

UMKC
School of Nursing and Health Studies



RN-BSN Program Information Packet

Health Sciences Building
2464 Charlotte St.
Kansas City, MO 64108-2718
Phone: 816.235.1700 | Fax: 816.235.1701
nurses@umkc.edu | www.sonhs.umkc.edu



School of Nursing and Health Studies

Dear Prospective RN-BSN Student,

We are delighted of your interest in our innovative national on-line RN-BSN program. The University of Missouri Kansas City (UMKC) and the School of Nursing & Health Studies at UMKC are accredited <http://sonhs.umkc.edu/about-us/accreditation/>. Our program is designed to assist you in developing your knowledge and skills in eleven BSN program competencies namely: clinical/professional judgment, communication, research and provision of evidenced-based care, health promotion and disease prevention, leadership/management, technology utilization, professional valuing/caring, professional role development, global perspectives, health care systems and policy, and teaching/learning.

The curriculum, framed around these 11 competencies, provides a rich opportunity to significantly enhance your skills and effectiveness as a professional nurse: in personal and interpersonal relationships, effectiveness in managing human health outcomes, and effectiveness in our complex health care delivery system. We encourage students to become life-long learners by engaging them in the process of self-reflection, critical thinking, clinical reasoning, individual goal setting, and self-transformation encompassed in a supportive, respectful team-building environment. Hence, we view students and faculty as collaborative partners in the educational process.

During the final year of the RN-BSN curriculum, student teams will work collaboratively with RN-BSN supervisory practice experience faculty, healthcare organizations or healthcare-related entities to collaboratively design and implement team-directed practice experiences that transcend across populations. The process you will undertake during your team-directed practice experiences will empower you to assume a leadership advocate role in improving care in a complex, dynamic healthcare environment.

If you would like to schedule an appointment, or have further questions, please feel free to contact the Academic Advisor, Paola Fernandez at fernandezp@umkc.edu or (816) 235-6277. The UMKC School of Nursing and Health Studies is an exciting program for students to be enrolled in and our nursing programs are among the best in the nation. We hope you will join us in the near future.

Sincerely,

A handwritten signature in blue ink that reads 'Melissa Joy Roberts'. The signature is fluid and cursive, with the first name 'Melissa' being the most prominent.

Melissa Joy Roberts JD, MSN, FNP-BC
Associate Dean for Academics

UNIVERSITY OF MISSOURI-KANSAS CITY

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(p) 816-235-1700 | (f) 816-235-1701 | nurses@umkc.edu | sonhs.umkc.edu
an equal opportunity/affirmative action institution

APPLICATION CHECKLIST

1. Make sure you meet the admission requirements.
 - Go to <http://sonhs.umkc.edu/academics/bsn/rn-bsn/>
 - Then scroll for the “Program Admission Requirements” section
2. Submit the UMKC Application: (application fee is waived for returning students who have completed at least 1 course)
 - Electronic application (try using Fire Fox instead of Internet Explorer):
https://umkc.umsystem.edu/psp/prdpr/EMPLOYEE/HRMS/c/UM_ADMISSIONS.UM_WEB_APP_LOGIN.GBL?AITS_HDR_CODE=3&IsFolder=false&campus=STNKCITY
 - \$35.00 fee payable with a credit card; **OR**
 - Printable application: <http://www.umkc.edu/apply/documents/umkc-application.pdf>
 - \$45.00 fee payable by check
3. **Do not** send transcripts to the School of Nursing and Health Studies. Transcripts are to be sent from every institution you have ever attended (however no high school transcripts are necessary) to either:

5100 Rockhill Road
AC – 120
Kansas City, MO 64110

(OR)

EMAIL your Official Transcript to:
umkc-admtranscript@umkc.edu

4. Please mail the following items to the mailing address listed below:

- <http://sonhs.umkc.edu/wp-content/uploads/2014/10/rn-bsn-app.pdf>
(RN-BSN Supplement Application - see page 8 of this packet)
 - \$20 Nursing Application Fee (application fee is waived for returning students)
(check or money order made out to UMKC School of Nursing and Health Studies)
 - <http://sonhs.umkc.edu/wp-content/uploads/2014/10/pers-resp.pdf>
(Personal Responsibility Statement- see page 9 of this packet)
 - Proof of your RN license showing the expiration date (go to the SBON website and print the page that lists your name, license number, and expiration date). **Please do not send a copy of your license.** In the event that you are preparing to soon take the NCLEX, you are expected to submit proof of licensure before the first day of class to the School of Nursing and Health Studies.
5. You will be sent two Acceptance Letters; one via U.S. postal mail from the University, and one via *email* from the School of Nursing and Health Studies which will include your Personalized Plan of Study, instructions to enroll, and an immunization form (you allowed to have 90 days to return it).

Contact Information:

Paola Fernandez
Academic Adviser, RN-BSN Program
Fernandezp@umkc.edu
Phone: 816-235-6277
Fax: 816-235-6593
<http://sonhs.umkc.edu/academics/bsn/rn-bsn/>

Mailing Address:
UMKC School of Nursing & Health Studies
Attn: RN-BSN Program
2464 Charlotte St.
Kansas City, MO 64108

CERTAIN STATE RESTRICTIONS:

Each state has different registration and approval regulations for online degree programs offered within their state. We are not approved to offer online degree programs in all states. To see if you are eligible to apply to this on-line program, please visit <http://info.umkc.edu/online/state-authorization/>. In addition, if you live in an approved state but move to a different state before completing the program, and that state does not recognize/allow UMKC programs, you will not be able to complete your program in that state.

TUITION & FEES:

Everyone pays in-state tuition & fees! The 2016-2017 undergraduate tuition rate per credit hour is \$272.30 plus additional fees for courses required in the RN-BSN Program. This number is subject to change on a yearly basis.

FINANCIAL AID:

For more information, visit <http://finaid.umkc.edu/>. Contact information for our Health Sciences representative is below:

Topher Short
shortch@umkc.edu
816-235-6781

APPLICATION DEADLINES:

Spring December 2nd	Summer May 12th	Fall June 31st
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Both applications and ALL transcripts are to be submitted before the deadline. Applications are processed in the order they are received, so earlier application means earlier access to enroll.



**RN-BSN PROGRAM EXAMPLE PLAN OF STUDY
SUMMER ENTRY**

Full-Time Enrollment

Summer Semester (6)		Summer Semester (3)	
N481	Tools for Personal Effectiveness (6)	N476	Scientific Inquiry (3)
Fall Semester (9)		Fall Semester (12)	
N345	Quant. Analysis in the Health Sciences (3)	N484	Effectiveness in Complex Health Systems (6)
N401	Health Assessment (3)	N486	Application to Practice II (3)
N482	Tools for Interpersonal Effectiveness: Disc. 300 (3)	N395	Pathophysiology (3)
Spring Semester (12)			
N417	Info. Systems and Tech. for Healthcare (3)		
N483	Effectiveness in Human Health Outcomes (6)		
N485	Application to Practice I: Anchor 300 (3)		

Part-Time Enrollment (2 year plan)

Summer Semester (6)		Summer Semester (6)	
N481	Tools for Personal Effectiveness (6)	N476	Scientific Inquiry (3)
Fall Semester (6)		Fall Semester (6)	
N345	Quant. Analysis in the Health Sciences (3)	N485	Application to Practice I: Anchor 300 (3)
N482	Tools for Interpersonal Effectiveness: Disc. 300 (3)	N395	Pathophysiology (3)
Spring Semester (9)		Spring Semester (9)	
N401	Health Assessment (3)	N484	Effectiveness in Complex Health Systems (6)
N483	Effectiveness in Human Health Outcomes (6)	N486	Application to Practice II (3)

May take one class per semester if desired



**RN-BSN PROGRAM EXAMPLE PLAN OF STUDY
FALL ENTRY**

Full-Time Enrollment

Fall Semester (12)		Fall Semester (12)	
N481	Tools for Personal Effectiveness (6)	N483	Effectiveness in Human Health Outcomes (6)
N345	Quant. Analysis in the Health Sciences (3)	N485	Application to Practice I: Anchor 300 (3)
		N401	Health Assessment (3)
Spring Semester (12)		Spring Semester (12)	
N482	Tools for Interpersonal Effectiveness: Disc. 300 (3)	N484	Effectiveness in Complex Health Systems (6)
N476	Scientific Inquiry (3)	N486	Application to Practice II (3)
N417	Info. Systems and Tech. For Healthcare (3)	N395	Pathophysiology (3)

Part-Time Enrollment (2 year plan)

Fall Semester (6)		Spring Semester (6)	
N481	Tools for Personal Effectiveness (6)	N484	Effectiveness in Complex Health Systems (6)
Spring Semester (6)		Fall Semester (6)	
N476	Scientific Inquiry (3)	N401	Health Assessment (3)
N482	Tools for Interpersonal Effectiveness: Disc. 300 (3)	N485	Application to Practice I: Anchor 300 (3)
Summer Semester (3)		Spring Semester (6)	
N417	Info. Systems and Tech. For Healthcare (3)	N395	Pathophysiology (3)
Fall Semester (6)		N486	Application to Practice II (3)
N483	Effectiveness in Human Health Outcomes (6)		

May take one class per semester if desired



**RN-BSN PROGRAM EXAMPLE PLAN OF STUDY
SPRING ENTRY**

Full-Time Enrollment

Spring Semester (12)		Fall Semester (12)	
N345	Quant. Analysis in the Health Sciences (3)	N395	Pathophysiology (3)
N401	Health Assessment (3)	N483	Effectiveness in Human Health Outcomes (6)
N481	Tools for Personal Effectiveness (6)	N485	Application to Practice I: Anchor 300 (3)
Summer Semester (6)		Spring Semester (12)	
N482	Tools for Interpersonal Effectiveness: Disc. 300 (3)	N476	Scientific Inquiry (3)
N417	Info. Systems and Tech. For Healthcare (3)	N484	Effectiveness in Complex Health Systems (6)
		N486	Application to Practice II (3)

Part-Time Enrollment (2 year plan)

Spring Semester (9)		Spring Semester (6)	
N345	Quant. Analysis in the Health Sciences (3)	N395	Pathophysiology (3)
N481	Tools for Personal Effectiveness (6)	N485	Application to Practice I: Anchor 300 (3)
		N401	Health Assessment (3)
Summer Semester (6)		Summer Semester (6)	
N482	Tools for Interpersonal Effectiveness: Disc. 300 (3)	N476	Scientific Inquiry (3)
Fall Semester (6)		Fall Semester (9)	
N483	Effectiveness in Human Health Outcomes (6)	N484	Effectiveness in Complex Health Systems (6)
N417	Info. Systems and Tech. For Healthcare (3)	N486	Application to Practice II (3)

May take one class per semester if desired

**UMKC SCHOOL OF NURSING & HEALTH STUDIES
POLICY: CLINICAL PROFESSIONAL REQUIREMENTS
APPENDIX A (AMENDMENT A IN CNE MANUAL)
BSN-PL, BSN-AT AND RN-BSN STUDENTS**

All UMKC School of Nursing & Health Studies BSN students must provide written documentation of the following immunizations and/or tests to Verified Credentials, Inc. *prior to enrollment*. To upload your documents go to <https://scholar.verifiedcredentials.com/umkc>.

Required frequency = yearly, biennial (every 2 years), & one time requirement

1. ___/___/___ **Flu Vaccine** every year enrolled.
2. ___/___/___ **TB** - A screen for tuberculosis via evidence of a 2-Step TB skin tests or a TB titer (T-Spot or Quantiferon-TB Gold) less than 12 months old. All positive reactors must visit their Health Department & bring a copy of the Dept.'s documentation of this visit with their follow up plan to us. (Skin test or Quantiferon must be done yearly. If positive chest x-ray submitted once but if symptoms arise another x-ray will be required.)

3. ___/___/___ (expires) **Copy of current RN license(s) from any state** (if not submitted with application or now expired) *RN-BSN students only.*

4. ___/___/___ (expires) **Copy of current AMERICAN HEART ASSOCIATION CPR card** (or ACLS)

5. ___/___/___ **#1 MMR** A. For students born prior to 1957, rubella titers are required
- ___/___/___ **#2 MMR** B. For students born after 1956, measles, mumps, and rubella (MMR) immunity may be documented in the following ways:
 - a) Documentation of two doses of MMR after age of twelve (12) months and rubella titer, OR
 - b) Evidence of immunity through a titer, for example, Mumps IGG, Rubeola IGG (measles), Rubella IGG. Titers are preferable if immunizations are contraindicated (e.g. pregnancy)

OR

___/___/___ **MMR Titer**

- A. For students born prior to 1957, rubella titers are required
- B. For students born after 1956, measles, mumps, and rubella (MMR) immunity may be documented in the following ways:
 - a) Documentation of two doses of MMR after age of twelve (12) months and rubella titer, OR
 - b) Evidence of immunity through a titer of each of the diseases (ex. MMR titer, or individual Mumps IGG, Rubeola IGG (measles), Rubella IGG. Titers are preferable if immunizations are contraindicated (e.g. pregnancy).

6. ___/___/___ **Tdap** - Tetanus/diphtheria/pertussis immunity via documentation of toxoid booster date within last 10 yrs.

7. ___/___/___ **#1 Hepatitis B** - Completion of Hepatitis B vaccine series **and** titer. If titer is negative, repeat series & titer.
- ___/___/___ **#2 Hepatitis B**
- ___/___/___ **#3 Hepatitis B**

AND

___/___/___ **Hepatitis B Titer**

8. ___/___/___ **#1 Chicken Pox** – Two varivax vaccinations at least 28 days apart or varicella IGG titer (w/positive reading)
- ___/___/___ **#2 Chicken Pox**

OR

___/___/___ **Chicken Pox Titer**

9. **Copy of current Personal Health Insurance card**
10. **Criminal Background Check** <https://scholar.verifiedcredentials.com/umkc> (Customer Service 1-800-938-6090)
11. **Drug Test** - <https://scholar.verifiedcredentials.com/umkc> (Customer Service 1-800-938-6090)
12. **Color Blind Test** (PL and AT given at Clinical Jump Start in August. RN-BSN will need to provide)
13. **Department of Mental Health Background Check** <http://sonhs.umkc.edu/wp-content/uploads/2014/10/dept-mental-health-check.pdf> (All BSN-PL and BSN-AT students. RN-BSN students who will be in a facility in the state of MO).

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 clinical courses. 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. I will also keep copies of all of the above with me for clinical site verification

PRINT NAME

DATE

SIGNED NAME

HIPAA - Contact your clinical site regarding their HIPAA certification details. N:\Groups\Nursing\Workgroups\Shared Files\Student Services\RecruitmentMaterials\Original Files\Current Appendix A documents- Revised 09/01/2016

Student Services Office
2464 Charlotte Street
Kansas City, MO 64108
816-235-1700
nursing@umkc.edu



OFFICE USE ONLY:
\$20 app. fee received

RN-BSN Program
Supplement to the Application for Admission

This application is **ONLY** for those currently an RN (or those who are soon to be an RN)

DEADLINE TO APPLY: Spring = December 2nd Summer = May 12th Fall = June 31st
Admission requested for: FALL SPRING SUMMER YEAR _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____
Street: _____ City: _____ State: _____ Zip: _____ County: _____
Home: (_____) _____ - _____ Cell: (_____) _____ - _____ Work: (_____) _____ - _____
E-mail Address: _____@_____

EMPLOYER INFORMATION

Current Employer: _____
Street: _____ City: _____ State: _____ Zip: _____ County: _____
Position/Title: _____ Num. hours worked/week: _____

ETHNICITY INFORMATION

Race/Ethnicity information is optional. UMKC School of Nursing & Health Studies will use this information for statistical purposes ONLY.

Are you Hispanic or Latino? Yes No
How would you describe your racial background? (Select one or more of the following categories):
Asian Native Hawaiian or Other Pacific Islander
Black or African American White
American Indian or Alaska Native

EDUCATIONAL BACKGROUND INFORMATION

RN Education: Diploma Associate Degree
Institution: _____ State: _____ Date Received: _____
Do you have a prior Bachelor degree? Yes No
If yes, where? _____ When? _____
*RN License Number: _____ State: _____ Expiration Date: _____

I anticipate attending classes:
Full-Time (12+ cr. hrs/semester) Part-Time (summers off/6-11 cr. hrs/semester)
Part-Time (6-11 cr. hrs/semester) Less than half-time (3-5 cr. hrs/semester)

ADDITIONAL INFORMATION

I am a returning UMKC RN-BSN student who has been away for at least on fall/spring semester. Waive my \$20.00 application fee because I have completed at least one UMKC course in the past.

How did you hear about our nursing program? (Please be specific)

Does your educational plan include Graduate studies? If so, what program are you interested in and what date would you like to start?

Are you a U.S. Veteran? _____ if yes, are you Active or Inactive? _____

*Include proof of your RN licensure with this form; (go to the SBON website and print the page that lists your name, license number, and expiration date). **Do not send a copy of your license.** In the event that you are preparing to soon take the NCLEX, you are expected to submit proof of licensure before the first day of class to the School of Nursing & Health Studies.

RN-BSN & GRADUATE PERSONAL RESPONSIBILITY STATEMENT

POLICIES & PROCEDURES

I read the UMKC School of Nursing and Health Studies Honor Code at <http://info.umkc.edu/sonhs/wp-content/uploads/2014/10/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://catalog.umkc.edu/>, the School of Nursing & Health Studies philosophy, mission, vision, and goals at About Us <http://sonhs.umkc.edu/about-us/> and the UMKC School of Nursing & Health Studies Policy & Procedures at <http://info.umkc.edu/sonhs/wp-content/uploads/2014/10/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 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 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

It will be necessary for faculty in cooperative and/or intercampus 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).

NETWORK CONSENT

I hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to a) record my participation and appearance on video tape, audio tape, polycom, Wimba, film, photograph or any other medium; b) use my name, likeness, voice and biographical material in connection with these recordings; c) exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority, deem appropriate; d) To copyright the same in its name or any other name it may choose. I hereby consent release use of and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of The Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy and in accordance with the terms stated above, pursuant to the consent provisions of the FERPA, 20 U.S.C.1232 et.seq.

LICENSURE STATUS

I certify that all the information submitted with my application is complete and accurate. I also attest to the fact that my Nursing License is unencumbered (not on Probation Status) and **SHOULD IT BECOME ENCUMBERED** at any time during the program I will immediately disclose this fact to the Associate Dean and Program Director.

RELEASE OF INFORMATION

I give the School of Nursing and 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.

NAME – PRINTED

STUDENT SIGNATURE

DATE