

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)  
**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)  
Please choose your preferred course term length when available:  16 weeks  8 weeks

**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.

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**NAME – PRINTED**

**STUDENT SIGNATURE**

**DATE**