



Questions regarding this application can be directed to Laurie Richards, Academic Advising Center Office Manager, Office (574)520-4540.

Timeline

March 1

All application materials are due by 5pm EST to Laurie Richards, IUSB, Vera Z. Dwyer College of Health Sciences, Northside Hall 416, 1700 Mishawaka Avenue, South Bend, IN 46634-7111. All materials must be submitted together.

May 1-31

The Admission, Progression and Graduation (APG) Board conducts a comprehensive review of each eligible application.

June 15

Application decisions are sent out

June 29

Admission acceptance intents are due

August 1

All prerequisite courses and program requirements must be completed

All clinical site requirements are due (a list will be provided along with admission acceptance letters)

Registration in all required courses (a list will be provided)

August 15-17

Clinical orientation (required attendance)

August 20

Fall semester classes begin

Individual Coursework

Requirements:

A grade of C or better in all program prerequisite courses (see. page 7)

No more than 3 repeated courses from the 10 program prerequisite courses (science courses limit of 2)

All program prerequisite science courses were taken within 7 years of your program start date

A University passing grade (D-) in all development courses (remedial courses taken prior to program prerequisite courses) taken AND all other general education requirements (if applicable) regardless of the number of times taken

Checklist

All of the following documents must be printed and submitted together in one envelope. Partial applications will not be accepted.

Admission application (all pages of this current document).

Transcripts from all post secondary institutions that you ever attended including IUSB.

Syllabi for all program specific courses taken at other institutions (clinical transfer students only).

Criminal background history check from backgroundchecks.com (the 1 page PDF certificate).

A copy of your valid health insurance card.

Applicant Information

First Name

Middle Initial

Last Name

IUSB Student # (if applicable)

Applying for program beginning:

This is my 1st program application:

Yes

No

Mailing Address (Street Address, City, State and Zip/Postal Code)

Phone Number

E-mail Address

Education

(List all post high school institutions that you have attended in chronological order with current institution listed first)

Institution Name

Institution Mailing Address

Dates of Attendance

Major (if applicable)

Degree Awarded

Graduation Date

Institution Name

Institution Mailing Address

Dates of Attendance

Major (if applicable)

Degree Awarded

Graduation Date

Institution Name

Institution Mailing Address

Dates of Attendance

Institution Name

Degree Awarded

Graduation Date

Have you ever been in admitted into any clinical program before and not completed it?

No

Yes

If yes, please explain.

Licenses and Certifications

(List all health care licenses and certifications you have had or currently hold)

License Type	Date Received	Expiration Date	Status of License
	<input type="text"/>	<input type="text"/>	

If revoked or denied, please explain.

License Type	Date Received	Expiration Date	Status of License
	<input type="text"/>	<input type="text"/>	

If revoked or denied, please explain.

License Type	Date Received	Expiration Date	Status of License
	<input type="text"/>	<input type="text"/>	

If revoked or denied, please explain.

To be eligible for a State licensure you MUST have or be eligible for a U.S. Social Security Number. By checking this box, you are stating you are aware of this requirement.

Yes

***SOCIAL SECURITY NUMBER POLICY** In accordance with the Privacy Act of 1974 and Indiana PL 22 of 1977, students and applicants are advised that the requested disclosure of their Social Security Number to designated offices is voluntary. The student has the right to refuse disclosure of this number or request its removal from the record without penalty. A special ten digit student identification number will be assigned for use throughout the duration of the student's involvement with University. The student identification number will be used to identify the student's records, such as permanent transcripts, registration, grade reports, transcript requests, to certify school attendance, and to report student status. The student's Social Security Number is not disclosed to individuals or agencies outside Indiana University, except in accordance with the Indiana University policy on release of student information.

To be eligible for a State licensure you MUST be absent of most felony and some misdemeanor charges. By checking this box, you are stating you are aware of this requirement.

Yes

Personal Essay

Please describe how you selected nursing as your chosen profession and how you have prepared yourself to enter into the professional field.

IUSB Student # (if applicable)

1000-2000 Character Limit.

Essential Abilities Statement

The School of Nursing faculty has specified essential abilities (technical standards) critical to the success of students in any IU nursing program. Students must demonstrate these essential abilities to succeed in their program of study. Qualified applicants are expected to meet all admission criteria and matriculating students are expected to meet all progression criteria, as well as these essential abilities (technical standards) with or without reasonable accommodations.

1. Essential judgment skills to include: ability to identify, assess, and comprehend conditions surrounding patient situations for the purpose of problem solving around patient conditions and coming to appropriate conclusions and/or course of actions.
2. Essential physical/neurological functions to include: ability to use the senses of seeing, hearing, touch, and smell to make correct judgments regarding patient conditions and meet physical expectations to perform required interventions for the purpose of demonstrating competence to safely engage in the practice of nursing. Behaviors that demonstrate essential neurological and physical functions include, but are not limited to observation, listening, understanding relationships, writing, and psychomotor abilities consistent with course and program expectations.
3. Essential communication skills to include: ability to communicate effectively with fellow students, faculty, patients, and all members of the health care team. Skills include verbal, written, and nonverbal abilities as well as information technology skills consistent with effective communication.
4. Essential emotional coping skills: ability to demonstrate the mental health necessary to safely engage in the practice of nursing as determined by professional standards of practice.
5. Essential intellectual/conceptual skills to include: ability to measure, calculate, analyze, synthesize, and evaluate to engage competently in the safe practice of nursing.
6. Other essential behavioral attributes: ability to engage in activities consistent with safe nursing practice without demonstrated behaviors of addiction to, abuse of, or over) dependence on alcohol or other drugs that may impair behavior or judgment. The student must demonstrate responsibility and accountability for actions as a student in the School of Nursing and as a developing professional nurse consistent with accepted standards of practice.

Procedure:

1. The essential abilities criteria will be included in the IUSON Bulletin and incorporated into informational packets given to those demonstrating an interest in one of IUSON's nursing programs.
2. Applicants accepting admission to the IUSBSON nursing programs will be required to sign a letter of agreement that specifies the essential abilities criteria. This agreement states they have read and understand that they will be expected to meet the essential abilities. Students questioning their ability to meet these essential abilities criteria will be encouraged to address their inquiries to the appropriate regional campus adaptive services office.
3. Faculty have the responsibility to determine whether a student has demonstrated these essential abilities. Faculty have the right to request consultation from recognized experts as deemed appropriate.
4. Students failing to meet these essential abilities, as determined by faculty, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet these essential abilities within negotiated time frames.
5. Students will be dismissed from their program of study if faculty determine that they are unable to meet these essential abilities even if reasonable accommodations are made.
6. Students failing to demonstrate these essential abilities criteria, as determined by the faculty, may appeal this adverse determination in accordance with the Indiana University's appeal procedures.

I have read the Essential Abilities above and understand I will be expected to meet all Essential Abilities during my enrollment in the Nursing Curriculum. Failure to meet one or more of the Essential Abilities may hinder progression or result in dismissal from the nursing program. Any student who is questioning their ability to meet one or more of the Essential Abilities should contact the Disabled Student Services Office at 520-4479 prior to enrollment in nursing courses. Documentation of any requested accommodations must be submitted to the Admission, Progression and Graduation Board in the School of Nursing for review prior to matriculation into the Nursing Major.

Signature

IUSB Student # (if applicable)

Date

Criminal History Disclosure Statement

Health facilities will be prohibited from allowing students from providing care, treatment or services if an individual has been convicted of a certain crime. These certain crimes include:

Any endangerment to a child; Medicaid or Medicare Fraud; rape; criminal deviate conduct; exploitation of an endangered adult; failure to report batter, neglect, or exploitation of an endangered adult or child, murder; or voluntary manslaughter and a third offense for DUI/ OWL.

A conviction of any of the above crimes at any time during an individual's life prohibits entering clinical rotations. In addition, if an individual was convicted of involuntary manslaughter: felony batter; a felony offense relating to a controlled substance; or theft within five (5) years before the individual's start of clinical rotations, the individual may not enter clinical rotations. Background checks will be completed and all convictions will be reviewed.

Any criminal infraction (including OWI's) must be reported to the Assistant Dean for Student Success prior to the next assigned clinical day or within (5) days. This is in compliance with contracts held by the Vera Z. Dwyer College of Health Sciences with the clinical agencies and consistent with state and federal regulations.

I verify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a clinical agency.

Signature

IUSB Student # (if applicable)

Date

Applicant Signature

I understand that my application will only be considered if all required information has been received by March 1st at 5:00pm EST.

I must inform IUSB of any changes to my mailing and e-mail addresses, and telephone numbers.

I also understand that IUSB reserves the right to request additional information from applicants, if needed, to assess their candidacy for admission. My signature to this application certifies that all of the information contained in my application is factually correct, honestly presented, and contains no significant omissions. If at a later date it becomes clear that this is not so, I agree that IUSB may revoke any offer of admission it makes to me.

Signature

IUSB Student # (if applicable)

Date

Program Prerequisite Non-Science Courses

1. ENG- W 131 English Composition
2. NURS-B 108 or HSC- H 201 Health and Wellness
3. SOC-S 161 Introduction to Sociology
4. PSY-P 103 Introductory Psychology
5. PSY-P 216 Life Span Development Psychology

Course Selection:

Taken at:

Course Completion:

Grade:

Course Selection:

Taken at:

Course Completion:

Grade:

Course Selection:

Taken at:

Course Completion:

Grade:

Course Selection:

Taken at:

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Course Selection:

Taken at:

Course Completion:

Grade:

Course Selection:

Taken at:

Course Completion:

Grade:

Program Prerequisite Science Courses

1. CHEM-C 102 Elementary Chemistry 2
2. PHSL- P 261 Anatomy and Physiology I (Ivy Tech 101/ 102)
3. PHSL- P 262 Anatomy and Physiology I (Ivy Tech 201)
4. MICR-M 250 Microbial Cell Biology Lecture
5. MICR-M 255 Microbial Cell Biology Lab

Applicant Score Sheet: *For IUSB staff use only*

Program Prerequisite 5 Non-Science Courses

ENG-W 131 _____
NURS-B 108 HSC-H 201 _____
SOC-S 161 _____
PSY-P 103 _____
PSY-P 216 _____

Program Prerequisite 5 Science Courses

CHEM -C 102 _____
PHSL-P 261 _____
PHSL-P 262 _____
MICRO-M 250 _____
MICR-M 251 _____

Required 2.7 Application GPA (40%)
(the weighted GPA of all program
prerequisite courses).

Application GPA: _____

Required 2.7 Science GPA (25%)
(the weighted GPA of all program
prerequisite science courses).

Science GPA: _____

Required 2.5 Cumulative GPA
(listed as a student's IU undergraduate
Summary GPA on their transcript).

Cum GPA: _____

Required Documents

Application
Transcripts
Course syllabus
Background check
Health insurance

Essay Score (15%)

Reviewer 1 Score: _____
Reviewer 2 Score: _____
Reviewer 3 Score: _____

Campus Enrollment Score (15%)

5: All Program prerequisite courses taken at IUSB
4: Any transfer credits from another IU system institution
3: Any transfer credits from another bachelor degree
granting institution
2: Any transfer credits from a 2 year institution who we
have an agreement with
1: Any transfer credits from a 2 year institution who we
DO NOT have an agreement with
0: No/incomplete transcripts provided (PROGRAM
ELIGIBLE)

Course Repeat Score (15%)

4: No program prerequisite course repeats
3: Non-science 1 course repeat
2: Science 1 course repeat
1: More than one (1) science and/or one (1)
general education course repeat
0: More than 2 science course or 3 program
prerequisite course repeats
(PROGRAM ELIGIBLE)

Notes:

Applicant Pool Tier

Tier 1: Applicants who meet all GPA requirements AND have completed all 10 program prerequisite courses at the time of application.

Tier 2: Applicants who have NOT completed all 10 program prerequisite courses (registered for the missing _____ hours) at the time of application.