsuccessful, the student will not be allowed to progress in the program.

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FOR TRANSFER STUDENTS ONLY
ARKANSAS STATE UNIVERSITY
ASSOCIATE OF APPLIED SCIENCE IN NURSING

DOCUMENTATION OF WORK EXPERIENCE

Student Name: _____ ASU ID #: _____

12-60 Months after graduation:

No testing is required if during the past 12 months you have had 1000 hours of nursing employment or if during the past 36 months you have had 2000 hours of nursing employment.

60 Months after graduation:

No testing required if during past 24 months you have had 2000 hours of nursing employment or if during past 36 months you have had 2000 hours of nursing employment.

I hereby attest that I have worked _____ hours or more within the past _____ in the area of Nursing. All hours counted were performed under the direction of a RN, DO, MD, Dentist.

Date

Applicant

Our signature below confirms that _____ has completed over _____ hours work within the past _____ months at _____ (institution).

Date

Supervisor (RN, DO, MD, Dentist)

Date

Human Resources Representative

Program Director's Signature: _____

C:\my documents\miscellaneous\work experience

SUBMIT THIS PAGE WITH NURSING APPLICATION – if applicable.