

Default Question Block

FSU College of Nursing BSN Application Summer 2024

Directions: Please read the following eligibility requirements, initial, and click continue to begin the FSU College of Nursing BSN Summer 2024 application.

Once you begin this application you have twenty-four hours to complete it.

Duplicate, multiple or erroneous applications may result in disqualification from the application process.

To be eligible to apply, applicants must have:

- Completed all liberal studies/general education requirements and a minimum of sixty (60) semester hours that fulfill general education requirements per the FSU catalog OR hold an Associate of Arts (AA) degree. The BSN program is an upper-division major which requires a minimum of 60 hours to be completed prior to admission into the program.
- Earned at minimum 3.0 overall college GPA.
- Earned a “C” or better (a C minus cannot be accepted) in all nursing prerequisites:
 - CHM 1045 General Chemistry I for Science Majors
 - BSC 2010 General Biology for Science Majors
 - HUN 1201 Science of Nutrition
 - BSC 2085 Anatomy & Physiology I
 - BSC 2085L Anatomy and Physiology I Lab
 - BSC 2086 Anatomy & Physiology II
 - BSC 2086L Anatomy & Physiology II Lab
 - MCB 2004 General Microbiology
 - MCB 2004L Microbiology

STA 2XXX Statistics (Fundamental or Applied)

FAD3220 Individual & Life Span Development (DEP2004 @ other institutions)

PSY 2012 or General Psychology Any Sociology

- No more than one science prerequisite can be in progress during the Spring 2024 semester (lab and lecture can be taken simultaneously).
- All of the science prerequisites must be completed by the end of the Spring 2024 semester.
- Must have applied as a transfer student to FSU Undergraduate Admissions (for students not currently enrolled at FSU). The application to the university must be submitted by November 21st, 2023 to be eligible to complete the College of Nursing application. You do not need an admission decision from the university. Transfer Application Instructions can be found at <https://admissions.fsu.edu/transfer/apply/>
- Have all official transcripts sent to the Office of Admissions at FSU (if applicable) and paid the application fee. For additional information, please visit the College of Nursing's webpage at <https://nursing.fsu.edu/academics/bachelor-science-nursing-bsn>

By typing my initials below, I acknowledge that I meet all requirements listed and am eligible to apply:

College of Nursing
BSN Application

Please enter your nine-digit EMPLID or Reference number:

*All FSU Students have an EMPLID number. This can be viewed on your my.fsu.edu portal.

If you are a transfer student, please fill this field with your university application reference number.

I am applying for:

Summer 2024

I am applying as a(n):

FSU Student (currently enrolled)

Transfer Student

Transfer Student: Second-Degree Seeking

Transfer Student: Recently Graduated High School

Contact Information:

First Name

Last Name

Phone

Student E-Mail

Present mailing address

Street Address line 1

Street Address line 2

City

State

Zip

Is this your permanent address?

Yes

No

Permanent mailing address:

Street Address line 1

Street Address line 2

City

State

Zip

Educational Institution

FSU (enter beginning term and year, example: Fall 2020)

Other (enter institution name, beginning term, and year):

Dates of Attendance:

Graduation Date (if applicable):

By initialing below, I acknowledge that all official transcripts must be received by the application deadline of November 21st, 2023 and that failure to do so will result in disqualification from this admissions cycle.

Please complete the following information for the BSN Program prerequisites:
If you are currently enrolled in prerequisites, please enter "IP" for In Progress. This will let us know you are currently taking this course.

If the Non-FSU Course Code field does not apply to you, please indicate with n/a

General Biology (BSC2010)

Institution	<input type="text"/>
Term	<input type="text"/>
Year	<input type="text"/>
Grade	<input type="text"/>
Online or In-Person	<input type="text"/>
Non-FSU Course Code	<input type="text"/>

Microbiology (MCB2004)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

Microbiology Lab (MCB2004L)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

General Chemistry (CHM1045)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

Science of Nutrition (HUN1201)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

Anatomy & Physiology I (BSC2085)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

Anatomy & Physiology I Lab (BSC2085L)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

Anatomy & Physiology II (BSC2086)

Institution

Term

Year

Grade

Online or In-Person

Non-FSU Course Code

Anatomy & Physiology II Lab (BSC2086L)

Institution

Term

Year

Grade
Online or In-Person
Non-FSU Course Code

Statistics (STA2XXX)

Institution
Term
Year
Grade
Online or In-Person
Non-FSU Course Code

Lifespan Human Development (FAD3220/DEP2004)

Institution
Term
Year
Grade
Online or In-Person
Non-FSU Course Code

Sociology (SYG, SYO, SYP, or SYD)

Institution
Term
Year
Grade
Online or In-Person
Non-FSU Course Code

Psychology (PSY2012)

Institution

Term	<input type="text"/>
Year	<input type="text"/>
Grade	<input type="text"/>
Online or In-Person	<input type="text"/>
Non-FSU Course Code	<input type="text"/>

Do you have or plan to have a HS AA degree in the near future? (If yes, provide date you earned or expect to have earned your AA in text box)

Yes

No

Please enter your High School information:

High School	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Graduation Date	<input type="text"/>

Additional education institution:

FSU

Other (enter name of institution and dates of attendance)

None

How many dual enrollment credits do you have?

How many accelerated credits (AP, IB, and/or AICE) do you have?

Please list the prerequisites you are planning on taking Spring 2024:

Are you affiliated with any of the following:

- Veteran
- CARE
- ROTC
- Athletics (list sport):
- Pell Grant Recipient
- Quest
- Past participant of Nursing Living Learning Community
- Honors in the major

Are you currently, or have you ever been, charged with or subject to disciplinary action for scholastic or any other type of behavioral misconduct at any educational institution? You do not need to disclose academic dismissal, suspension, or probation for poor grades. You are required to furnish the College of Nursing with a written explanation of the event(s) if there was academic misconduct (such as plagiarism or cheating) or behavioral misconduct, and tell us what you have learned from your past action(s).

- Yes
- No

Please upload your explanation of any academic misconduct event(s), in PDF format.

Have you ever been charged with a violation of the law which resulted in, or if still pending could result in, probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? You are

required to furnish the College of Nursing with a list of all violations, and must include a statement telling us what you have learned from your past action(s).

- Yes
- No

Have you ever been charged with a felony (even if adjudication was withheld)? You are also required to furnish a statement telling us what you have learned from your past action(s). If admitted, a criminal background check will be completed.

- Yes
- No

Please upload a written explanation of your violations and/or charges and what you learned (PDF format).

Block 1

College of Nursing Community Engagement Application

Have you obtained a CNA, Medical Assistant, EMT or any other credentialed healthcare certification?

- Yes, CNA
- Yes, Medical Assistant
- Yes, EMT
- Yes, other
- No

Upload a copy of your certificate.

Are you currently working as a CNA/Paramedic/Medical Assistant/EMT or other credentialed health care professional or have you in the past?

- Yes
- No

Upload a copy of your certificate or license.

Do you have a BLS and/or CPR certification?

- Yes, BLS I am certified.
- Yes, I am CPR certified.
- Yes, I am both BLS and CPR certified.
- No.

Upload a copy of your certificate.

Do you have any relative experience volunteering or shadowing a healthcare professional or in a healthcare setting? If yes, list name of ALL facilities and supervisors with contact email and/or phone number.

- Yes
- No

Have you volunteered or shadowed exclusively with an RN or APRN (unpaid)?

- Yes

No

How many hours have you volunteered or shadowed exclusively with an RN or APRN?

Greater than or equal to 40 hours in the past 24 months

21 to 39 hours in the past 24 months

1 to 20 hours in the past 24 months

Where did you complete your volunteer or shadowing hours? Please include supervisors name with contact email and/or phone number:

Have you volunteered or shadowed any other medical professional in the last 24 months?

Yes

No

How many hours have you volunteered or shadowed with any other medical professional in the last 24 months?

Greater than or equal to 40 hours in past 24 months

21 to 39 hours in the past 24 months

1 to 20 hours in the past 24 months

Where did you complete you volunteer or shadowing hours? Please list ALL facilities and supervisors name with contact email and/or phone number.

Have you volunteered as a hospital volunteer in the past 24 months?

Yes

No

How frequently have you volunteered at the hospital in the past 24 months?

- More than once per month
- Once per month or less

What hospital did you complete your volunteer hours at? Please list supervisors name with contact email and/or phone number.

Have you participated in the Undergraduate Research Opportunity Program (UROP)?

- Yes
- No

List name of internship, role, dates of participation, and supervisor's name with email and/or phone number:

I have participated in the UROP as an:

- UROP Nursing Research or Research Assistant in College of Nursing
- UROP non-nursing research or research assistant in another discipline

List role and major professors name with contact email and/or phone number:

Have you had a healthcare related internship, paid or unpaid, over the past 24 months?

- Yes
- No

List name of internship, role, timeframe, and supervisor's name with email and/or phone number:

Have you held a leadership position in a service organization (i.e. Hospice, American Heart Association)?

- Yes
 No

Please list the organization and position and a contact name with email and/or phone number.

Have you served in a service organization that required a monthly commitment?

- Yes
 No

Please list the organization, position and contact name with email and/or phone number.

Have you volunteered at any type of non-profit, daycare or elder care over the last 24 months?

- Yes
 No

Please describe your role and include supervisor's name with contact email and/or phone number.

Have you been a mentor in a Mentor/Mentee Program? If yes, please include name of organization and supervisor with contact email and/or phone number in text box.

Yes

No

Have you been a camp counselor over the past 24 months?

Yes

No

Was this camp working with vulnerable populations?

Yes

No

Please list camp, role and timeframe, supervisor's name with contact email and/or phone number:

Have you held a healthcare related job in the past 24 months? If yes, list ALL facilities and supervisors name with contact email and/or phone number in text box.

Yes

No

How many hours a week did you work in this job?

Less than 20 hours per week

Greater than or equal to 20 hours per week

Have you held a non-healthcare related job in the past 24 months? If yes, where you held this job, name of supervisor with email and/or phone number.

Yes

No

How many hours per week did you work in this job?

- Less than 20 hours per week
- Greater than or equal to 20 hours per week

Block 2

Which of the following advisor(s) have you utilized as a resource?

- Kelsey Tesalona
- Nina Davis
- Caitlin Ray
- Other (Please Specify):
- None

May we contact you via e-mail? This will be the only way we will be communicating with students. We will use the email address you entered on this application.

- Yes
- No

By signing, I acknowledge that I have reviewed and understand the policies and guidelines with the documents provided by FSU College of Nursing. I understand it is my responsibility to comply with and implement all policies and procedures within this document.

SIGN HERE

clear

