



Professional Nursing

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**INNOVATIVE
PROGRESSIVE**



Application

4-Year Track in Nursing Program

Bemidji State University, 1600 Birchmont Drive NE #16, Bemidji, MN 56601-2699
Phone: (218) 755-3860 / Toll Free: 1-877-Bemidji (236-4354) / www.bemidjistate.edu/academics/departments/nursing

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4-Year Track / Baccalaureate Nursing Program

APPLICATION 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 NRSB 2000 and NRSB 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 1120 Evolution and Ecology- 3 credits
- CHEM 1110 Chemistry for Allied Health- 3 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 will 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 will 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 a background check on any person who directly works with patients or residents in health care facilities. The background check will be completed in the NRSG 2000 course, Introduction to Professional Nursing. The Background Study Clearance must indicate that the student can provide direct contact services. **The 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, the Nursing Office will need to confirm the Student's immunization status. The Student will receive an Immunization Form, which must be completed and **submitted to the Nursing Department Office by December 1.** Students cannot begin the clinical experience unless their immunization history is up-to-date and on file at the Department of Nursing Office. 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

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 A CRIMINAL BACKGROUND STUDY AND HEALTH SERVICE RELEASE FOR CLINICAL PRACTICE. MORE INFORMATION ABOUT THESE WILL BE INCLUDED IN INITIAL ACCEPTANCE LETTERS.



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 _____

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				
Evolution and Ecology				
Human Biology				
Chemistry for Allied Health				



BEMIDJI
STATE UNIVERSITY

4-Year Track / Baccalaureate Nursing Program

1. Work Experience (start with most recent experience)

Place

Job Title/Description

Date: From -- To

2. References

List the names of the two people whom you have asked to provide us with a reference for you.

1. _____

2. _____

3. Have you ever been convicted of a felony? Yes No

If yes, please attach a letter of explanation.

4. Person to be notified in case of an emergency

Name _____ Relationship _____

Home Address _____
(street)

_____ - _____
(city) (state) (zip)

Telephone Number _____

5. Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?

Yes No

Racial background (select one or more):

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

I hereby apply for the nursing program at Bemidji State University. I state and certify that the information, statements, and answers as herein recorded on all application materials are full, true, and correct to the best of my knowledge and belief and that no information required to be given therein, either expressly or by implication, has been knowingly withheld. I understand the statements and answers/omissions are part of this application and, if contrary to fact, could constitute grounds for my dismissal from the nursing program. My signature below further indicates that I have submitted all required documents as described above to the Administrative Assistant in the Department of Nursing. I understand that my application WILL NOT BE CONSIDERED FOR PLACEMENT if all required documents are not submitted together by 9/15,

Signature of applicant

Date

Return all application materials to:
Bemidji State University, Department of Nursing
1500 Birchmont Drive NW #15
Bemidji, MN 56601
(218-755-3860)



BEMIDJI
STATE UNIVERSITY

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.

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.

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



BEMIDJI
STATE UNIVERSITY

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.

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.

I, _____, am requesting that you serve as a reference for my application to begin the clinical year in the Baccalaureate Nursing Program at the College of Saint Catherine. 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