

**Idaho State University
Department of Nursing
General Information Statement
And
Application for Spring 2005**

Admission to the Nursing Program is competitive and meeting the admission criteria does not assure acceptance into the program. You must be admitted to ISU before you can apply to the Nursing Program. The following procedure is conducted in selecting students.

Admission to the Department of Nursing

Students are admitted to the sophomore level of the nursing program. Applications are available from the Department of Nursing on-line beginning May 15th. In order to be reviewed for spring admission, the application must be completed and returned to the Department of Nursing by September 15. The application must also be signed by the student's Nursing Advisor for this review. The Admissions and Advancement committee in the Department of Nursing will process all application forms and letters of notification will be sent to applicants by November 1.

A. Admission Criteria

The following criteria must be met to be eligible for consideration for admission to the Baccalaureate Nursing Program:

1. a. Must successfully complete the following prerequisites by application submission. Only these courses will be included in admission ranking.

HCA110

MATH 253

PSYC 101

CHEM 101

PSYC 225

CHEM 102

BIO 101

ANTH 237, 238 or 239

- b. Must successfully complete the following prerequisites by the end of the fall semester of application submission:

BIO 221

NURS 220

BIO 223

NTD 340

BIO 301

All prerequisites must be successfully completed by the end of fall semester prior to spring semester admittance; failure to do so will result in loss of admission status.

2. Minimum *prerequisite* GPA of 2.80 is required for **all** of the nursing prerequisite courses (above in *1.a and b*) at time of application and from time of application to spring admission. (Cumulative GPA is no longer included in admission criteria).
3. Successful completion of the prerequisite courses or equivalents is with a grade of "70" or better. If completed course with "69" or

below, student must indicate that the course is being retaken (on page 8 of application) before application can be processed.

4. It is the responsibility of the applicant to make sure all Official transcripts of courses taken at other colleges or universities (either by classroom, correspondence or the web) are on file with the ISU registrar at the time of application submission. A copy of these Official transcripts must accompany your application as well. Course grades must be on transcripts. If there is no record of the transcripts on file with the ISU registrar and/or not accompanied with your application at time of application process, student will not receive credit for the class(es) and consequently, will not have met the prerequisite requirements for admission into the nursing program. If student fails to meet prerequisite requirements, he/she is not qualified for admission to the nursing program and will not be admitted to the nursing program.
5. The process for petitioning a class(es) must be completed, approved by the A & A Committee, and on file **before** application is submitted. Classes taken at a university other than ISU may be equivalent to classes taken at ISU but these classes must be “petitioned.” To complete the petition process, consult with your nursing advisor.
6. Test of Essential Academic Skills (TEAS)- entrance examination must be taken by Sept 5, 2004. Score must be attached to application. See 12(b) for details.
7. Application (with test score) on file in the Department of Nursing postmarked by September 15.
8. Submit a non-refundable application fee of **\$35.00** by check or money order payable to ISU Department of Nursing with application for admission.
9. Attach the completed Health Certification Requirements Record to your application. If this record is incomplete your application will **NOT** be processed and you will not be considered for admission into the nursing program. (see C for requirements)
10. Application must be signed by your Nursing Advisor in order for your application to be reviewed and processed. If there is no legitimate signature, your application will not be processed and you will not be admitted to the nursing program.
11. If you are an LPN, you must include a copy of your LPN license with your application for application process.
12. **Selection process:** All applicants will be ranked according to the following:
 - Nursing Prerequisite GPA (1-12pts)**
 - 3.9-4.00 = 12
 - 3.8-3.89 = 11
 - 3.7-3.79 = 10
 - 3.6-3.69 = 9
 - 3.5-3.59 = 8

3.4-3.49 = 7
3.3-3.39 = 6
3.2-3.29 = 5
3.1-3.19 = 4
3.0-3.09 = 3
2.9-2.99 = 2
2.8-2.89 = 1
Less than 2.8=disqualified

b. **Test of Essential Academic Skills (TEAS)**- must complete and submit score of this *mandatory* entrance examination. TEAS can be taken at the Testing Center in either Pocatello (282-2130) or Idaho Falls (282-7750). The Pocatello center is located in the south wing of Gravely Hall, room 351 and summer hours are 7:30-4 M-F and one Saturday per month. For the Idaho Falls center, call for hours and location on campus. The student will need to call the testing center to make an appointment to take the test. Appointments will be made for 8:30am or 1pm. It is recommended that the student **CALL EARLY** since there is a limited number of computers on which the test is available at both sites. Walk-ins can be accommodated if a computer is available, but an appointment is recommended as there is a limited number of computers. Testing will **CLOSE Sept 5, 2004**. The student will need a photo ID to take the test. The student should arrive 15 minutes early to establish identification and be logged in.

The examination includes three parts: testing Reading Comprehension, English and Language Usage, and Science (Math will not be tested). Material is based on 10th -12th grade level. It will take approximately 2-1/2 hours to complete. The price of the exam is \$45.00. The student will pay the testing center by cash or check **ONLY** – no credit cards are accepted.

A study guide for TEAS is available for purchase by students at the ATI website for \$25.00: <http://www.atitesting.com/> **only** through Internet Explorer. Students may also call ATI to phone order at 1-800-667-7531.

Students can take the test **ONLY ONE TIME** for the 2005 spring admission. Repeat testing for this admission is not permissible. The student will receive his/her score at completion of the test. It is recommended he/she obtain two (2) copies of the score: one for the student to keep and one to be stapled onto the application by the student.

The average score of the 3 domains of the exam will be calculated and ranked as follows : (1-6 Pts)

81+ = 6
79-80 = 5.5

77-78	=	5
75-76	=	4.5
73-74	=	4
71-72	=	3.5
69-70	=	3
67-68	=	2.5
64-66	=	2
61-63	=	1.5
58-60	=	1
50-57	=	0.5
<50	=	0

c. Applicants meeting the following criteria will each have (2) designated seats in the new class:

- 1) LPN's
- 2) Federally-recognized minority students
- 3) Enrolled ROTC students

B. Alternate Status

An alternate admission list is implemented when more students meeting the admission criteria have applied than there is available position/space. If space becomes available to accommodate additional eligible students, the alternate list will be activated. Alternate status is recognized only for the year of application.

Students who are not admitted the spring semester for which they initially apply, must reapply for the next year and will be reviewed for admission with the new group of applicants.

C. Health Certification Requirements

Students applying to the nursing program must complete and submit the Health Certificate Requirements Record (see H for form) along with the nursing application by the **15th of September**. If not completed, your application will be denied and you will **NOT** be considered for admission into the nursing program.

1. A written statement from a health care provider that the applicant possesses the mental and physical health to meet the requirements of being an active and successful student in the nursing program as well as for being employed in the practice of nursing following graduation.
2. Negative Mantoux or PPD (TB) **needs to be current through school year. (Student must have a test EACH YEAR & updated results kept in student's file.)** If student has had a positive Mantoux or PPD, he/she will need documentation of a negative chest x-ray to be submitted with application. If chest x-ray is positive, student needs to see his/her health care provider.

Admission to the nursing program may occur only after the department receives verification that the student's sputum cultures are negative.

3. Proof of current immunizations for Polio, Diphtheria, Tetanus, 2nd MMR, Hepatitis B vaccination.
4. Current CPR Certification: (American Heart Association or Red Cross)
All students are required to provide proof of current CPR certification with application. Certification must be maintained throughout nursing school with documentation in your file. It is recommended that students obtain certification through the American Heart Association because renewal is every two years; with Red Cross, it is every year.
5. Titer for Varicella (Chicken Pox) is required only if you do not know if and when you have had chicken pox. If you have had varicella, include year of disease on health history record.

NOTE: Keep copies of these documents. If you are accepted to the nursing program, you will be asked to provide these documents for your file. If you fail to provide any of these documents by the end of the fall semester, or if you falsified any dates you will be dismissed from the program and an alternate will be admitted.

D. General Requirements

Nursing students must meet the general education requirements of the University for the Bachelor of Science degree. Please consult the University catalog for a list of courses.

E. Re-application

1. All students reapplying to the Baccalaureate program must meet the current admission criteria; i.e., minimum GPA for nursing prerequisites, completion of prerequisite courses and any other stipulations in order to be eligible for readmission. Re-application does not guarantee readmission. Re-applicants will be subject to the same scrutiny and consideration as an initial applicant. Students who are reapplying must follow all steps detailed in the current application procedure.
2. Once in the program, students who must withdraw from a clinical course due to reasons of health issues or military obligations will be re-admitted without application when clinical space is available in that course.

IDAHO STATE UNIVERSITY
Department of Nursing
Box 8101
Pocatello, Idaho 83209
(208) 282-2185

APPLICATION FOR ADMISSION TO THE DEPARTMENT OF NURSING

GENERAL INFORMATION:

1. Name _____ Social Security # _____

2. Permanent Address _____
Street City State Zip Telephone

3. Local Address _____
Street City State Zip Telephone

Circle the address to which you want your response letter sent

You are responsible for notifying the Department of Nursing for any address changes.

4. State of Legal Residence _____

5. Date of Application _____

6. In case of emergency, whom do you wish to be notified:

Name _____ Relationship _____

Address _____
Street City State Zip Telephone

7. For statistical purposes, the Department of Nursing would appreciate the following information:

Federally-Recognized Groups

General Information

Caucasian _____
Asian/Pacific Islander _____
American Indian/Alaskan Native _____
African American _____
Hispanic _____

Birth date _____
Sex _____

8. Are you an LPN? Yes ___ No ___ (if yes, attach copy of LPN license)

9. Are you an ROTC student? Yes___ No___ (if yes, attach verification of ROTC status)

EDUCATIONAL BACKGROUND (Please check all that apply)

_____ No current or previous enrollment in any college/university.

_____ Previously enrolled in another major at ISU. Major: _____

_____ Currently enrolled at Idaho State University. Major: _____

_____ Currently enrolled at another college/university.
Name of college/university currently enrolled at: _____

Check any of the following if appropriate:

_____ B.S. degree in _____ Graduated from _____

_____ B.A. degree in _____ Graduated from _____

_____ Other degree in _____ Graduated from _____

LPN, Graduated from _____ in _____ (year)

Other colleges or post-high school institutions attended or now attending: (Include name and place of school, dates attended, major and degree.)

NAME	PLACE	DATES	MAJOR	DEGREE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. Prerequisite Course Work

Indicate below all courses you have taken to meet the Department of Nursing prerequisite course requirements. If you are taking the course during the fall semester or you are retaking the course – you will need to meet with your adviser and submit a petition to the A&A committee explaining your plans to successfully complete the course prior to the spring semester. This petition must be approved prior to submitting your application. If you are re-taking the course, include the old grade and write in that you are re-taking it. If the course has been waived, please indicate in the box beside that course and who waived the course for you. **REMINDER:** If these courses were taken in out-of-state colleges or universities, by classroom, correspondence or the web, it is the responsibility of the applicant to make sure Official transcripts are on file at ISU and the Dept of Nursing.* Course grades must be on transcripts. The process for petitioning a class must be completed and on file before application is submitted.

NOTE: A&A Committee will check your transcript against what you report below. ALL classes you have taken **MUST BE REPORTED**, even classes in which you have done poorly.

ISU Course Title	Course Title at Your School	College or University	No. of Credits	Grade
HCA 110				
PSYC 101				
ANTH 237, 238, or 239 (SOC 101 and 102)				
PSYC 225				
BIO 202 or 101				
MATH 253				
CHEM 101 (Inorganic Chem)				
CHEM 102 (Organic Chem)				

If a course was taken through another college or university by classroom, correspondence, or the web during the fall semester that you are accepted to the nursing program, an unofficial or official copy of the transcript for that course(s) **MUST be in your file in the nursing department by the **FIRST DAY** of CLASS of the spring semester. If it is not there, the student will be dismissed and the next alternate will be offered the position. A copy of the official transcript must be in your nursing file by Feb. 15. If it is not there, the student will be dismissed from the program. It is **YOUR RESPONSIBILITY** to get copies of the transcript(s) in your nursing file.*

G. Other Important Information Regarding Admission

1. **New transfer students** (not yet enrolled in classes at ISU): All transcripts of previous academic work **must** be on file with the University by September 15th. You must also be admitted to ISU.

Students currently enrolled in classes at ISU: If you have attended any college or university other than ISU, it is your responsibility to make sure your official transcripts from these schools are on file with the University at the time of application submission.

Do not request transcripts if ISU is the **only** college you have attended.

All applications and transcripts must be postmarked by September 15th.

2. Enclose a **\$35.00** check or money order payable to ISU Department of Nursing with your application. This application fee is **non-refundable**.
3. If applicants have a question as to whether any experience in their past or information contained in their permanent record is of sufficient importance that may bar them from admission to the practice of nursing, they should consult with the State Board of Nursing authorities of the state in which they intend to practice. The Department of Nursing cannot give an opinion regarding these questions.
4. Your application **must be signed by your Nursing Advisor** (below) in order for your application to be reviewed and processed. It is important that your nursing advisor review your application and prerequisite GPA to ascertain that you qualify for admission. If there is no legitimate signature, your application will not be processed and you will not be admitted to the nursing program.
5. I understand that any attempt on my part to falsify answers or exclude pertinent data is cause for rejection of my application and/or dismissal from the program. I hereby certify that the above statements are true to the best of my knowledge. I acknowledge receipt of the General Information Statement including selection procedure, alternate list, re-application policy, health certification requirements, CPR certification requirements, and general requirements.

Student Signature **Date**

Nursing Advisor Signature **Date**
(Must be signed for application process)

If students claims to be of federally-recognized minority status, Nursing Advisor must verify:

H.

**Idaho State University
Department of Nursing
Health Certification Requirements Record**

Written statement by health care provider, required immunizations, and CPR certification must be completed by September 15th. (Except for Hep B - you must provide documentation that you are in the process of completing all 3 vaccinations. All 3 vaccinations must be documented before student can start clinicals his/her junior year).

Complete the following and attach this record to your application.

- Statement from health care provider that applicant possesses the mental and physical health to meet the requirements of being an active and capable student in the nursing program.

*Date of written statement _____

- Negative Mantoux or PPD (TB) test or Chest X-ray

*Date tested _____

*Date read negative _____

*If test positive, Last chest X-ray _____

Was it negative? _____ *

*You must have current *negative* chest xray at time of application

- Current CPR certification

(Must be American Heart Association or Red Cross Certified)

*Date of Certification _____

- Current Immunizations:

Immunization

Date Received

Polio

MMR (#2)

Diphtheria

Tetanus

Hepatitis B

1st _____ 2nd _____ 3rd _____

Varicella (Chicken Pox)

-if had disease- year of disease _____

-if unsure, need titer: date of titer _____ positive or negative

-if negative, need vaccine: date of vaccine _____