



Bethune-Cookman University School of Nursing RN to BSN Application

Thank you for your interest in applying to the School of Nursing at Bethune-Cookman University in the RN to BSN program. In response to your request, the following documents have been included in this packet, and will assist you in completing your application. These documents include:

1. Demographic Form
2. School of Nursing Application
3. Recommendation Form(s)
4. Health Assessment Form
5. Certificate of Immunization
6. Curriculum Requirements

The following admission requirements must be met before acceptance to the School of Nursing. Please review the following, prior to submitting your application:

1. Students must demonstrate appropriate communication and mathematical skills as part of the University's General Education competencies as described in the Bethune-Cookman University Academic Catalog. Transfer students who have satisfied current University exemptions or have an AA degree, will not be required to take RE 260. There are courses that the student must complete in addition to the nursing curriculum as listed. Courses may include African American History, Ethics and other general education requirements. Applicants will be advised of individual course requirements upon review of transcripts.
2. Completion of the Pre-Nursing Program requirements (lower division courses) with a minimum 2.80 overall, cumulative grade-point-average (GPA) and a minimum 2.50 GPA in support courses (totaling 30 semester credit hours) in the following areas
 - a. Anatomy and Physiology
 - b. General Biology
 - c. Microbiology
 - d. Mathematics
 - e. Psychology (General and Developmental)
 - f. Nutrition
3. Courses designated as support and natural science courses may not be repeated more than once to achieve a minimum passing grade of "C".
4. No more than two (2) of the support courses may be repeated. Support courses are designated by asterisk in the Nursing Vertical Curriculum (**not applicable to RN to BSN**):
5. Students must take and pass a Nursing Admission Examination (NAE). The student must achieve a passing score as designated by the Bethune-Cookman University School of Nursing. The NAE will be administered as a proctored examination after initial screening evaluation of applicants completed admission packets. The fee for the examination is separate and students are responsible to pay for the exam. The approximate cost is estimated to be \$50.00 to \$70.00. Students will have two attempts to obtain the minimum passing score (**not applicable to RN to BSN**):.

6. A physical examination is required from a qualified physician or advanced health care practitioner as defined in the School of Nursing Student Handbook. Proof of an up to date and complete immunization record must be submitted at the time of application.
7. Two letters of personal reference are required. Sources of references may include an employer, advisor teacher, professor, counselor or community leader.
8. Applicants must have a current Healthcare Provider Cardio-Pulmonary Resuscitation (CPR) card.

The Nursing Program formally begins in the spring and fall semesters; the prerequisites listed on the Curriculum requirement form must be completed prior to this time. If you are interested in the on-line **RN-BSN Program** please email your name and your contact information to facilitate the admission process. <http://www.christeleitd@cookman.edu>

You will need to document and submit any course work, you have completed, from other academic institutions. Bethune-Cookman University, Office of Admissions requires this documentation in the form of an official high school or college transcript(s). Retain a copy of your transcripts for curriculum advisement with faculty of the School of Nursing.

Please include a recent photograph with your application and a 200 word essay on “What is your definition of professionalism in baccalaureate nursing” If you have any questions about the application process, please feel free to contact ‘The Great Bethune University School of Nursing’ at (386) 481- 2387. Please speak with Ms. Deborah Christeleit.

640 Dr. Mary McLeod Bethune Blvd. Daytona Beach, FL 32114
Direct Line 386-481-2100 Fax 386-481-2220



School of Nursing
Demographic Form

NAME _____ College ID # _____

Mailing Address:

Telephone

() _____ (home)

() _____ (mobile)

Email Address

(Bethune-Cookman University Account required after admission)

Emergency Contact

Person to contact in case of emergency:

Name _____ Relationship to you _____

Permanent Address

Telephone

() _____

Have you ever been expelled or suspended from any school or college for disciplinary reasons? _____

Have you ever been arrested for, or convicted of, any criminal offense other than a traffic violation? _____

Have you ever been suspended because of academic deficiencies from an educational institution or from a particular program of study? _____

If you answered “yes” to any of the questions above, please explain the circumstances.

Please write a one-page statement about yourself and why you would like to pursue a Bachelor of Science Degree in Nursing at Bethune-Cookman University and include with application.

I certify that all the information I have given is true and complete to the best of my knowledge, and I understand that falsification of information on this application will lead to denial of admission or dismissal from Bethune Cookman University, School of Nursing Program. I will request all academic credentials such as transcripts and test scores be sent immediately to Bethune Cookman University, School of Nursing.

Applicant’s Signature _____ Date _____

**Please return completed packet to:
Bethune-Cookman University
School of Nursing
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, Florida 32114**

Incomplete Applications will not be reviewed by Admissions Committee.



School of Nursing
Recommendation Form

Student Applicant:

Complete this section of the recommendation form and give it to your employer, counselor, pastor or teacher. Please sign in the space indicated to give person permission to fill out form.

Student's Legal Full Name:

_____ SSN _____
 First Middle Last

Permanent Address: _____
 Number & Street City State Zip

Student's Home telephone# (_____) _____

Student's Signature _____ Date _____

Employer, Counselor, Pastor or Teacher of student applying to Bethune-Cookman University School of Nursing Program. Complete this section and mail it along with the student's official transcripts to the address below.

Name: _____ Telephone# _____

Name of School or Business _____ Title _____

Address: _____

How long have you know the applicant? _____ In what capacity? _____

Check the appropriate spaces that best describe the applicant.

Quality	Superior	Above Average	Average	Below Average	No opportunity to observe
Emotional Maturity					
Sense of Responsibility					
Tact and Courtesy					
Cooperation					
Leadership					
Drives and Motivation					

Comments: _____

_____ Date _____
 Signature of person filling out recommendation

____ Student is Recommended _____ Student is Not recommended



School of Nursing
Recommendation Form

Student Applicant:

Complete this section of the recommendation form and give it to your employer, counselor, pastor or teacher. Please sign in the space indicated to give person permission to fill out form.

Student's Legal Full Name:

First _____ Middle _____ Last _____ SSN _____

Permanent Address: _____
Number & Street _____ City _____ State _____ Zip _____

Student's Home telephone# (_____) _____

Student's Signature _____ Date _____

Employer, Counselor, Pastor or Teacher of student applying to Bethune-Cookman University School of Nursing Program. Complete this section and mail it along with the student's official transcripts to the address below.

Name: _____ Telephone# _____

Name of School or Business _____ Title _____

Address: _____

How long have you know the applicant? _____ In what capacity? _____

Check the appropriate spaces that best describe the applicant.

Quality	Superior	Above Average	Average	Below Average	No opportunity to observe
Emotional Maturity					
Sense of Responsibility					
Tact and Courtesy					
Cooperation					
Leadership					
Drives and Motivation					

Comments: _____

Signature of person filling out recommendation _____ Date _____

_____**Student is Recommended** _____**Student is Not recommended**

640 Dr. Mary McLeod Bethune Blvd. Daytona Beach, FL 32114
Direct Line 386-481-2100 Fax 386-481-2220



School of Nursing
HEALTH ASSESSMENT FORM

This form is to be completed by the student and physician.

To the student: Please complete this form carefully. Information supplied will become a part of your student's health record and will be held in strict confidence.

Please check appropriate boxes.

___ Dormitory Student ___ Off Campus Student ___ Married ___ Single

Report of Medical History

Please print clearly

Name _____ SSN _____

Address _____

DOB _____ Sex _____ Insurance Name & Number _____

Have you ever had ?	Yes	No	Remarks
Diabetes			
Epilepsy			
Allergies			
Heart Disease			
Hernia			
Injuries of bones & joints			
Operations			
Mental or Nervous Disorders			
Syphilis			
Tuberculosis			
Urinary Disorders			
Gastro-intestinal Disorders			
Disorders of the Skin			
Other Chronic Illnesses			
Other Communicable Diseases			

Signature of Student _____ Date _____

Signature of Parent or Guardian (if student is not over 18)

TO BE COMPLETED BY PRIMARY CARE PROVIDER
(please review history)

Examination	Normal	Abnormal	Comments
Height _____ Weight _____			
Eyes, Ears, Nose, Throat Vision: R _____ L _____			
Teeth and Gum			
Neck (Thyroid)			
Heart (Size and Sound)			
Blood Pressure			
Pulse (rate and rhythm)			
Lungs			
Breasts			
Abdomen (Scars, Tenderness, Masses)			
T.B. Tine Test or Chest X-Ray			
Is there loss or serious 1.) Impairment of an organ: Yes No Explain:			
2.) Extremity ___ Yes ___ No Explain:			
Receiving treatment for any physical or emotional problem (Explain)			

Recommended for physical activities _____

Explain limitations _____

Primary Care Provider's Signature _____ Date _____

Print Name _____

Address _____

This form is to be mailed by primary care provider to:

Bethune-Cookman University
School of Nursing
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, Florida 32114
(386) 481-2100 phone
(386) 481-2220 fax

Please attach copies of lab
work with this form



School of Nursing
CERTIFICATE OF IMMUNIZATION

PART A – To be completed by student

NAME _____
Last First Middle

Date of Birth _____ Social Security Number _____

Address _____
Street City State Zip

Expected term of enrollment in the School of Nursing _____

PART B – To be completed and signed by a health care provider. _____ Dates must include month and year.

Required Immunizations:

1. For students born before 1957, Rubella immunity as in IV.
2. For all other students, either a) MMR immunity, as in I or b) measles, mumps and rubella immunity, as in II, III and

I. MMR (Measles, Mumps, Rubella) Note: Date must be after 1970

1. Dose 1 – immunized at 12 months of age or later, and (MO/DAY/YR) ___/___/___
2. Dose 2 – immunized at least 30 days after Dose 1 (MO/DAY/YR) ___/___/___

II. MEASLES Note: Date must be after March 4, 1963

1. Had disease, confirmed by physician diagnosis in office record, OR (MO/DAY/YR) ___/___/___
2. Born before 1957 and therefore considered immune, OR (MO/DAY/YR) ___/___/___
3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
4. Immunized with live measles vaccine at 12 mos. Of age or later, AND (MO/DAY/YR) ___/___/___
5. Immunized with second dose of live measles vaccine at least 30 days after first dose. (MO/DAY/YR) ___/___/___

III. MUMPS Note: Date must be after April 22, 1971

1. Had disease, confirmed by physician diagnosis in office record, OR (MO/DAY/YR) ___/___/___
2. Born before 1957 and therefore considered immune, OR (MO/DAY/YR) ___/___/___
3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
4. Immunized with vaccine at 12 mos. Of age or later (MO/DAY/YR) ___/___/___

IV. RUBELLA Note: Date must be after June 9, 1969

1. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
 2. Immunized with vaccine at 12 mos. Of age or later (MO/DAY/YR) ___/___/___
- Exemption on ground of permanent medical contraindication
- Exemption on ground of temporary medical contraindication
- a. Pregnancy – expected date of confinement (MO/DAY/YR) ___/___/___
 - b. other – anticipated date of end of contraindication (MO/DAY/YR) ___/___/___

V. CHICKEN POX/VARCELLA

Immunization status indicated above is certified by: _____

- 1. Had disease, confirmed by physician diagnosis in office record, OR (MO/DAY/YR) ___/___/___
- 2. Born before 1957 and therefore considered immune, OR (MO/DAY/YR) ___/___/___
- 3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
- 4. Immunized with vaccine at 12 mos. of age or later (MO/DAY/YR) ___/___/___

VI. HEPATITIS

- 1. Immunized with vaccine at 12 mos. of age or later (MO/DAY/YR) ___/___/___
- (MO/DAY/YR) ___/___/___
- (MO/DAY/YR) ___/___/___

Immunization status indicated is certified by: _____

Signature of physician or health facility official

Date

Print Name and Address of physician or public health facility.

Bethune Cookman College Immunization Policy requires documentation of Immunization by Health Care Provider.

Please send to: Bethune Cookman College
School of Nursing
640 Dr. Mary M. Bethune Blvd.
Daytona Beach, FL 32114

On-Line RN-BSN Track Nursing Program Bethune Cookman University School of Nursing

Prerequisites: Current Registered Nurse's license

Bethune-Cookman University Mission: Founded by Dr. Mary McLeod Bethune in 1904, Bethune-Cookman University is a historically Black, United Methodist Church-related university offering baccalaureate and master's degrees.

The mission is to serve in the Christian tradition the diverse educational, social, and cultural needs of its students and to develop in them the desire and capacity for continuous intellectual and professional growth, leadership, and service to others. The University has deep roots in the history of America and continues to provide services to the broader community through a focus on service learning and civic engagement.

Bethune-Cookman University accomplishes its mission by providing quality instruction in an intellectually stimulating environment that nurtures the head (intellect), the heart (transformative leadership) and the hand (service learning) which are the three words displayed so prominently on the University's official institutional seal.

Bethune-Cookman University School of Nursing Mission: The faculty and staff are committed to making higher education in nursing accessible to a diverse student body. The faculty believes that baccalaureate education is the basic preparation for professional nursing practice. The educational program has as its primary purpose to educate men and women practitioners who are qualified for leadership roles in the practice of their profession and are prepared for service in the communities in which they live.

Course Description: Theories and concepts are presented within the framework of the nursing process. The portfolio reflects work achieved throughout the student's career as an RN and while progressing through the BSN program. It is the responsibility of the student to initiate contact with the instructor, submit examples of work that reflects professional growth, and write reflective outcomes of the work achieved. The portfolio is presented at the beginning of the program and continues throughout the course work and is reviewed again in Developmental Survey I and final review in Developmental Survey II.

Main Course Goal: To identify the students' scholarly work and achievements in professional writing and applying critical thinking in theory-based nursing. The portfolio is a tool that reflects the student's individual progress and goals in the nursing profession.

Impact on B-CU Mission and Institutional Student Learning Outcomes (ISLOs)

Through the attainment of the course Student Learning Outcomes (CSLO), students will acquire knowledge, skills and competencies outlined in the Institutional Student Learning Outcomes (ISLOs), School Student Learning Outcomes (SSLOs) and Program Student Learning Outcomes (PSLOS). The course student learning objectives fully support the mission and core values as stated in the strategic plan; as well as the school goals.

The Registered Nurse to Bachelor of Science Nursing track includes 128 total credits for the degree, 60 credits from general studies and nursing prerequisites, and 68 credits from the upper division. Of these 68 nursing credits, 30 credits are derived from a professional evidence-based portfolio (EBP), and 38 credits from required nursing courses.

School of Nursing RN to BSN Required On-Line Course Work

Course Number	Course Title	Credit Hours
NU 282 RN	Health Assessment	3
NU 283 RN	Nursing Concepts	3
NU 395 RN	Developmental Survey I	9
NU 405 RN	Community Health Nursing	6
NU 406 RN	Nursing Research	3
NU 433 RN	Leadership & Management	3
NU 495 RN	Developmental Survey II	8
NU 499 RN	Nursing Seminar	3
Total Credit Hours		38

- **Entrance to RN-BSN Track: Registered Nurse License & Professional Evidence-Based Portfolio (30 credits)**
- **Evidence-Based Portfolio Description:** Theories and concepts are presented within the framework of the nursing process. The portfolio reflects work achieved throughout the student's career as an RN and while progressing through the BSN program. It is the responsibility of the student to initiate contact with the instructor, submit examples of work that reflects professional growth, and write reflective outcomes of the work achieved. The portfolio is presented at the beginning of the program and continues throughout the course work and is reviewed again in Developmental Survey I and final review in Developmental Survey II.

Main Course Goal: To identify the students' scholarly work and achievements in professional writing and applying critical thinking in theory-based nursing. The portfolio is a tool that reflects the student's individual progress and goals in the nursing profession.

Evidence-Based PORTFOLIO:

1. A folder or three ring binder is required to hold the portfolio in an organized manner.
2. The student is responsible to develop and continue progression with the portfolio throughout the program
3. The portfolio should include: Introduction page (name, address, contacts, etc.). Personal philosophy about nursing, work experiences, and professional goals.
4. Initial presentation of portfolio should include: Certifications, Professional Resume, Continuing Education certifications, CEUs, professional organizations that you belong to, special awards, clinical ladders, educational programs, topics of interest in your specialty, and presentation or attendance of conferences
5. The portfolio will be evaluated at the beginning of the program, developmental survey I, and again in developmental survey II.
6. APA format is required throughout portfolio.

Course descriptions for Nursing

- **Nu 282 RN Health Assessment (3 semester hours):** A theory/clinical course which focuses on developing skills needed to perform a physiological and psychosocial assessment of individuals across the life span. Fundamental health assessment skills are practiced in the clinical setting. This course prepares the registered nurse in the efficient use of assessment techniques.
- **NU 283 RN Nursing Concepts (3 semester hours):** This theory based course introduces major concepts of professionalism in the practice of a baccalaureate prepared nurse. The concepts include communication, and collaboration with diverse groups of patients, families and health care colleagues as well as ethical and legal dilemmas found in a variety of clinical settings.
- **NU 395 RN Developmental Survey I (9 semester hours):** This course provides the opportunity to ensure that the student is competent in all aspects of theory and practice. It enhances students' knowledge of didactic theory and clinical practice related to content in the beginning to the end of the curriculum. It is an individualized and self-directed course with guidance from faculty. The student will continue the professional evidence-based portfolio and reflect specific criteria necessary to support the competency and abilities of the student. The portfolio will be submitted to faculty for review.
- **NU 405 RN Community Health (6 semester hours):** This theory/clinical course provides students with the knowledge needed to help care for the community. Emphasis is placed on health promotion and disease prevention as well as homelessness and domestic violence. Clinical experiences occur in a variety of community agencies that provide services to a diverse population.

- **NU 406 RN Nursing Research (3 semester hours):** This course introduces the Baccalaureate nursing student to the concepts and process of research in nursing. Emphasis is on critiquing published research in preparation to conduct a research study. Evidence-based practice is the goal of this course.
- **NU 433 RN Leadership & Management (3 semester hours):** A theory course in which selected principles and concepts of leadership and management are applied to professional nursing. Standards of professional care are examined in the context of issues related to: health care systems, organizational designs and governance, roles and relationships, quality improvement and cost containment, change theory and agent, and ethical practice and legal responsibilities.
- **NU 495 RN Developmental Survey II (8 semester hours):** This course is designed to ensure that the student is competent in all aspects of senior level theory and clinical practice. It is a review course that enhances the students' knowledge of didactic theory and clinical practice related to content covered in the senior level curriculum. It is an individualized and self-directed course with guidance from faculty. An individual student plan (ISP) is developed as an assessment of the students' areas of strength and areas of needed improvement. Credit hours are based on the ISP and final presentation of the professional evidence-based portfolio.
- **NU 499 RN Nursing Seminar (3 semester hours):** A theory course designed for the analysis, synthesis and evaluation of nursing knowledge. Current nursing issues and trends that relate to professional nursing and the health care delivery system will be discussed. Presentation of the research paper developed in NU 406 Nursing Research is a requirement of the course.