



Professional Nursing

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**INNOVATIVE
PROGRESSIVE**



Application

4-Year Track in Nursing Program

Bemidji State University, 1500 Birchmont Drive NE #16, Bemidji, MN 56601-2699
Phone: (218) 755-3660 / Toll Free: 1-877-Bemidji (236-4354) / www.bemidjistate.edu/academics/departments/nursing

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4-Year Track / Baccalaureate Nursing Program

APPLICATIONS ACCEPTED BETWEEN AUGUST 15 TO SEPTEMBER 15

APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE CONSIDERED ON A SPACE AVAILABLE BASIS.

PLEASE READ ENTIRE APPLICATION CAREFULLY. ALL APPLICATION MATERIALS ARE TO BE SUBMITTED TOGETHER TO THE DEPT. OF NURSING. DO NOT SUBMIT MATERIALS ONLINE OR VIA E-MAIL.

Students should apply between Aug.15 & Sept.15th of the year they wish to begin the nursing major. Students are encouraged to apply during fall semester of their sophomore year between Aug. 15-Sept. 15 during the NRSG 2000 and NRSG 2004 courses. Students must have completed at least 30 semester credits toward the baccalaureate degree to make application. Applicants to the major must be admitted to the university before their application to the nursing program can be considered.

The following criteria will be used to make a decision on every applicant:

1. Scholastic Ability:

Applicants must have completed at least 30 semester credits, including the designated required non-nursing courses listed as follows, for admission consideration:

- BIOL 1110 Human Biology - 4 credits
- PSY 1100 Introduction to Psychology - 4 credits
- PSY 2237 Lifespan Psychology - 4 credits
- BIOL 2110 Anatomy and Physiology - 5 credits (prerequisite for 2012 freshmen)
- CHEM 1110 Chemistry for Allied Health - 3 credits /(or) CHEM 1111 General Chemistry I - 4 credits

The above listed courses must have been completed within the last 5 years or will need to be retaken for a grade. A grade of C or higher is required in the designated pre-requisite courses for admission to the nursing major. If a grade of C or above is not earned the first time the course is taken, a grade of C or above must be earned the second time the course is taken. A pre-nursing student may repeat a pre-requisite class for admission to the nursing major once and only for the purpose of improving a C or lower grade. All pre-requisite and support courses must be taken for a letter grade: Pass/No Pass is not acceptable.

A cumulative grade point average of 2.5 or higher (on a 4.00 scale) and satisfactory completion of all designated required courses qualifies the student for the applicant pool, but does not guarantee admission to the major.

A standardized entrance exam (TEAS) is also included in the application process.

2. Personal Interview, Essay, and References:

Students making formal application to the major **may** be invited to come to the department after September 15 to write an essay about their interest in nursing and another topic that the department has chosen. An interview with nursing faculty members **may** also be arranged. Two completed Reference Request forms are required from individuals who can speak directly to the student's academic ability and personal characteristics. The two reference forms must each be in a sealed envelope, signed by the individual completing the reference with his/her signature across the seal. **Reference forms must be submitted with the application.**

3. Bemidji State University Credits: Students are selected for the nursing major from a pool of qualified applicants based on the following priority considerations:

- Students who have entered the University as first-semester freshmen and identified nursing as their major on entrance to BSU (and meet all the admission requirements) are given priority in the admission process;
- Students who transfer with greater than 24 credits to BSU for the nursing major.

4. Date of Application: Date the completed application is received by the Department of Nursing, not the date the student signs the form.

- Students who are deemed ineligible for the nursing major may be reconsidered on an individual basis by petitioning the Nursing Department Student Admission and Progression Committee. Students may contact the Nursing Office at (218)-755-3860 to receive further information.

ALL APPLICATION MATERIALS ARE TO BE SUBMITTED TOGETHER.

Application Procedure

Complete the enclosed forms and return them along with any other requested information to the Department of Nursing August 15th - September 15th of the year the Student wishes to begin the major.

1. **Application for 4-Year Track:** Please complete the application (attached) carefully, filling in all areas. Submit with the other application materials. The application serves as the formal application to the nursing major.
2. **Transcripts from Post-Secondary Education:** Official transcripts from all post-secondary education institutions attended, excluding Bemidji State University, must be submitted with other application materials. The BSU transcript may be unofficial and can be obtained from the Records Office or online and should be included with the application.
3. **References:** Two completed Reference Request forms are required to accompany the other application materials. The forms are included in this packet. At least one of the two references must be from an individual who can directly speak to the student's academic ability. The other may be from an employer or person who can provide data on the student's personal characteristics. (Family members are not appropriate references.)

Please complete the Waiver of Right to Review Statement on each reference form.

Send a Reference Request to each individual who will serve as a reference. Indicate that the form is to be returned to the student in a sealed envelope before a specified date. Place the appropriate return address in the space at the bottom of the form.

4. **Background Check:** Minnesota state law requires background checks on any person who directly works with patients or residents in health care facilities. BSU Nursing students will be required to submit both a state and federal background study annually. The Background Study Clearance must indicate that the student can provide direct contact services. The student cost for the background check(s) varies from \$50 to over \$200, depending on if they have lived outside of the United States or not. **Release form and the results of the background study are valid for one year only; therefore, you must update both forms each year.**
5. **Current CPR Certification Requirement:** Contact the American Heart Association for this requirement. Students **must** take an Allied Health American Heart Association Health Care Provider CPR or American Red Cross Professional Rescuer course covering infant, child, and adult CPR and obstructed airway and are expected to **submit a photocopy of the CPR card to the Department with the application.** It is the student's responsibility to maintain current certification status in CPR.
6. **Evidence of CNA (or LPN licensure):** Contact your local technical college or health care organization to learn more about where you can acquire the CNA certification. Applicants of the baccalaureate program must **submit a photocopy of their Minnesota Nursing Assistant certificate (this is the certificate sent to you by the state upon completing testing), proof of successful completion of a CNA course or LPN license to the Nursing Department before application deadline.**

THE APPLICATION IS CONSIDERED COMPLETE ONLY WHEN THE ENTIRE APPLICATION IS SUBMITTED BY DUE DATE, INCLUDING:

- TRANSCRIPTS OF ALL POST-SECONDARY EDUCATION • TWO REFERENCES. * Copies of CNA certificate or transcript and CPR certificate.

NO STUDENT CAN BE CONSIDERED FOR MAJOR PLACEMENT UNTIL ALL THE ABOVE ARE RECEIVED.

Following Acceptance to the Nursing Major:

7. **Current Immunizations:** After the application to begin the 4-year track is accepted by the Nursing Department, Students are required to complete a physical and submit all immunizations to the Student Health and Counseling Center. The Student will receive an Immunization Form, which must be completed and **submitted to the Student Health and Counseling Office by December 15.**

1. Students cannot begin the clinical experience unless their immunization history is up-to-date and on file at the Student Health and Counseling Center. State and Federal criminal background checks are also required for final admission to the program and must be completed following initial acceptance.

RETURN COMPLETED FORMS TO:

Bemidji State University, Dept. of Nursing, 1500 Birchmont Dr NW #15, Bemidji, MN 56601 (218-755-3860)



4-Year Track / Baccalaureate Nursing Program

STUDENT CHECKLIST

Use this checklist to keep track of the various parts of the application process.

Application Packet

Applications Accepted: Aug. 15-Sept. 15

Submitted Date: _____

1. Application for 4-year Track

2. Transcripts – official or unofficial – from all post-secondary education

- _____
- _____
- _____

3. References from:

- 1. _____ ⇒ Cover Letter and Form Sent _____
⇒ Reference Form Received _____
- 2. _____ ⇒ Cover Letter and Form Sent _____
⇒ Reference Form Received _____

4. Photocopy of Health Care Provider CPR Certification from the American Heart Association or Professional rescuer CPR from American Red Cross.

5. Photocopy of Nursing Assistant Certification or proof of CNA course completion with a grade on a transcript or LPN License.

IT IS THE STUDENT’S RESPONSIBILITY TO BE CERTAIN ALL MATERIALS ARE SUBMITTED TOGETHER AND RECEIVED BY THE DUE DATE.

FINAL ACCEPTANCE INTO THE MAJOR WILL BE CONTINGENT ON COMPLETION OF CRIMINAL BACKGROUND STUDIES AND HEALTH SERVICE RELEASE FOR CLINICAL PRACTICE. MORE INFORMATION ABOUT THESE WILL BE INCLUDED IN INITIAL ACCEPTANCE LETTERS.

RETAIN THIS PAGE FOR YOUR RECORDS



BEMIDJI
STATE UNIVERSITY

4-Year Track / Baccalaureate Nursing Program

The Application deadline for all materials is August 15-September 15 (Applications received after the deadline will be considered on a space available basis).

Name _____

Address _____
(Enter address communications should be sent after application process is complete)

City _____ State _____ Zip _____ - _____

Phone (H) _____ (W) _____ (C) _____

E-mail _____

Social Security #: _____ BSU ID # _____

When did you enter (begin classes at) Bemidji State University?
Fall Semester ____ Spring Semester ____ Summer Session ____ Year _____

Did you enter Bemidji State University as a first-year freshman? Yes No

Number of credits completed at Bemidji State University. _____ Number in progress _____

Did you transfer from another college? Yes No

List all post-high school education: i.e. transcripts that will be submitted with the Application to the Nursing Dept.

Vocational/Technical/College/University	Dates Attended	Degree/Year Completed	Major

Are you an LPN? _____ School attended _____ Year Completed _____

Prerequisite/Required Coursework Information: List actual completion dates for all courses.

Course Number/Title/Institution	Credits	Grade	Date Complete
Intro to Psychology			
Lifespan Development			
BIOL 2110 Anatomy and Physiology - 5 credits (prerequisite for 2012 freshmen)			
Human Biology			
Chemistry for Allied Health			



4-Year Track / Baccalaureate Nursing Program

Reference Request

Send this reference request to each individual who will serve as a reference. The form is to be returned to the student in a sealed envelope with signature across seal.

WAIVER OF RIGHT TO REVIEW STATEMENT

I, _____, *waive / do not waive (please circle only one) the right to access the confidential material submitted by reference.

Signature of applicant: _____

Date: _____

All completed forms will be treated confidentially should the student sign the Waiver of Right to Review Statement above.

**Waive = student may not review reference*

Do not waive = student may review a copy of reference after application process is complete

I, _____, am requesting that you serve as a reference for my application to begin the 4-year track in the Baccalaureate Nursing Program at Bemidji State University. To assist in evaluating my application, will you please complete this form and return it to me in a sealed envelope?

DIRECTIONS: In completing the form, please rate the applicant in comparison to other students and/or employees you have known.

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual ability					
Caring attitude					
Leadership ability					
Motivation to work					
Ability to work with others					
Ability to express self verbally					
Writing ability					
Emotional maturity					
Likelihood of career success					
Problem solving ability					
Analytic ability					

How long have you known the applicant? Under what circumstances?

What limitations do you see that this individual may have in completing the Baccalaureate Nursing Program?

Please make any comments you think would assist faculty members in evaluating this candidate
Thank you.

SIGNATURE OF REFERENCE

NAME

(Please type or print)

TITLE

ADDRESS

DATE

PLEASE RETURN TO APPLICANT By (Date): _____

APPLICANT ADDRESS: _____

Questions? Please call 218-755-3860

SUBMIT THIS FORM WITH APPLICATION



4-Year Track / Baccalaureate Nursing Program

Reference Request

Send this reference request to each individual who will serve as a reference. The form is to be returned to the student in a sealed envelope with signature across seal.

WAIVER OF RIGHT TO REVIEW STATEMENT

I, _____, *waive / do not waive (please circle only one) the right to access the confidential material submitted by reference.

Signature of applicant: _____

Date: _____

All completed forms will be treated confidentially should the student sign the Waiver of Right to Review Statement above.

**Waive = student may not review reference*

Do not waive = student may review a copy of reference after application process is complete

I, _____, am requesting that you serve as a reference for my application to begin the clinical year in the Baccalaureate Nursing Program at Bemidji State University. To assist in evaluating my application, will you please complete this form and return it to me in a sealed envelope?

DIRECTIONS: In completing the form, please rate the applicant in comparison to other students and/or employees you have known.

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual ability					
Caring attitude					
Leadership ability					
Motivation to work					
Ability to work with others					
Ability to express self verbally					
Writing ability					
Emotional maturity					
Likelihood of career success					
Problem solving ability					
Analytic ability					

How long have you known the applicant? Under what circumstances?

What limitations do you see that this individual may have in completing the Baccalaureate Nursing Program?

Please make any comments you think would assist faculty members in evaluating this candidate
Thank you.

SIGNATURE OF REFERENCE

NAME

(Please type or print)

TITLE

ADDRESS

DATE

PLEASE RETURN TO APPLICANT By (Date): _____

APPLICANT ADDRESS: _____

Questions? Please 218-755-3860

SUBMIT THIS FORM WITH APPLICATION