Application to the Nursing Major

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North Dakota State University
Nursing Department
NDSU – Dept # 2670
PO Box 6050 / 136 Sudro Hall
Fargo, ND 58108-6050

Name	Last	First	Middle	Former name, if applic	cable			
Notifica Address		c	ity	State	ZIP			
Permar Address		С	ity	State	ZIP			
Telepho	one #		E-mail Address:					
Please	provide NDSU ID numb	er.	Date started at NDSU	:				
CAMPUS SELECTION Students who select the Bismarck (Sanford Health) location will take all nursing courses in Bismarck. Those who select the Fargo location will take all courses in Fargo. If one selects either location, the Department of Nursing Admissions Committee will determine the location the student is assigned. The student must attend the assigned location and take all courses at that assigned site.								
I am ap	plying for the following l	ocation (select one):						
Bismarck (Sanford Health) only		Fa	irgo only	Either location				
If you have selected "Either location", which campus is your first choice?								
Have you applied to the NDSU Nursing Program before?			re? Yes	N	0			
	If yes, when did you ap	ply?						
Have you ever attended or been admitted to another program of nursing? Yes No								
If yes, please indicate the name and address of the program and your reason for leaving.								
REFERENCES: All applicants are requested to supply two confidential references (non-relatives). At least one reference should be from a member of a helping profession - clergy, nurse, counselor, former college teacher.								

COLLEGES OR UNIVERSITIES ATTENDED:

List <u>all</u> colleges/universities/vocational institutions you have attended in order of most recent attendance, including North Dakota State University. Please, verify that all official transcripts (with most recent grades) are on file at the Registration and Records office.

Name of Institution and Location Dates Attended Reason For Leaving or Degree Received

PREREQUISITE COURSEWORK

Please Note: All courses required for admission must be completed by **the Application Deadline**. See NDSU Nursing *Fact Sheet*, *NDSU Bulletin*, website:

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For the incoming class, two students (Fargo campus) will be granted admission if qualified applicants in Army or/and Air Force ROTC at NDSU.

Are you in Army ROTC (Reserved Officer Training Corps)?

Yes

No

Are you in Air Force ROTC (Reserved Officer Training Corps)?

Yes

No

ESSENTIAL QUALIFICATIONS

The curriculum leading to a baccalaureate degree in Nursing requires that students engage in diverse, complex, and specific experiences essential to the acquisition and practice of nursing skills and functions. Possession of certain abilities are necessary to ensure the health and safety of patients and others. Abilities needed for admission to the nursing program relate to motor skills, sensory abilities, communication, cognitive (thinking) processes, behavioral and emotional health, and professional conduct. A list of these abilities (Essential Qualifications) is included in the Nursing Student Handbook (available online at www.ndsu.edu/nursing) and is also available for review in the nursing department.

The nursing program will make reasonable accommodations, but is not required to make modifications that would alter the nature of the requirements of the nursing program or present an undue burden to the nursing program. An applicant who has concerns in this area is advised to meet with the pre-nursing advisor in the nursing program.

DEPARTMENTAL REQUIREMENTS

After admission to the nursing major other documents are required. The Department of Nursing will notify you concerning dates for completion.

- Multi-State Criminal Background Check as well as FBI Checks. If the review disqualifies you from providing care, your circumstances will be individually evaluated.
- Health Record
- CPR Certification at the AHA Healthcare Provider level or American Red Cross Professional Level

RESUME

Provide a copy of your resume by copying and pasting into the textbox on the following page (one page maximum – single-spaced). Be sure to include information regarding work, honors and volunteer activities. Please ensure it looks neat but spacing issues will not be reviewed.

PERSONAL STATEMENT:

On the following single page, address the following questions. Responses should relate to your resume. Describe how your experiences have influenced your decision and prepared you to pursue a degree in nursing at NDSU. How has your background, work, volunteer, and other experiences developed your potential as a leader and prepared you to work with diverse populations within the nursing profession? (Limited to space provided; single-spaced)

INFORMATION REGARDING FUTURE LICENSURE B	Y BOA	RDS OF	NURSING
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For the safety of clients and to avoid denial of a license by a board of nursing, you must be aware of the following: Substance abuse and certain physical or mental conditions can be a cause for denial of a license to practice nursing. In addition, certain criminal conduct violations or offenses can be a cause for denial of a license to practice nursing. If you need further information, please contact the pre-nursing advisor, the Nursing Department Chair, or a state board of nursing representative. The following questions are similar to those that appear on an application for licensure.

An affirmative answer to these questions <u>does not</u> exclude you from review for admission. Your circumstances will be individually evaluated. A false answer to any of these questions will result in your not being admitted to the major or immediate dismissal from the program when the deception is discovered.

- Yes No 1. Since the age of 18, have you ever been charged with AND/OR convicted for violating any law other than a minor traffic violation (e.g. Minor in Possession, DUI, or other convictions)?
- Yes No 2. Have you ever been disciplined for a violation of academic integrity (e.g. Cheating, plagiarism)?
- Yes No 3. Have you ever had a nursing registry listing marked for abuse, neglect or misappropriation of property?

If "yes," please describe on a separate sheet, offense, circumstances, and any disciplinary action taken against you. This information will be reviewed by the nursing program's Admissions and Academic Progression Committee.

"I certify, that to the best of my knowledge, all information given on this application and supporting documentation is correct and complete. I understand any omission, misinformation, or misrepresentation, may void my admission or result in dismissal or revocation of any degree awarded based upon this admission."

Applicant's Signature		
	₩₩(typing your name represents your signature)	
Date	Ç{; { ædhÁ^^^D	

<u>For the Fargo Campus Only:</u> "If accepted into the professional program, I understand students may be offered admission for either fall semester or pre-admitted for spring semester."

Applicant's Signature		_
	(typing your name represents your signature)	_
Date	G; {ædxÁ^^^^D	

North Dakota State University is an equal opportunity institution.

Revised 2/14/2014

Demographics:

The information requested below is voluntary and will be used for summary reports required by federal and state laws and regulations and to support institutional affirmative action efforts. You will not be subjected to adverse treatment if you do not provide any of the requested information.

Gender (as listed on your state or government issued picture identification): Male Female

Age:

In which state are you a legal resident?

Do you have a baccalaureate degree? Yes No

If yes, please specify what area:

Year obtained:

Predominant Ethnic Background (Optional - check one)

Black or African-American Caucasian (White)

American Indian or Alaskan native Hispanic or Latino

Asian Multi-Ethnic background (please list)

Native Hawaiian or Other Pacific Islander

First Language:

Name of your High School:

What was the size of your graduating high school class?

What is the approximate population of your hometown?

Save the PDF and upload it to: https://apps.ndsu.edu/pdfupload/