SUL ROSS STATE UNIVERSITY DEPARTMENT OF NURSING BACHELOR OF SCIENCE IN NURSING APPLICATION FOR ADMISSION

| Date of Application | on: | SI | RSU Student ID: _ | | |
|---|---|--------------------------------------|---|--|---|
| Name: | | | | / | |
| Last | F | irst | Middle | | Maiden |
| Phone: | | | / | | |
| Date of Birth: | | Social S | Security Number: | | |
| Physical Address: | | | | | |
| • | Street | City | | Zip Code | |
| Mailing Address: | | | | | |
| | (If Different Fro | om Above) | | | |
| to add the inform be your choice. F Texas Board of No | nation at a later of for annual repor fursing (TBON) ar | date, after the nuts, we are require | rsing student select to include the on for Collegiate N | ection has been information as a Nursing Education | on process. If you wish announced, that will aggregate data to the on (CCNE). |
| Are you an Intern | | | | lo | |
| What is the prima | iry language spo | ken in your hom | e? | | |
| Are you fluent wi | th reading and w | vriting in two lang | guages? <i>Please cl</i> | n <i>eck</i> Yes N | 0 |
| If yes, please list: | | | | | _ |
| Are you a first ge | neration college | student? please | check Yes | No | |

| Name & pho | ne number of person/ / | persons to notify in case o | - , |
|--|--|--|---|
| Name | | Relationship | Phone Number |
| Name | | Relationship | Phone Number |
| | O SUL ROSS STATE UID FOR THE DEPARTME | | PLETED BEFORE ENROLLMENT STATUS WILL |
| with the App program, all | lication for Admission official transcripts <u>MU</u> | to the Department of Nu <u>IST</u> be on file at the Sul Ro | es/universities previously attended along rsing. Upon acceptance to the nursing ess State University Admissions and Records nt's_RESPONSIBILITY to forward such |
| <u>Complete</u> , it counselor, or important to possible for y | is the student's respo registrar to determin review your status wl | nsibility to review the state the courses you may ne hen you are admitted to the | ting with a baccalaureate degree to be Core tus of your transcripts with your advisor, eed to become core complete. It is he Department of Nursing since it may be enrolled in nursing courses with permission |
| List all Colleg | es/Universities attend | ded, including Sul Ross Sta | te University: |
| 1 | e of College | | |
| Addre | ess of College | | Dates Attended |
| 2. | | | |
| Name | e of College | | |
| Addre | ess of College | | Dates Attended |
| 3. Name | e of College | | |

| Address of Col | lege | Dates Attende | ed |
|---|--|-----------------|---------------------|
| l. | | | |
| Name of Colleg | ge | | |
| Address of Col | lege | Dates Attende | ed |
| j | | | |
| Name of Colle | ge | | |
| Address of Col | lege | Dates Attende | ed |
| t the Alpine Campus | at 432-837-8337 of <u>Amanda.Loza@sulross.edu</u> . | | |
| | lowing questions: please check | VEC | NO |
| | d to Sul Ross State University? accepted into Sul Ross State University? | YES YES | NO NO |
| - | ly enrolled in classes at Sul Ross State University? | YES | NO |
| he Student has the j | following responsibilities: | | |
| is the responsibility neans to return this | of the student to return this application. The stuapplication: | udent may use a | ny of the following |
| IS Postal Service: | Sul Ross State University | | |
| | Department of Nursing | | |
| | | | |
| | Box C-58 Alpine, Texas 79832 | | |

Email: Amanda.Loza@sulross.edu

The student is responsible for verifying the application was received by contacting:

Amanda Loza, Department of Nursing Coordinator

email: <u>Amanda.Loza@sulross.edu</u>

Phone: 432-837-8337

It is the responsibility of the student to inform both the Department of Nursing and Sul Ross State University Admissions and Records office of any changes in phone number, mailing address, or email address at any time during the admission process or when enrolled in the BSN track.

It is the responsibility of the student to complete all the forms attached to this application and submit to Ms. Amanda Loza, Department of Nursing Coordinator, by January 31, via one of the methods listed above.

It is the responsibility of the student to submit the Texas Board of Nursing Criminal Background Check as soon as possible as it takes a period of time to receive response. If you already know of a problem which may delay your approval, submission of a Declaratory Order may speed up the process for completion of the criminal background check.

SUL ROSS STATE UNIVERSITY DEPARTMENT OF NURSING STATEMENT OF YOUR DESIRE TO ENTER THE PROFESSION OF NURSING

| | f admission or expulsion from SRSU. I understand that the information contained in |
|----------------------------|--|
| | ion will be ready by the Director of the Department of Nursing, faculty members and U as is appropriate. |
| taff for SRS | |
| aff for SRS | U as is appropriate. and understand the following: selections for admission are competitive and based on the criteria shared with |
| aff for SRS | U as is appropriate. and understand the following: selections for admission are competitive and based on the criteria shared with me during a personal meeting or listed on the Nursing Home Page and the SRSU |
| aff for SRS have read a | and understand the following: selections for admission are competitive and based on the criteria shared with me during a personal meeting or listed on the Nursing Home Page and the SRSU Nursing Student Handbook, and the final decision for admission is made within the Department of Nursing |

Sul Ross State University Department of Nursing

Texas Board of Nursing Criminal Background Check

Background checks are required by the Texas Board of Nursing (TBON) of incoming students to insure the safety of the patients treated by the students in the clinical education program. Your name and information will be submitted for a background check upon receiving the Application for Admission to the Bachelor of Science in Nursing program at Sul Ross State University.

The TBON will contact you at the email address provided to give you further instructions. The student is responsible for the fees of both the fingerprint scanning services, if required, and the cost of the DPS/FBI background check. The cost for the DPS/FBI background check is approximately \$35.00 and \$10.00 for the L1 fingerprint scanning services.

Once the DPS/FBI criminal background check is complete the TBON will do the following:

- Mail a blue postcard directly to the applicant if they have cleared the background check; or
- Mail a letter of eligibility if the applicant has a positive background check that has previously been reviewed by the Board of Nursing Review Board; or
- Correspond with the student if they have a positive background check and request a petition for a declaratory order (DO).

A copy of all communication received by the TBON must be submitted to the Department of Nursing Coordinator at Sul Ross State University to be filed in the applicant's records.

By signing below you are authorizing Sul Ross State University to submit your personal information to the Texas Board of Nursing (TBON) for the purpose of a background check as part of your pre-admission requirements into the program. You are also agreeing to provide a copy of all correspondence with the TBON to the Bachelor of Science in Nursing program at Sul Ross State University to be filed in your students records.

| name: | | |
|--------------------------|-----------|--------|
| Last | First | Middle |
| Address: | | |
| Physical Address | | |
| Preferred email address: | | |
| Social Security Number: | Date of B | Birth: |
| Signature: | Date: | |

Sul Ross State University Department of Nursing Bachelor of Science in Nursing Licensure Eligibility

applications will not be accepted without signature

Please read and complete the following information. If you have questions or concerns or need additional clarification, contact the Department of Nursing Program Director, Dr. Minerva Gonzales @ 432 837-8481. After you **READ and COMPLETE** the information please sign and date this form, indicating your acknowledgment of these requirements.

Licensure Eligibility

The Texas Board of Nursing determines eligibility requirements for the applicants for the initial licensure by examination. All candidates for licensure will be required to answer the following questions: please check

| Y | _N | Been convicted of a misdemeanor? |
|--------------|----------------|--|
| Y | _N | Been convicted of a felony? |
| Y | _N | Pled nolo contendere, no contest, or guilty? |
| Y | _N | Received deferred adjudication? |
| Y guilty? | N | Been placed on community supervision or court ordered probation, whether or not adjudicated |
| Y | _N | Been sentenced to serve jail or prison time or court ordered confinement? |
| Y | _N | Been granted pre-trial diversion? |
| Y | _N | Been arrested or have any pending criminal charges? |
| Y | _N | Been cited or charged with any violation of the law? |
| | _N ment, or | Been subject of a court martial; article 15 violation; or received any form of military judgement, action? |

NOTE: You may ONLY exclude Class C misdemeanor traffic violations.

Expunged and Sealed Offenses

While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket, or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the court order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character of the Nurse.

Orders of Non-disclosure

Pursuant to Tex. Gov't. Code §552.142 (b), if you have criminal matters that are the subject of nondisclosure, you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness of duty issue. Pursuant to other sections of the Gov't Code Chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

- Are you currently the target or subject of a grand jury or governmental agency investigation?
- Has any licensing authority refused to issue you a license or ever revoke, annulled, cancelled, or
 accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or
 multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or
 otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas
 Board of Nursing on an initial or renewal licensure application.)
- *In the past five (5) years have you been diagnosed with, treated for, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgement, or ability to function in school or work? (You may answer "NO" if you have completed and/or are in compliance with TPAPN for mental illness OR if you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have no further hospitalizations since disclosure.)
- *In the past five (5) years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "NO" if you have completed and/or are in compliance with TPAPN.)

*pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history in confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

| f your response is YES to any of the above questions, the Texas Board of Nursing may require you to compl | ete |
|---|-----|
| a "Declaratory Order" prior to acceptance or within the first notification of acceptance. | |
| | |
| | |

| Applicant Signature | Date | |
|---------------------|------|--|

Sul Ross State University Department of Nursing

Functional Abilities Essential for Nursing Practice

The purpose of the Nursing Program is to educate students to meet the program outcomes and to ensure that no graduate will pose a danger to the patient. Nursing students will receive both classroom and clinical instruction in multiple nursing specialty areas (medical/surgical, maternal/child, pediatric, mental health, etc.) and will be required to demonstrate competency in each area.

In order to provide safe and effective patient care in the Nursing Program, the student must be able to demonstrate, with or without reasonable accommodation, physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the program curriculum and clinical agency requirements. Any applicant who has met the necessary academic prerequisites and can, with or without reasonable accommodation, meet and/or perform the Nursing Program Technical Standards will be accepted for admission.

Students admitted to the Nursing Program gain experience in many settings that can be physically demanding, e.g., hospitals, long term care facilities, public health and community agencies, school settings and clinics. During each clinical experience, the nursing student is assigned clinical care which may include medication administration and direct patient care. Students will be expected to adhere to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which safeguards patient confidentiality.

Transportation to and from health care facilities is the responsibility of the student.

Class and Clinical Performance Standards

The following performance standards and activities are based on the core performance standards of the Southern Regional Education Board (SREB) Council of Collegiate Education. Applicants to the program and students enrolled in the nursing program must meet the following performance standards, including abilities and skills in cognitive, sensory, affective, and psychomotor performance. Each standard is accompanied by examples of an activity that a student would be required to perform in the nursing education program.

Table 2. Performance Standards

| ÷ | able 211 offermation obtained and | | | |
|---|-----------------------------------|----------|------------------------------|--|
| | | | | |
| | | | Examples of Required | |
| | Functional | | Activities: Students must be | |
| | Ability | Standard | able to | |

| Observation | Ability to actively participate in all demonstrations, laboratory exercises, and clinical experiences in the professional program component and to assess him/her for examination, diagnosis, and treatment. Such observations require functional use of visual, auditory, tactile and olfactory perceptions. | Visually discriminate incremental reading on syringes Read Sphygmomanometers and other various medical equipment Visually discriminate between different colored objects Discriminate between auditory stimuli Perform a comprehensive assessment on patients Move within confined spaces such as treatment room |
|-----------------------|---|--|
| Gross Motor Skills | Gross motor skills sufficient to provide the full range of safe and effective patient-care activities | or operating suite Assist with turning and lifting patients Administer CPR |
| Fine Motor Skills | Fine motor skills sufficient to perform manual psychomotor skills | Pick up and grasp small objects with fingers such as insulin syringe, pills Perform tracheotomy suctioning Insert urinary catheter Catheter |
| Physical Endurance | Physical stamina sufficient to remain continuously on task for up to a 12- hour clinical shift while standing, sitting, moving, lifting, and bending to perform patient-care activities | Perform client care for an entire length of a clinical experience, 8-12 hours Walk/stand for extended periods of time Turn, position, and transfer patients Manually resuscitate patients in emergency situations according to professional standards |
| Physical Strength | Physical strength sufficient to perform full range of required patient-care activities | Push and pull 200 pounds Transfer/position/lift clients up to 150 pounds with assistance without causing harm to self or others Lift/move heavy objects from 35 – 50 pounds |
| Mobility | Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend, | |
| Mobility | stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform nursing activities | Move around in work area and treatment areas Position oneself in the environment to render care without obstructing the position of other team members or equipment Stoop, bend, squat, reach overhead as required to deliver care in non-emergent and emergent situations |
| Hearing | Auditory ability sufficient for physical monitoring and assessment of patient health-care needs | Hear normal speaking- level sounds Hear auscultatory sounds Hear auditory alarms (monitors, fire alarms, call bells) Hear cries for help |

| Visual | Normal or corrected visual ability sufficient for accurate observation and performance of nursing care | See objects up to 20 feet away Read calibrations on 1 ml syringe Assess skin color (cyanosis, pallor) |
|---|---|---|
| Tactile | Tactile ability sufficient for physical monitoring and assessment of health-care needs | Feel vibrations (pulses) Detect temperature changes Palpate veins for cannulation |
| Smell | Olfactory ability sufficient to detect significant environmental and patient odors | Detect odors from patient (foul smelling drainage, alcohol breath) Detect smoke |
| Cognitive/ Quantitative Abilities | Reading comprehension skills and mathematical ability enough to understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis, and synthesis | Calculate appropriate medication dosage given specific patient parameters Analyze and synthesize data to develop a plan of care Collect data, prioritize needs, and anticipate reactions Transfer knowledge from one situation to another Accurately process information on medication container and physicians' orders, monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication- administration records, other medical records, and policy and procedure manuals |
| | Emotional stability and appropriate behavior sufficient to assume responsibility / accountability for actions Professional appearance and demeanor; demonstrable ability | Establish rapport with patients, instructors and colleagues. Respect and care for persons whose appearance, condition, beliefs and values may be in conflict with their own Deliver nursing care regardless of patient's race, ethnicity, age, gender, religion, sexual orientation, or diagnosis Conduct oneself in a composed, respectful manner in all situations and with all persons Work with teams and workgroups |

| Emotional/ Behavioral Professional Attitudes and Interpersonal Skills | to communicate with patients, supervisors, and co- workers to achieve a positive and safe work environment Interpersonal abilities sufficient for interaction with a diverse population of individuals, families, and groups Ability to follow instructions and safety protocols Exhibition of honesty and integrity beyond reproach | Establish and maintain therapeutic boundaries Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation Exhibit capacity to engage in successful conflict resolution Engage in peer accountability Tolerate physically taxing workloads Demonstrate prompt and safe completion of all patient-care responsibilities Adapt rapidly to changing environment/stress Exhibit ethical behaviors and exercise good judgment Function effectively and respond appropriately during stressful and emergency situations (physically, emotionally, and mentally |
|---|---|---|
| Conceptual/ Spatial Abilities | Conceptual/spatial ability sufficient to comprehend three- dimensional and spatial relationships | Comprehend spatial relationships in order to properly administer injections, start intravenous lines, assess wounds of varying depths, etc. |
| Clinical Reasoning | Critical-thinking ability for effective clinical reasoning and clinical judgment consistent with the level of educational preparation to reason across time about a patient's changing condition and/or changes in the clinician's understanding | Identify cause/effect relationships in clinical situations Maintain client's physical and emotional safety Demonstrate competence in administration of meds, treatments, and procedures Use scientific method in the development of patient-care plans Evaluate effectiveness of nursing interventions Evaluate patient or instrument responses, synthesize data, and draw sound conclusions |

| Communication | Communication adeptness sufficient for verbal and written professional interactions Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health-care team, including nonverbal communication, such as interpretation of facial expressions, affect and body language Written communication skills | Explain treatment procedures Speak clearly and directly Give verbal directions to or follows verbal directions from other members of the healthcare team and participate in health-care-team discussions of patient care Elicit and record information about health history, current health state, and responses to treatment from patients or family members Practice Therapeutic Communication Convey information to patients and others as necessary to teach, direct, and counsel individuals in an accurate, effective, and timely manner Communicate effectively with physicians, staff, patients, and patient's family members Recognize and report critical patient information to other caregivers |
|---------------|--|---|
| | Adaptation to Nursing | |
| Flexibility | Department coursescheduling policy | Make oneself available to work the hours of an assigned schedule which could include any shift and day of the week |