

Dear Prospective BSN Student:

We are delighted that you have decided to apply for admission to the UMKC School of Nursing and Health Studies BSN Program. Completion of the following items constitutes your application. A check-off of each item below will assure you of a completed application and eligibility for consideration.

1. ___ Application Cover Sheet. See attached document.
2. ___ Admission to UMKC (Nursing application will not be reviewed until you have been generally admitted to UMKC, have received a student ID number, and **all** transcripts have been received by the admissions office). Admission to UMKC does not guarantee admission to nursing program. If you are not a current UMKC student, you must go to umkc.edu/admissions and apply as a BHS pre-nursing and send all non-UMKC transcripts to the UMKC Admissions Office (this process takes, at the minimum, two weeks to be generally admitted to the pre-nursing degree program).
3. ___ Submission of \$20 nursing application fee. Checks or money orders to: UMKC School of Nursing & Health Studies
4. ___ Completion of a minimum of 36 credit hours (recommended) and must include **all** the following pre-requisite courses with a grade of "B-" or better by the **end of the spring semester the year applying to start the nursing program in the fall.** An official transcript verifying proof of completed pre-requisite coursework and enrollment in current pre-requisite coursework, if not completed at UMKC, is required upon application to the program.

___ Chem 115 (4) & Chem 115L (1) or Equivalent Chemistry course with lab (not older than five academic years)

___ N120 Anatomy & Physiology I (4) & N160 Anatomy & Physiology II (4) (not older than five academic years) Other examples:

1. Combined A&P course for a minimum of 5 credit hours (4 didactic and 1+ must be a lab with both anatomy and physiology content).
2. A separate anatomy course with a lab (3-4 credit hours didactic and 1+ lab) and a separate physiology course with a lab (3-4 credit hours didactic and 1+lab).

___ Micro 112 (3) or equivalent Microbiology course (no lab required) (not older than five academic years)

___ College Algebra

___ N101 Introduction to Nursing (2 credit hours)

___ HSLC101 (waived if you have 60+ credits completed *and* have a 3.5+ GPA)

*Admission GPA is based on these courses with the exception of HSLC101.

*If unsure if coursework fulfills pre-requisite requirements, please contact an academic advisor.

*Cum GPA of all UMKC coursework and transferred must meet the minimum of a 2.75 and free of holds.

Note: If you have ever been admitted to and attended clinical courses in another nursing program or were dismissed from another clinical nursing program, then a letter from the dean of the School of Nursing stating that you left in good standing and that you are eligible to return to that program must be included with your application to be considered.

5. ___ Test of Essential Academic Skills (TEAS). A minimum of 60 score required to be considered for admission. If a 60 is not achieved the first attempt, a second attempt is accepted.
6. Go to <http://sonhs.umkc.edu/academics/bsn/pre-licensure-bsn/ati-teas/> for dates, how to sign up, and information about the TEAS. TEAS test scores older than 5 years will not be accepted for consideration. (If completed before December 20, 2011 you will need to retake the exam). If you are enrolled in N101, the TEAS test cost is assessed in course fees and the test will be taken during this semester. If you have already taken the TEAS test, please notify course faculty.

7. ____ Submission of the Personal Statement essay. Review the attached essay requirements.
8. ____ Submission of Resume or Curriculum Vitae. <http://career.umkc.edu/>
9. ____ Complete the top portion of the BSN Reference Form and submit, with stamp and UMKC return address on the envelope, to two (2) references (this must be confidential and submitted in a sealed envelope if you attach it with your application). References must be from a high school or college professor manager, or supervisor. References will not be accepted from a friend, family member, coworker, or faith based leader.
10. ____ Read, sign, and return the attached Personal Responsibility Form
11. ____ **Healthcare Experience Documentation:** MUST be human healthcare related (no veterinary care for example). A minimum of 30 hours in the last two years meets this requirement. Documentation can include paid work in the healthcare setting (CNA for example) or volunteer experience in direct patient care. Complete and submit the attached form.

Submission of the Clinical Program Application:

The above items must be completed and application items submitted to the Student Services Office, at the School of Nursing & Health Studies (2464 Charlotte, Room 1410, Kansas City, MO 64108) by **January 15th, 2017**. Final selection letters will be mailed mid-March and contingent on successful completion on any spring pre-requisite coursework.

Financial Aid Application****

Plan ahead and apply for the Free Application for Federal Student Aid (FAFSA). The deadline is generally March 1st. It will also then allow time for you to get on potential scholarship applicant list. Contact the financial aid office via email at finaidhospitalhill@umkc.edu

Good luck to each of you as you complete this application process!

Sincerely,



Melissa Joy Roberts JD, MSN, FNP-BC
Associate Dean for Academic Affairs
UMKC School of Nursing and Health Studies

Kristin Lee, MSN, RN, CNE
Director, BSN Pre-licensure/Accelerated Programs
UMKC School of Nursing and Health Studies

Application Cover Sheet

Print legibly on this sheet

Name: _____ Previous/Former Name: _____

Student ID: _____

Address as of May 30, 2016: _____
Street Apt. City State Zip

Home Phone: _____ Cell Phone: _____ E-mail _____

Have you ever been admitted to, attended, or dismissed from another nursing program? Yes___ No___

If yes, where and when? In addition, a letter from the dean of the School of Nursing stating that you left in good academic standing and that you are eligible to return to that program must be included with your application to be considered. If planning to restart the nursing curriculum, this letter is not needed.

Please list all pre-requisite courses below and include the course name and number, where and when they were/are being taken, and number of credit hours per course.

I attest that the above information is factual,

Signature

Date

AT/PL BSN Essay Questions

There are 3 essays required for this portion of the application. Please follow the directions for each essay. This page must be typed and double spaced, using 12 point font, and use complete sentences. Be sure your name appears on this sheet.

Essay Question #1

Share your primary reason for becoming a nurse. Total essay approximately 200 words.

Essay Question #2

After reading UMKC School of Nursing and Health Studies Mission Statement, describe in approx. 200 words, how your life experiences support the UMKC School of Nursing and Health Studies (SoNHS) Mission.

In support of the UMKC mission of leading in the life and health sciences, the UMKC School of Nursing and Health Studies mission is to prepare the nursing and other health professional workforce as leaders in improving health outcomes through interprofessional practice, research, and education; excel in the delivery and improvement of health care to diverse populations including urban, rural, and under-served areas; and create diverse and dynamic campus and virtual learning communities.

Essay Question #3

The SoNHS Values are located at <http://sonhs.umkc.edu/wp-content/uploads/2015/11/2015-Values-SONHS.pdf> After reading the SoNHS values, identify **three values that are relevant to you by describing how the value is reflected in your life. Each value should be described in a separate paragraph of approximately 200 words. Total essay for question #3 should not exceed 800 words.**

Evaluation

All essays are evaluated according to applicants' ability to (1) follow directions, (2) use appropriate grammar and punctuation, and (3) demonstrate critical thinking standards (clarity, accuracy, precision, relevance, depth, breadth, logic, significance, fairness, and completeness).

Paul, R., & Elder, L. (2006). *The miniature guide to critical thinking: Concepts and tools*. Retrieved from https://www.criticalthinking.org/files/Concepts_Tools.pdf.

BSN-PL & BSN-AT PERSONAL RESPONSIBILITY STATEMENT

POLICIES & PROCEDURES

I read the UMKC School of Nursing & Health Studies Honor Code at <http://nursing.umkc.edu/documents/our-school/honor-code.pdf>. 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/catalog/> the School of Nursing & Health Studies philosophy, mission and goals at About Us <http://nursing.umkc.edu/our-school/about-us.asp> , and the UMKC School of Nursing & Health Studies Policy & Procedures at <http://nursing.umkc.edu/documents/our-school/policy-procedure.pdf>. I understand and accept that it is my responsibility to become thoroughly familiar with the contents of these pages and to comply with the provisions pertaining to them. I understand that all statements in these pages 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 pages 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 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 & Health Studies. I have read the Centers for Disease Control Standard Precautions. I acknowledge the importance of using the Centers for Disease control standard 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 standard precautions. I also acknowledge full responsibility for reviewing any updates concerning use of the Centers for Disease Control standard precautions.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

I understand 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

I understand 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. Applicants who have had a citation or arrest for drug or alcohol offenses or who have a history of felony convictions must meet with the Association Dean for Students to discuss the issues prior to admission and while enrolled in the program. Failure to do so may lead to dismissal from the program.

RELEASE OF INFORMATION

I give the School of Nursing & Health Studies at University of Missouri-Kansas City permission to release any information requested by the health care agencies in which I may have clinical experiences. This information may include but is not limited to my name, social security number, telephone number, health record information and disclosure of results from background checks. Additional information may be released as requested by agencies.

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

I understand the nursing curriculum is academically rigorous and extremely demanding on personal time. Successful completion in the nursing program requires that students have a financial plan in place. To be successful in the program, students are advised to not work at all or a maximum of 12 hours a week.

STUDENT SIGNATURE

PRINTED NAME

STUDENT ID # DATE

N:\Groups\Nursing\Workgroups\Shared Files\Student Services\RecruitmentMaterials\FormPersResp for BSN.doc; Revised: 8/02;4/04; 8/8/07; 3//13



UMKC School of Nursing & Health Studies
BSN Reference Form

University of Missouri-Kansas City
 School of Nursing & Health Studies-BSN Admissions
 2464 Charlotte Street Room 1410 Student Services Office
 Kansas City, MO 64108
 Fax: 816-235-6593

To the applicant:

Please complete and sign before providing to your reviewer who must be a high school or college professor, manager or supervisor. **Please do not ask for a reference from family, friend, co-worker or faith-based leader.**

Please supply the reviewer w/ a stamped envelope pre-addressed to the UMKC School of Nursing & Health Studies to the address above.

Applicant's Name (typed or printed) _____

Applicant's Signature _____

Birth Date ____/____

To the reviewer:

The student listed above is applying for admission to the UMKC School of Nursing & Health Studies bachelor's program. Applicants to this program are required to submit reference forms. You are asked to make a frank appraisal of the applicant. Your responses will be held in confidence. **Please return this completed confidential reference form, in the envelope supplied by the applicant addressed to the UMKC School of Nursing & Health Studies - BSN Admissions, sealed and signed with your signature over the envelope seal (see address or fax number above).**

!!!Thank you for your time in completing this form and for your honest evaluation!!!

PLEASE COMPLETE THE FOLLOWING:

Based on your experience relative to persons of similar background, how would you rate the applicant's following characteristics? Place an "X" under the column which best describes the applicant. If you cannot assess a particular characteristic, mark "no basis for judgment" as it will not count in the admissions committee's assessment of the applicant. If you are unable to assess in more than half of the categories, please contact the applicant so they can request a recommendation from someone else who is better able to assess their professional characteristics.

Characteristics	Upper 10 percent	Upper 25 percent	Upper 50 percent	Lower 50 percent	No basis for judgment
Accountable					
Assertiveness					
Commitment					
Communication - oral					
Communication - written					
Cooperativeness					
Dependability					
Enthusiasm					
Ethical					
Integrity					
Leadership					
Maturity and Emotional Stability					
Motivation					
Open to Constructive Feedback					
Organizational Skills					
Quality of Work					

Resourcefulness					
Characteristics	Upper 10 percent	Upper 25 percent	Upper 50 percent	Lower 50 percent	No basis for judgment
Responsibility					
Self-Confidence					
Time Management Skills					
Well-rounded Interests					

I have known the applicant for approximately ____/____(years/months).
 My relationship to the applicant is:_____ (e.g. supervisor, faculty, etc.)

COMMENTS: Provide examples whenever possible to support your assessment. You may provide a separate sheet, in addition to this form, in order to provide additional detail in addressing the following questions or any other attributes and abilities that warrant mention.

1.If you selected “Upper 10 percent” or “Lower 50 percent” for any of the characteristics, please provide justification for your ratings.

2.Does the applicant possess any special attributes that should be noted?

3. Does the applicant demonstrate any limitations you feel would hinder his/her ability to perform effectively in a professional program?

4.This is a very competitive admission process. If need be, could we contact you with additional questions?
 Yes _____ No _____

Overall recommendation of the applicant based on your ratings and comments:

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant, but with some reservation.
- I am not able to recommend this applicant.

Name Title and Business Affiliation

Street Address City State Zip Code

Daytime Phone Number E-mail

Signature of Reviewer Date

