

DIXIE STATE COLLEGE OF UTAH

BSN PROGRAM APPLICATION PACKET

Students are admitted into the nursing program without regard to gender, age, creed, ethnic origin, or marital status. Space in the program is limited, therefore, admission will be competitive and applicants will be scored on an objective point procedure that has been strategically set up to predict student success.

REQUIREMENTS FOR ADMISSION INTO THE ONLINE BSN NURSING PROGRAM:

- **Must meet minimum eligibility requirements:**
 - Graduate from an accredited ADN nursing program.
 - Be licensed as a registered nurse.
 - New graduates may be admitted but must provide proof of licensure before registering for the second semester.
- Applicants must be admitted to Dixie State College of Utah. <http://new.dixie.edu/Admissions/>
- There is a \$35 non-refundable nursing program application fee payable to the cashier's office. This is in addition to the DSC admission fee of \$35. This may be paid by phone: 435.652.7605. Have them send receipt to nursing office.
- Submit a current official college/university transcript.
 - If your transcripts have been posted on your DSC records, you may provide an *UNOFFICIAL* copy from the Registrar's Office. (MUST be on OFFICIAL transcript paper. Cost is \$1.00)
 - If your transcripts have not yet been posted on your DSC records, then you must submit an OFFICIAL copy from ALL colleges/universities you have attended.
 - **Transcripts should show all Registered Nursing courses**
- Submit a program essay that is **word processed**, double spaced, and no more than two, one-sided pages.
 - In your essay, discuss the following:
 - Why you want to obtain a BSN degree
 - Why you feel you would be successful in the BSN Program
 - What strategies you will use to fulfill the intensive requirements of the BSN Program
 - How you feel the BSN Program will assist you in achieving your career goals
 - You will be graded on your ability to follow instructions, collect and organize your thoughts, express yourself through writing, and critical thinking.
- **Applications must be submitted between April 1st and June 1st for fall admission.**
- **Applications will only be accepted if they are COMPLETE and submitted between these dates.** (Deadline will be extended to the next business day if last date falls on weekend.)
 - Notification of your admission status will be sent to your **dm**ail account no later than June 30th.

Direct any questions to:

- | | | | |
|------------------|--------------------------|--|--------------|
| ○ Alice Clegg | Nursing Advisor | clegg@dixie.edu | 435.879.4813 |
| ○ Barbara Sperry | Department Secretary | sperry@dixie.edu | 435.879.4810 |
| ○ Colleen Hales | Administrative Assistant | hales@dixie.edu | 435.879.4800 |

Submit application by certified mail:

Dixie State College of Utah
Attention: Nursing Department
225 South 700 East
St. George, UT 84770

Or hand deliver:

Taylor Health Science Building
1526 East Medical Center Drive
Room #302

Be sure to keep a copy of all of items you submit



Dixie State College of Utah

BSN Program

Application for Admission

DUE DATES:
 Fall admission – April 1st-June 1st

Date Submitted _____

DIRECTIONS:

Please type or print and complete ALL of the information requested. Check the boxes that are completed. **Incomplete applications will not be processed.**

1. PERSONAL INFORMATION			
DSC Student Number <i>(8 digits)</i>		Preferred Name	
First Name		Last Name	MI
Address		City	State
Zip	Primary Phone	Secondary Phone	
Email		Dmail @dmail.dixie.edu	
2. EMERGENCY CONTACT			
Name		Relationship	
Home Address		Primary Phone	
City		State	Zip
3. DIXIE STATE COLLEGE OF UTAH ADMISSION			
<input type="checkbox"/> I am a student in good standing at DSC		OR	<input type="checkbox"/> I have completed the DSC admission process
<input type="checkbox"/> I have submitted an OFFICIAL copy of all transfer college transcripts to DSC registrar's office			
4. PROGRAM APPLICATION REQUIREMENTS			
<input type="checkbox"/> I have paid the \$35 non-refundable nursing application fee		<input type="checkbox"/> Receipt	<input type="checkbox"/> Receipt being sent by cashier
<input type="checkbox"/> I have completed the program essay <i>(copy submitted with application)</i>			
<input type="checkbox"/> I have submitted an OFFICIAL copy of all college transcripts with this application <i>(DSC -copy on certified paper may be unofficial)</i>			
<input type="checkbox"/> I have submitted 3 letters of recommendation from previous or current nursing supervisor(s) or Registered Nursing clinical instructors who have observed my performance and abilities in the clinical settings. I have not seen the evaluator's comments.			
5. PROGRAM INFORMATION			
I plan to follow a: <input type="checkbox"/> Full Time Track (8-12 credits/sem - 21 months) OR <input type="checkbox"/> Part Time Track (3-10 credits/sem – 33 + months) <i>(May be changed during program)</i>			
6. REGISTERED NURSE REQUIREMENT			
<input type="checkbox"/> I have a current RN License (include a copy with application)		State: _____ Expires: _____	
<input type="checkbox"/> OR I have completed my ADN degree but have not yet		Anticipated license date _____	
<input type="checkbox"/> I completed my <input type="checkbox"/> AS <input type="checkbox"/> AAS degree from an accredited nursing program Semester: _____ Name of Institution: _____			
<input type="checkbox"/> I have completed ALL Associate Degree Nursing courses with at least a "C" grade, and with a core course cumulative GPA of 3.0 (B)			

(If nursing degree is Associate of **Applied Science**) I have an Associate of Arts/Science or Bachelor of Arts/Science degree from _____ which may fulfill the general education requirements for the BSN degree

7. DISCIPLINE CORE COURSE COMPLETION

Be sure and include College or University name. Use additional line if necessary

CORE COURSES	CR	DSC COURSE	EQUIVALENT COURSE	INSTITUTION	SEMESTER	GRADE
Pathophysiology	3	BIOL 4400				
Statistics	3-4	MATH 1040 OR STAT 2040				
GENERAL EDUCATION	May be fulfilled by AA/AS or BA/BS degree					
Life Sciences (LS)	3-5	BIOL 1010, 1610/15 OR NFS 1020				
Physical Sciences (PS)	3-5	CHEM 1010, 1110/15 OR HIGHER				
Fine Arts/ Communications (FA)	3	COMM 2110, 1010, OR 1020				
Computer Skills (CS)	3	CIS 1200				
English (EN)	6	ENGL 1010 AND 2010				
American Institutions (AI)	3	HIST 1700 OR POLS 1100				
Literature/Humanities ()	3	HUM 1010, PHIL 1000, 1020 OR OTHER LIT				
Information Literacy (IL)	1	LIB 1010				
Mathematics	3-5	MATH 1030, 1040, 1050 OR HIGHER				
Social Sciences (SS)	3	PSY 1010, 1100 OR FCS 1500				

8. ADN COURSE COMPLETION

COURSE	CREDITS	SEMESTER	GRADE	COURSE	CREDITS	SEMESTER	GRADE

I certify that all of the statements in this application, and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that if I am accepted into Dixie State College of Utah's BSN program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed.

Print Name

Signature

BSN NURSING PROGRAM APPLICATION CHECKLIST

This checklist has been provided to guide you through the application process.

DO NOT SUBMIT IT WITH APPLICATION

If you have any questions please contact the Nursing Advisor at 435.879.4813

	REQUIREMENTS	DATE DONE
1	Complete the Dixie State College of Utah admissions process. (<i>\$35 fee & OFFICAL transcripts</i>)	
2	Pay \$35.00 non-refundable program application fee to the Dixie State College cashier's office by June 1st for fall admission . May be done by credit card. Submit a copy of receipt with application, or have Cashier send it directly to nursing office	
3	Submit current official transcripts with application (<i>Transcripts for classes in progress at time of admission must be received by July 31st for fall admission</i>)	
4	Complete the essay according to the instructions.	
5	Complete Nursing Application form, sign, and submit pages 2-43 to Nursing Office. Taylor Health Science Bldg #302. Applications accepted between April 1st - June 1st	
6	Submit a copy of RN License, OR indicate the anticipated date of testing/licensure. (<i>New graduates must be licensed before start of second semester.</i>)	
<p>Once you have been accepted into the Nursing Program the following will be required. Please provide verification to the Nursing Department Secretary by the due date in your acceptance packet. You will be required to keep these current during the entire program. Please use this information as applicable to your admission status.</p>		
1	CPR Certification Health Care Provider Status MUST include AED training. (<i>American Red Cross expires every year; American Heart Association expires every 2 years.</i>) (<i>Classes available thru DXATC 435.652.7730 or DSC 435.879.4950</i>)	
2	Background screen http://myvci.com/dixie cost: \$45 Allow 2 weeks for results.	
3	5 panel drug screen \$30.00-\$50.00 (DAT Express, OHCI, or IHC WorkMed do them for \$25-\$30 locally) Allow 2 weeks for results.	
4	Verification of 2 MMR (<i>Measles, Mumps, Rubella</i>) immunizations or Titer showing immunity. (Not required if born before 1957)	
5	TDaP immunization. MUST include Pertussis. Childhood immunization not acceptable Waiver required if tetanus shot received in last 2 years. (<i>waiver in nursing office</i>)	
6	Hepatitis B series (<i>3 required</i>) At least 2 must be completed before program start. Allow 4 weeks between the first 2. Or complete a waiver (<i>available in nursing office</i>)	
7	Chicken Pox vaccination or letter verifying you had Chicken Pox or titer showing immunity. (<i>Letter may be signed by student, parent, or doctor</i>)	
8	Negative 2-Step Tuberculosis Skin Test, Chest X-ray or verification of prior treatment for TB.	
9	Influenza vaccination may be required during flu season	

