

**NEW MEXICO STATE UNIVERSITY**  
**College of Health & Social Services**  
**SCHOOL OF NURSING**  
**BACHELOR OF SCIENCE IN NURSING**  
**For Students with a Non-Nursing Baccalaureate**

**APPLICATION FOR ADMISSION**  
**Semester Applying for: Spring 2009**

**Application, Statement of Intent, and all Official Transcripts MUST BE SUBMITTED TOGETHER IN ONE PACKET and received in the School of Nursing by 5 p.m. on the following deadlines:**

**Spring Pathway Option:           September 01, 2008**  
**Fall Pathway Option:           February 01, 2009**

**Date of Application:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_.

**Name:** \_\_\_\_\_.

**Last                      First                      Middle                      Maiden**

**List previous names you have used which may appear on transcripts:** \_\_\_\_\_

**Address:** \_\_\_\_\_.

**Number & Street                                      City                                      State                      Zip**

**Telephone: Hm:** \_\_\_\_\_ **Wk:** \_\_\_\_\_ **Cell:** \_\_\_\_\_.

**E-mail:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_.

**Are you a New Mexico Resident?**                                      Yes ( ) No ( )

**Are you a U.S. Citizen?**                                      Yes ( ) No ( )

**If not, are you a permanent resident of the US?**                      Yes ( ) No ( )

**Do you reside in the U.S. on a VISA?**                      Yes ( ) No ( )

**The following information is optional and will be used for departmental demographic data only:**

**Ethnicity**

( ) **Black, Non-Hispanic**

( ) **White, Non-Hispanic**

( ) **Hispanic**

( ) **Asian or Pacific Islander**

( ) **Native American/Alaska Native – Tribe:** \_\_\_\_\_

( ) **Other (please specify)** \_\_\_\_\_

**STATEMENT OF INTENT**

Prepare a letter of intent describing your professional, personal, or family experiences with health care or care giving. Tell us what interests you about nursing as your chosen profession, and what you have done to learn about the health professions and nursing. Include what your plans are after graduation from our program. Also, explain what diversity means to you and how you would contribute to a diverse learning community.

Please include anything else that you would like the admissions subcommittee to know about you in order to understand your potential to succeed in our program and to contribute to the nursing profession. Please limit your statement to 250-500 words.

List work experiences in the last ten years beginning with your *present* employment.

Type of Work	Employer's Name & Address	Employment Dates	Reason for Leaving

List *all* colleges, universities, and nursing programs attended.

Name of Institution City & State	Attendance Dates	Degree conferred/major	Graduating cumulative GPA

PREREQUISITE COURSES	Date Enrolled	Date Completed	Where Completed/ Enrolled	Grade
Anatomy or A&P I Minimum 3 credit				
Physiology or A&P II Minimum 3 credit				
Science Course Minimum 3 credit Specify:				

I certify that all information given in this application is complete and accurate to the best of my knowledge, and that all responses on this application have been written by me. I understand that misrepresentation by me in any statement in this application will be considered adequate grounds for cancellation of acceptance or registration or for suspension from the University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Admission to the Nursing Program will be contingent upon successfully passing Drug Testing and a Criminal Background Check designated by the School of Nursing. The student will be financially responsible for the Drug Testing and Criminal Background Check when accepting admission to the nursing program. For additional expectations of nursing students, refer to the online BSN Student Handbook on the CHSS School of Nursing homepage at [www.nmsu.edu/-nursing/](http://www.nmsu.edu/-nursing/).

### CLINICAL COMPETENCIES & BLOOD BORNE VIRUSES

#### Essential Eligibility Requirements for Participation in the School of Nursing

The following essential eligibility requirements for participation in the School of Nursing and examples of necessary activities (not all inclusive) should be used to assist each applicant/student in determining whether accommodations or modifications are necessary.

ESSENTIAL FUNCTIONS	SOME EXAMPLES OF NECESSARY ACTIVITIES
Critical thinking abilities sufficient for clinical judgment.	Identify cause/effect relationships in clinical situation; develop nursing care plans.
Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Establish rapport with patients/families and colleagues.
Communication abilities sufficient for interactions with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Abilities sufficient to move from room to room and to maneuver in small places.	Move around in patients' rooms, work spaces, and treatment areas, and administer cardio-pulmonary resuscitation.
Abilities sufficient to provide safe and effective nursing care.	Calibrate and use equipment; position patients/clients. Safely lift and move clients/patients.
Abilities sufficient to monitor and assess health needs.	Hear monitor alarms, emergency signals, auscultory sounds, and cries for help.
Abilities sufficient for observation and assessment necessary in nursing care.	Observe patient/client responses.
Abilities sufficient for physical assessment.	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter.

ADA Guidelines apply to all qualified persons. If you have a diagnosed disability that needs specific consideration, see the Department of Nursing Chairman prior to accepting placement in the nursing program to discuss your needs.

A person with a diagnosed disability is a person who is otherwise qualified with reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a public entity and must be able to perform the "essential functions" of the position with reasonable accommodations. Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the appropriate program chair as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from their physician and the NMSU Disabilities Office.

#### Initial

\_\_\_\_\_ I do not need accommodations to participate in the School of Nursing program.

\_ \_\_\_\_\_ I will need accommodations to participate in the School of Nursing program.

#### Students with Blood Borne Viruses (Hepatitis B, HIV Positive Test, ARC, AIDS, Etc)

Students with documented Hepatitis B, Hepatitis C, HIV, ARC and AIDS, etc. may care for patients when cleared by their physicians and the relevant health care facility has been notified in writing and accepted the student. A physician's clearance must be on file prior to acceptance or as soon as identified for each student who has one of the above stated conditions. Students with carrier state or chronic Hepatitis B, HIV positive test, ARC, or AIDS must do the following when assigned to clinical areas:

1. Adhere to the existing policies of the institution regarding infection control at all times.
2. Use good hand washing technique and gloves when working with clients/patients.
3. Do not work in patient/client care areas if they have exudative lesions or weeping dermatitis.
4. Do not assign to renal dialysis units.

Students cannot work in care areas where they could transmit disease to its clients or co-workers. Risk of transmission would exist where there is trauma to the patient that would provide a portal of entry for the virus such as during invasive procedures, surgery or treatment of open wounds when a needle stick, scalpel wound or open lesion in the infected student could result in transfer of blood or serous fluid to the open tissue of the patient.

#### Review, Initial and Sign

\_\_\_\_\_ I certify that the information provided in this application is complete and accurate and I understand that submission of false or incomplete information is grounds for rejection of the application and possible dismissal from the School of Nursing.

\_\_\_\_\_ I understand that it is my responsibility to ensure accurate and updated information in terms of mailing address, current phone number, and email address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date