

Dear Prospective Accelerated BSN Student:

July 13, 2009

We are delighted that you have decided to apply for admission to the UMKC School of Nursing Accelerated BSN Class of 2012. The following information describes the admission process as well as the requirements for admission to the Nursing Major. Completion of the following six items constitutes your application to the Class of 2012. A check-off of each item below will assure you of a completed application and eligibility for consideration.

1. ___ Admission to UMKC (your application will not be reviewed until you have been admitted & **all** transcripts have been received)
2. ___ Bachelor's degree from an accredited college or university
3. ___ Completion of **all** the following pre-requisite courses with a minimum GPA of 2.75 by **December, 2010**
 - **16 hours of the pre-requisite courses, with grades, must be completed by July 1**
 - *Sciences must not be more than five years old*
 - *A minimum GPA of 2.75 is required for all coursework*
 - ___ Chem 115 (4) & Chem 115L (1) or Equivalent Chemistry course*
 - ___ N120 Anatomy & Physiology I (4) & N160 Anatomy & Physiology II (4) or A&P course with lab for a total minimum credit hours of 5-6 * (Separate Anatomy & Physiology/lab course is acceptable)
 - ___ Micro 112 or equivalent Microbiology course (no lab required) (3)*
 - ___ Chem 206 Human Nutrition (3) or equivalent nutrition course
 - ___ N395 Pathophysiology (3) or equivalent upper division course
 - ___ N345 Quantitative Analysis in the Health Sciences (3) or equivalent upper division Statistics (3)
4. ___ Submission of a Personal Statement in the following format:
 - First Page (Cover Sheet - typed) to include:
 - ✓ Your name, current address, phone number, e-mail address
 - ✓ A list of **ALL** pre-requisite courses to include:
 - Where and when they have or will be taken, credit hours and the grade received (as applicable) & remember, 16 credit hours must be completed by July
 - Second Page:
 - Type and double space, on one page, using 12 pitch font.
 - The accelerated nursing curriculum will be extremely demanding on your personal time. Students will find it difficult to balance school, study, family time and personal obligations. In addition, to be successful in this program you will not be able to work for 18 months. Seeking a second degree possibly means less or no financial aid, particularly in the summer. Please address your plan to accommodate this time in school without work and how you will handle the financial commitment.
5. ___ Submission of Resume or CV
6. ___ Complete and return the attached immunization/health screen form, with documentation as specified (or if a series of shots is required, have started).

Submission of the Application:

Your Personal Statement, Resume, and Immunization/Health Screen Form, with documentation where appropriate, must be submitted to Courtnie Ashford at the School of Nursing (2464 Charlotte, Room 1410, Kansas City, MO 64108) by **5:00 p.m. July 1, 2010**. Also, Courtnie is your contact for any questions regarding this application.

Future Mandatory Planning Dates:

If admitted to the Accelerated Class of 2012 there will be a mandatory Clinical Jump Start (CJS) which includes an orientation, on Monday, August 16, 2010. There will also be a Clinical Recognition Ceremony for you and your family on Sunday afternoon, September 19, 2010.

Selection Criteria & Results:

The question is always asked, "What will the Admission Committee look at to determine entrance into this next class?" They will look very closely at your pre-requisite grade point average (GPA) as well as your bachelor's GPA, and written essay. An interview may be requested. Final selection letters will be mailed by July 15, 2010. Good luck to each of you as you complete this application process!

Sincerely,

Thad Wilson, APRN, BC, FNP, PhD
Associate Dean/Associate Professor

**UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF NURSING
POLICY: CLINICAL PROFESSIONAL REQUIREMENTS
APPENDIX A – BSN-PL STUDENTS**

All UMKC School of Nursing BSN students must provide written documentation of the following immunizations and/or tests. Once complete, please submit copies of each to the School of Nursing Student Services Department.

Documentation to Submit With Your Application:

Signed Personal Responsibility Statement (attached)

MMR

1. For students born prior to **1957**, rubella titers are required.
2. For students born after **1956**, measles, mumps and rubella immunity may be documented in the following ways:
 - a) Documentation of receipt of two doses of measles, mumps, rubella vaccine after age twelve (12) months; and rubella titer, or;
 - b) Evidence of immunity through a titer of each of the diseases. [A titer is preferable if immunizations are contraindicated {e.g. pregnancy}.]

Tdap - Tetanus/diphtheria/pertusis immunity via documentation of toxoid booster date within the last ten (10) years.

Hepatitis B - Completion of the Hepatitis B vaccine series or titer, is required.

Chicken Pox – History (**write in year contracted**) _____, if titer or immunization, documentation is required.

Documentation to Complete & Submit Summer Prior to Entering Clinical Program

(Please do not complete the following “early”. We are requiring that the following always expire in the summer rather than during your clinical rotations. TB & CBC can be done at Clinical Jumpstart Start

Copy of current AMERICAN HEART ASSOCIATION CPR card

Copy of current Personal Health Insurance card

TB - A screen for tuberculosis via evidence of a TB skin test result every 12 months. If this is positive, a follow up test is required. All previous reactors will be required to have a chest x-ray and/or evidence of treatment, in lieu of a skin test.

Criminal Background Check (go to <http://nursing.umkc.edu/forms.cfm>)

Department of Mental Health Background Check (go to <http://nursing.umkc.edu/forms.cfm>)

I understand that I must maintain current records. Failure to comply with this policy by allowing immunizations to expire may have the following consequences. I may be restricted during enrollment and/or dropped from the course. Evidence of inability to comply must be provided in writing from an appropriate authority in order to be exempt from the terms of this policy. The information I have submitted is accurate to the best of my knowledge.

X _____ (_____) X
PRINT NAME **DATE** **SIGNED NAME**

HIPAA - Contact with clinical patients requires HIPAA certification. UMKC offers a HIPAA certification program; however, many clinical settings offer this certification as well.

UNDERGRADUATE BSN PERSONAL RESPONSIBILITY STATEMENT

POLICIES & PROCEDURES

I read the UMKC School of Nursing Honor Code at <http://nursing.umkc.edu/honorcode.cfm>. As a professional, I understand and accept that it is my responsibility to become thoroughly familiar with this document and to comply with the provisions pertaining to it. I understand that all statements in the Honor Code are announcements of present policies only and are subject to change at any time without prior notice and that they are not to be regarded as offers of contract. I understand that it is my responsibility to review the Honor Code each semester so I am informed about updates and changes.

I also reviewed the UMKC General Catalog at <http://www.umkc.edu/umkc/catalog/html/>, the School of Nursing's philosophy, mission and goals at About Us <http://nursing.umkc.edu/aboutus.cfm>, and the UMKC School of Nursing Policy & Procedures at <http://nursing.umkc.edu/documents/policyprocedure.pdf>. I understand and accept that it is my responsibility to become thoroughly familiar with the contents of these publications and to comply with the provisions pertaining to them. I understand that all statements in these publications are announcements of present policies only and are subject to change at any time without prior notice and that they are not to be regarded as offers of contract. I understand that it is my responsibility to review these publications each semester so I am informed about updates and changes. Keep in mind that UMKC's official means of communication is via UMKC e-mail.

CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families, and clinical facilities. I understand I must maintain the confidentiality of all verbal, written, or electronic information and in some instances the information may be protected by law, such as the State of Missouri and State of Kansas Nursing Practice Act. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the American Nurses' Association Code for Nurses.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients. And, during each clinical rotation in the nursing program, I agree to follow each agency's established procedures on maintaining confidentiality.

HIV/AIDS STATEMENT

I am a student/faculty/staff member at the University of Missouri-Kansas City School of Nursing. I have read the Centers for Disease Control Universal Precautions. I acknowledge the importance of using the Centers for Disease control universal precautions for all physical and invasive contact with clients and with students who serve in the role of client for learning activities. I acknowledge full responsibility for implementing the Centers for Disease Control universal precautions. I also acknowledge full responsibility for reviewing any updates concerning use of the Centers for Disease Control universal precautions.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

It will be necessary for faculty in cooperative programs maintained by UMKC with other colleges/universities to share educational records including but not limited to course information, student's progress, GPA and grades. My signature below will attest to the fact that I understand this and for these purposes waive my rights under the Family Educational Rights and Privacy Act (FERPA).

LICENSURE ELIGIBILITY

The State Board of Nursing may refuse to issue a license pursuant to Sections 335.011 to 335.096 for any one or any combination of causes stated in 335.066 subsection 2 of the State of Missouri Nursing Practice Act. The Missouri State Board of Nursing may refuse to issue a license for specific reasons related to moral turpitude, intemperate use of alcohol or drugs, or conviction of a crime. Application for licensure in the State of Missouri includes disclosure of criminal background, if any, and criminal background checks by the Missouri Highway Patrol and the Federal bureau of Investigation. Specific information may be obtained by contacting the Missouri State Board of Nursing. Completion of the B.S.N. program does not guarantee eligibility to write the licensure examination. Completion of the program guarantees the eligibility to apply to the State Board of Nursing to write the licensure examination.

I have read, understand and take responsibility for all the information stated herein.

STUDENT SIGNATURE

PRINTED NAME

SOCIAL SECURITY #

DATE