

Pacific Lutheran University - School of Nursing
LPN to Bachelor of Science in Nursing (LPN-BSN) Program
Application for Admission
2010-11

Application Checklist

This page is provided for your convenience and should not be submitted with the BSN application materials.

APPLY FOR UNDERGRADUATE ADMISSION TO PACIFIC LUTHERAN UNIVERSITY

- Current PLU students:** note that you are a current student on the application (in *Academic Information*).
- Transfer students** must submit the Undergraduate Application to the PLU Office of Admission.
 - It is recommended that PLU applications be submitted **well in advance** of the BSN application priority deadline (i.e., one to two months prior). Applying to PLU early helps ensure that the PLU admissions process is completed by the time BSN applications are reviewed. All applicants must be formally admitted to PLU before they can be considered for admission to the nursing program.
 - The undergraduate PLU application may be submitted online (there is no fee for online applications) or by mail. See www.plu.edu/admission or contact PLU Admissions (253.535.7151, admission@plu.edu).

SUBMIT LPN TO BSN APPLICATION MATERIALS TO THE SCHOOL OF NURSING

All applicants to the School of Nursing (PLU students and transfer students) must submit the following items in order to be considered for admission:

- Nursing Application forms**
Attached (biographical & education information, questions relative to licensure, affidavit of understanding, etc.)
- Unofficial Transcripts**
Include unofficial transcripts from **each** college/university you have attended (other than PLU).
- Washington State Patrol Disclosure Affidavit, Request for Conviction Criminal History Record, and Fee**
Non-refundable fee of \$15⁰⁰ in the form of a cashier's check or money order; do NOT send personal checks or cash.
- Nursing Essays**
- ESL/International applicants: Official TOEFL-iBT scores**
See English Proficiency Policy and Procedures, attached.
- Two (2) recommendations**
Forms attached. Each recommendation must be submitted in an envelope that has been signed and sealed by the person writing the reference. Unsealed recommendations submitted by applicants are invalid.
- Mail all application materials items directly to:** School of Nursing
Pacific Lutheran University
Attn: BSN Admissions
Tacoma, WA 98447-0029

DEADLINES AND NOTIFICATIONS

- **Priority Deadline for Consideration of Admission: February 1, 2010, and rolling***

For consideration of admission to Fall 2010 and Spring 2011 semesters only.

* *LPN to BSN students are encouraged to apply anytime, although on-time application is your best opportunity for maximum space availability; when applying after the priority deadline, please contact the School of Nursing as early as possible for advisement regarding the application process and the appropriate deadlines.*

Those who apply by the priority deadline are normally notified of an admissions decision no later than June 15 regarding admission to the following Fall or Spring terms. Qualified candidates may be placed on a wait list. Waitlisted applicants are notified in writing as spaces become available in the term of their choice. Waitlisted applicants are encouraged to submit updated transcripts and contact information to the School of Nursing.

Late Applications: Applications received and/or completed after the priority deadline are considered for admission on a rolling basis. Late applicants may be placed on a wait list or offered admission if space is available.

Re-Applying: Nursing applications are not carried over from one academic year to the next. Any applicant who is not admitted in one academic year must submit a new nursing application to be considered for a subsequent academic year.

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MINIMUM CRITERIA FOR CONSIDERATION OF ADMISSION

Applicants must be admitted to Pacific Lutheran University before consideration of admission to the School of Nursing. Admission to the School of Nursing is a selective process. Meeting minimum requirements *does not guarantee* admission. Admission to the university neither implies nor guarantees admission to the School of Nursing. Minimum criteria that applicants must meet to be considered for admission to the Basic or LPN to BSN programs of study in the School of Nursing include the following:

1. Satisfactory completion or pending satisfactory completion of specified prerequisite courses at PLU, an accredited community college, or another accredited university.
2. Completion/pending completion of at least 30 semester credits (45 quarter credits) at the college level (sophomore class standing).
3. Competitive grade point averages. (Because admission is competitive, the grade point averages for admitted students are usually significantly higher than the minimum criteria.) Minimum grade criteria:
 - a. Minimum PLU cumulative grade point average of 3.00 on a 4.00 scale. (For transfer students who matriculate to PLU and the School of Nursing simultaneously, the cumulative grade point average determined by the Registrar's Office is used.)
 - b. Minimum grade of 2.00 on a 4.00 scale in each nursing prerequisite and co-requisite course.
 - c. Minimum cumulative grade point average of 2.75 on a 4.00 scale in the prerequisite courses.
4. No more than one repeat of any single prerequisite or co-requisite course. Applicants who have either repeated courses, both general and nursing-specific, due to failure, or have withdrawn from courses, are considered less competitive.
5. Completion of the university math entrance requirement.
6. Physical and mental health with emotional stability sufficient to meet the demands of generalist nursing roles and to provide timely, safe patient care (see policy, attached).
7. Fluency in speaking, reading, writing, and comprehending university-level English (see policy, attached).
8. Civil, administrative, and criminal history clearance in all states as well as any other applicable territory or country.
9. Submission of all required application documents to the School of Nursing by the designated deadlines.

CURRICULUM SEQUENCE

Undergraduate Curriculum: LPN to BSN Program Sequence

The LPN to Bachelor of Science in Nursing (BSN) curriculum requires two and one half (2.5) academic years or five (5) semesters to complete. Specific nursing prerequisite courses must be completed by the specified deadlines in order to enroll and progress in the nursing program.

All nursing courses are sequential; successful completion of all courses each semester is prerequisite to enrollment in courses in the following semester. All nursing courses must be completed with a minimum grade of 2.0/'C' to be successfully completed.

1 st Year:	First Semester - Sophomore II	NURS 260	Professional Foundations I	4 semester credits
		NURS 270	Health Assessment & Promotion	4 semester credits
		NURS 280	Pathological Human Processes	4 semester credits
	Second Semester - Junior I	NURS 320*	Nursing Competencies II	4 semester credits
		NURS 330*	Pharmacology & Therapeutic Modal.	4 semester credits
		NURS 340*	Nursing Situations: Adult Health I	4 semester credits
NURS 350*		Nursing Situations: Mental Health	4 semester credits	
2 nd Year:	Third Semester - Junior II	NURS 360	Nursing Research and Informatics	4 semester credits
		NURS 365	Culturally Congruent Health Care	4 semester credits
		NURS 370	Nursing Situations: Childbearing (OB)	4 semester credits
		NURS 380	Nursing Situations: Childrearing (Peds)	4 semester credits
	Fourth Semester - Senior I	NURS 420	Intro to Leadership & Resource Mgmt	4 semester credits
		NURS 430	Nursing Situations: Community Hlth	5 semester credits
3 rd Year:	Fifth Semester - Senior II	NURS 440	Nursing Situations: Adult Health II	4 semester credits
		NURS 441	Nursing Situations Seminar	1 semester credit
		NURS 460	Health Care Systems and Policy	2 semester credits
		NURS 480	Professional Foundations II	2 semester credits
		NURS 499	Capstone: Nursing Synthesis	6 semester credits

** Courses that may be waived based on demonstration of competency. Applicants will be evaluated for waiver of these classes only after acceptance to the program.*

This page is included for your information only. The remaining pages comprise the BSN application; submit all items to:
PLU School of Nursing, Attn: BSN Admissions, Tacoma, WA 98447

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BIOGRAPHICAL INFORMATION

Name: _____ PLU ID: _____
Last First MI (if known)

Other names used: _____ SSN: _____
Previous last names, maiden name, etc.

Are you a U.S. Citizen? Yes No: Country of Citizenship: _____ Date of Birth: _____
MM / DD / YYYY

Is English your Native Language? Yes No: Native Language: _____ Sex: Female Male

Contact Information:

Mailing Address: _____
Number & Street City State Zip

Permanent Address: _____
Number & Street City State Zip

Current Phone: _____ Cell/Other Phone: _____

E-mail Address: _____ Alternate E-mail: _____

APPLICANT INFORMATION

I am applying to the:
 LPN to BSN Program
 (There is a separate basic BSN application; contact the School of Nursing to request the appropriate application packet.)

I am also applying through the following program(s):
 Navy MECP Green to Gold
 Army ROTC Vocational Rehab
 Other: _____

For consideration of admission to the following semester(s):
 Fall 2010 Semester (begins early September)
 Spring 2011 Semester (begins early February)
 Other: _____

ACADEMIC INFORMATION

PLU Admissions Status*

- I am a currently enrolled in classes at Pacific Lutheran University.
- I have submitted an application for admission to PLU, but have not yet been formally admitted.
- I have not yet applied to Pacific Lutheran University.

* Applicants must be admitted to the University BEFORE they may be considered for admission to the BSN program/nursing major.

Previous Schools Attended

Attach unofficial transcripts for each school, including your LPN transcript. List **ALL** universities/colleges previously attended or currently attending (no exceptions), and any degrees. If still enrolled, indicate your anticipated leaving date. Attach additional pages if necessary.

Institution Name	City, State	From Mo/Yr	To Mo/Yr	Degree/Diploma Completed/Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Questions relative to Educational Background

- Will you be completing, or have you completed, a Direct Transfer Associates (DTA) degree from a WA State community college? If so, where and when? _____ Yes No
- Have you ever applied to the PLU School of Nursing? If so, when? _____ Yes No
- Have you ever been denied admission to or dismissed from any PLU School of Nursing program? Yes No
- Have you ever been dismissed from another college/school of nursing or nursing program? Yes No
- Have you ever been dismissed from, placed on academic probation by, or subject to any other disciplinary or probationary sanction by any college or university? Yes No

If you answered 'YES' to questions 3, 4, or 5 above, you **must** submit a typed statement of explanation on a separate page. Include measures you have taken to strengthen your potential for academic and professional success.

- Were you previously, or are you currently, enrolled in nursing courses and/or a nursing program? Yes No
 Name of the school/college/university: _____

If you answered 'YES' to question #6 contact the School of Nursing to request more information on the policy and procedures for students transferring from another nursing program.

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Prerequisite Course Completion

To expedite the admissions process, applicants must submit **unofficial transcripts** from each college and university attended, other than Pacific Lutheran University. Applicants are encouraged to submit updated unofficial transcripts upon completion of additional prerequisite and/or co-requisite courses.

To indicate where you have completed (or plan to complete) each prerequisite course, complete the following chart in its entirety. Please note: all **prerequisite** courses must be completed prior to enrollment in the nursing program.

	Prerequisite / Co-Requisite Course Requirement	College/University where course was taken	Course #	# of Credits	Term/Year Completed (or planned); i.e., Fall09	Grade (if completed)	If you have taken the course more than once, check here, and provide the indicated information. Include any courses from which you withdrew (grade of "W, WP, WF, WM", etc.) **		
							✓	Grade	When/Institution of Repeated Course
Prerequisites	Chemistry of Life (Organic and Biochem)								
	Introduction to Psychology								
	Human Anatomy & Physiology I								
	Human Anatomy & Physiology II								
	Introduction to Microbiology								
	Development Across the Lifespan								
	Introductory Statistics								

** Please leave this section blank if you have no course repeats

Evaluation of Transfer Courses for Nursing Prerequisites:

Applicants are encouraged to review the School of Nursing 'Comparable Course Guide,' which shows courses at Washington state colleges and universities that fulfill nursing course requirements (available at www.plu.edu/~nurs). Applicants may be asked to submit course descriptions and/or syllabi for courses completed out of state. The PLU Registrar evaluates all transcripts and is the only entity that approves credits for transfer to Pacific Lutheran University. PLU course descriptions are listed in the Catalog (available online at www.plu.edu/print/catalog/).

NURSING ESSAYS

Two essay responses. Each response is limited to 250-350 words in length (i.e., 700 words total for two responses). Responses should be submitted on separate paper, typed, and double-spaced.

1. Answer this question. Below is a list of four fields of nursing care, broken up by age group. Rank the following list according to which population you are most interested in working with as a nurse, where 1 is your most preferred area, and 4 is your least preferred area. Explain a scenario from your experience that has led to your desire to work more closely with your top choice of age group, and/or explain a scenario from your experience that has discouraged you from working with the population you ranked last.
 - Care of newborns
 - Care of children
 - Care of adults
 - Care of the elderly
2. Choose ONE of the following two options for your second response:
 - a. The American Nurses Association Code of Ethics for Nurses states that: "The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems" (Code of Ethics for Nurses, American Nurses Association, Inc., 2005. <http://nursingworld.org>). Your patients may not share the same ethnicity, culture or set of values as you. Please describe a scenario from your experience that challenged your core values, and explain how you responded.
 - b. Critical thinking is the process of using reflective, rational thinking to gather, interpret and evaluate information in order to derive a judgment or decision. Critical thinking skills are an essential aspect of leadership in nursing. Give an example of a challenge in which you utilized critical thinking skills to resolve the issue. Please be specific.

OPTIONAL: ADDITIONAL INFORMATION

Are there any special circumstances or additional information you would like the Recruitment, Admission and Progression Committee to consider in relation to your nursing application? (* LPN to BSN applicants who are intending to request to waive NURS320/330/340 or 350 based on work experience are strongly encouraged to submit a detailed resume)

- No
- Yes: If 'yes,' attach an explanation totaling no more than two (2) typed pages, as well as any supporting documentation you wish the Committee to consider.

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QUESTIONS RELATIVE TO LICENSURE

Full Legal Name: _____ PLU ID or SSN: _____
Last First MI

Students are requested to answer the following questions, or similar questions, when they apply for RN licensure. Therefore, in fairness to applicants and for the protection of their clients, these questions are included in the application to the School of Nursing.

Answering any of the questions in the affirmative does not exclude your application from being considered for admission. However, **full details must be furnished for each affirmative answer** (including copies of all judgments, decisions, orders, agreements and surrenders). Submit documentation on (a) separate (8 1/2 X 11 inch) sheet(s) of paper to: Attn: Admissions Coordinator, School of Nursing, Pacific Lutheran University, Tacoma, WA 98447. The Recruitment, Admission and Progression Committee or the Dean may request additional information or an interview.

An affirmative answer to any question relative to health may not exclude you from participation in the program, but it is essential to disclose any health conditions so that a determination can be made if that condition will affect your ability to meet legitimate program requirements.

1. Do you have a medical condition which in any way impairs or limits your ability to perform the duties required in the nursing program with reasonable skill and safety? Yes No
“Medical condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
 - 1a. If you answered “yes”, please explain on a separate sheet whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
 - 1b. If you answered “yes”, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to meet the requirements of the nursing program with reasonable skill and safety? Yes No
“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning, and includes at least the past two years; **“Chemical substances”** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
3. Have you ever been diagnosed as having/have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? Yes No
4. Are you currently engaged in the illegal use of controlled substances? Yes No
“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning, and includes at least the past two years; **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally, (e.g. heroin, cocaine), as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
5. Have you ever been convicted, entered a plea of guilty, nolo contendere, or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
 - a. the use or distribution of controlled substances or legend drugs? Yes No
 - b. a charge of a sex offense? Yes No
 - c. any other crime, other than minor traffic infractions? (Include driving under the influence and reckless driving). Yes No
6. Have you ever been found in any civil, administrative, or criminal proceeding to have:
 - a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? Yes No
 - b. committed any act involving moral turpitude, dishonesty or corruption? Yes No
 - c. violated any state or federal law or rule regulating the practice of a health care professional? Yes No
7. Have you ever been found in any proceeding to have violated state or federal law or rule regulating the practice of a health care profession? Yes No
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? Yes No
9. Have you ever been named in any civil suit or suffered any civil judgment or incompetence, negligence or malpractice in connection with the practice of a health care profession? Yes No

Additional Questions Relative to LPN Licensure:

Are you currently an LPN or LVN? Yes: License Number: _____ Expiration Date: _____
 No

Are you currently enrolled in a practical/vocational nursing program? Yes: Expected program completion date: _____
 No

List all other states/countries in which you hold and/or expect licensure; include license number, expiration/expected licensure dates: _____

Has your license ever been suspended, revoked, or otherwise restricted in any state/country/applicable territory? Yes No
If ‘yes’, you must include a full statement of explanation with your application in order to be considered for admission.

Applicant’s Signature _____	Date _____
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For School of Nursing Use Only: Verified on: _____ by: _____

Approved by RAP (October 2005)

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WASHINGTON STATE PATROL DISCLOSURE AFFIDAVIT

QUESTIONS RELATIVE TO THE WASHINGTON STATE PATROL CRIMINAL HISTORY FORM

Pursuant to the Revised Code of Washington (RCW 43.43.830-.845), the School of Nursing is required to ask that all applicants disclose the following information. Answering any of the following questions in the affirmative, or disclosure of any issues related to criminal history, does not exclude your application from being considered for admission into the nursing major; however, full details, (including copies of all judgments, decisions, orders, agreements and surrenders), must be furnished on a separate (8 1/2 x 11 inch) sheet of paper and sent: Attn. Admissions Coordinator, School of Nursing, Pacific Lutheran University, Tacoma, WA 98447-0029. Additional information or an interview may be requested by the Recruitment, Admission and Progression Committee or the Dean

Have you ever been:

1. convicted of any crime against children or other persons? Yes No
2. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? Yes No
3. found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor? Yes No
4. found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
5. found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? Yes No
6. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? Yes No

I understand that the withholding of information, or giving false information to the questions above, in relation to RCW 43.43.830-.845, may make me ineligible for admission to the School of Nursing or, if admitted, subject to dismissal. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by all of the policies, rules and regulations of the School of Nursing. I further understand that from the time I file my application with the School of Nursing, it is my responsibility to know all the rules, requirements and exemptions from this degree program.

Printed Name: _____

_____ Last

_____ First

_____ MI

Signature: _____

Date: _____

In order to be reviewed, the School of Nursing application must be accompanied by this signed and dated affidavit and a completed and signed Washington State Patrol Request for Criminal History Information form and attached fee (cashier's check/money order only).



WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 705-5100

<https://watch.wsp.wa.gov>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

APPLICANT INSTRUCTIONS: Complete this form when requesting conviction criminal history record information from the identification and criminal history section.

1. Complete all areas ONLY in "Section A: Subject Information".
2. Attach a **\$15.00 cashier's check or money order only ****NO PERSONAL CHECKS****** made payable to "PLU School of Nursing."
3. Submit the form and fee with your nursing application to PLU School of Nursing, Tacoma, WA 98447.
4. The PLU School of Nursing will process the request with WSP on your behalf.

Washington State Patrol forms and/or criminal history reports received otherwise are considered invalid and cannot be accepted.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers Lic. Number/State _____ / _____

WSP USE ONLY

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: ___/___/___ PLU School of Nursing - Senior Office Assistant
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. () _____
253-535-7672 Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Pacific Lutheran University

Requesting Agency Senior Office Asst., Certification

Name School of Nursing

Address Tacoma, WA 98447-0029

City State ZIP Code

Right Thumb Print (Optional)

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Physical & Psychological Expectations of Nursing Students Preparing for Professional Practice

This page included for the applicant's information only, and does not need to be submitted with application materials.

To be admitted to and progress in the Pacific Lutheran University School of Nursing, a student must be aware of and meet the requirements identified in the following description of work performance of practicing nursing professionals.

Title:	Baccalaureate Nursing Student <i>(also applies to Entry-Level MSN students)</i>
Work Hours:	Varies with shifts and setting and includes 12-hour shifts (including travel to clinical sites throughout Puget Sound area)
Full/Part Time:	Full and Part Time students

General Responsibilities/Requirements: The nursing student is responsible for performing patient assessment, planning care delivery, performing nursing intervention and teaching patients, family members and communities about health and illness. Responsibilities include reviewing the patient's chart, assessing the patient's medical condition, complaints and concerns, assessing biopsychosocial and spiritual aspects of the patient's health, carrying out physician's orders, and determining appropriate treatment and medication. Direct care includes administering medications and completing nursing procedures such as catheterization, suctioning, dressing changes and responding to emergencies as they occur, as well as counseling, teaching and crisis intervention. The student also assists patients with meals, positioning, transporting and transferring in and out of bed, and in walking. Information gathered about the patient is regularly and appropriately communicated to the health care team. The student also engages in community-based activities in which care to families, groups and target populations is delivered. This requires participation in agency and independent activities.

Machines, Tools, or Moving Equipment: The student uses a variety of medical supplies and equipment; e.g., stethoscope, blood pressure cuff, IV poles, tubing and pumps, portable monitoring units, needles, clamps and scissors, syringes, patient support bars, hospital bed, wheelchairs, etc.

Percent of Time Spent:	Required:
Sitting 10%	Occasional sitting possible when taking patient's history or recording on patient's chart.
Standing 50%	Standing and walking during the entire workday.
Walking 40%	

While Working the Student Must:	Required:	
	YES NO	
Twist	X	Occasional twisting while working around tables and chairs in a patient's room, as well as occasional stooping and/or bending to retrieve supplies from lower storage areas.
Stoop/bend	X	
Squat	X	
Kneel	X	
Crawl		X
Climb	X	Pushing and pulling various pieces of medical equipment on wheels as well as continuous grasping and handling of medical supplies, equipment, medications and items.
Push/pull	X	
Grasp/handling	X	
Reach over shoulders	X	The capacity to reach full range of motion.
Reach at waist	X	
Reach below waist	X	
Kneel	X	

While working the student must:	Required:	
	YES NO	
Lift to 10 lbs.	X	Continuously lifting medical supplies and equipment weighing up to 5 lbs.
Lift 11-20 lbs.	X	Occasionally lift PCA Monitors & other equipment weighing up to 20 lbs.
Lift 21-50 lbs.	X	Occasionally assist in 2-person lifting of patients.
Lift over 50 lbs.	X	<i>Identifying specific weights lifted in a transfer is difficult; it is dependent upon the amount of assistance the patient is able to offer.</i>
	YES NO	
Carry to 10 lbs.	X	Continuously carry medical supplies and equipment weighing up to 5 lbs.
Carry 11-20 lbs.	X	Occasionally carry items weighing up to 20 lbs.
Carry 21-50 lbs.	X	
Carry over 50 lbs.		X The student uses carts to transport heavier items.

Personal Strengths: The student is expected to accept persons whose appearance, condition and behavior and values may be in conflict with his/her own. Nursing care including all needed personal health services must be carried out regardless of the patient's race, ethnicity, age, gender, religious preference or sexual orientation. In collaboration with other health team members, the student works toward the goal of easing the burden of physical and emotional pain of those assigned to his/her care. In order to assist others in regaining health, it is essential that the student maintains his/her own level of wellness.

Working Environment: There are many settings in which the nursing student gains experience, e.g., hospital, nursing home, public health and community agencies, home visits, school setting and clinics. The most physically demanding may be in the hospital or nursing home setting where there is a nursing station with patient rooms in the surrounding area. The flooring often varies and students are expected to walk distances while monitoring patients' conditions. These active, busy environments require the ability to keep track of a large number of activities at a time.

Overall Requirements: Essential functions necessary to complete the program of study leading to a BSN degree at Pacific Lutheran University include the use of all the senses to gather information, e.g., observing color changes in the skin, hearing heart and lung sounds through a stethoscope, palpating pulses and feeling hot/cold skin. The program requires sufficient fine motor abilities to manipulate equipment in a safe and effective manner. The program requires the use of speech, reading and writing to communicate with clients, families, and other health care professionals. Patient care requires the ability to synthesize information from a variety of sources and apply it in making decisions regarding safe client care. The student always maintains a level of consciousness and alertness that ensures patient safety. The student has the emotional stability and flexibility to direct care functions, engage in therapeutic communications and counseling, and function effectively in situations of stress. This includes the capacity to function outside the personal comfort zone, placing clients' needs first.

During each shift or clinical experience, the nursing student is assigned patient care, which includes medication administration and direct care functions. Assistance in lifting is usually available for items that are too heavy. The student can be relieved of emergency response duties, but must be prepared to administer emergency care if other personnel are not available. The student must notify the School of Nursing of any restrictions or modifications that may need to be considered. Students are not expected to directly participate in medical procedures that are in conflict with personal beliefs and values. This does not preclude, however, the obligation to learn the underlying principles and take care of clients before and after such procedures.

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CURRICULUM SEQUENCE

Undergraduate Curriculum: LPN to Bachelor of Science in Nursing Program Sequence

The LPN to Bachelor of Science in Nursing (BSN) curriculum comprises two and a half (2.5) academic years or five (5) semesters. Specific nursing prerequisite courses must be completed by the specified deadlines in order to enroll and progress in the nursing program.

Prerequisite Courses/Requirements:

Must be completed *prior* to enrollment in the nursing program, with the exception of STAT 231 (see below).

Minimum grade in **each** course of 'C'/2.0 or higher on 4.0 scale.

Minimum cumulative prerequisite GPA of 2.75 or higher on 4.0 scale.

1. Fulfillment of the University Math Entrance Requirement
2. Introduction to Psychology (PSYC 101) 4 credits
3. Human Anatomy & Physiology I (BIOL 205) 4 credits + lab
4. Human Anatomy & Physiology II (BIOL 206) 4 credits + lab
5. Intro Inorganic, Organic & Biochem (CHEM 105) 4 credits + lab
6. Introduction to Microbiology (BIOL 201) 4 credits + lab
7. Development Across the Lifespan (PSYC 320) 4 credits
8. Introductory Statistics (STAT 231) 4 credits must be completed prior to NURS360.

All nursing courses are sequential; successful completion of all courses each semester is prerequisite to enrollment in courses in the following semester. All nursing courses must be completed with a minimum grade of 2.0/'C' to be successfully completed.

1 st Year: First Semester - Sophomore II	NURS 260	Professional Foundations I	4 semester credits
	NURS 270	Health Assessment & Promotion	4 semester credits
	NURS 280	Pathological Human Processes	4 semester credits
Second Semester - Junior I	NURS 320*	Nursing Competencies II	4 semester credits
	NURS 330*	Pharmacology & Therapeutic Modal.	4 semester credits
	NURS 340*	Nursing Situations: Adult Health I	4 semester credits
	NURS 350*	Nursing Situations: Mental Health	4 semester credits
2 nd Year: Third Semester - Junior II	NURS 360	Nursing Research and Informatics	4 semester credits
	NURS 365	Culturally Congruent Health Care	4 semester credits
	NURS 370	Nursing Situations: Childbearing (OB)	4 semester credits
	NURS 380	Nursing Situations: Childrearing (Peds)	4 semester credits
Fourth Semester - Senior I	NURS 420	Intro to Leadership & Resource Mgmt	4 semester credits
	NURS 430	Nursing Situations: Community Hlth	5 semester credits
	NURS 440	Nursing Situations: Adult Health II	4 semester credits
	NURS 441	Nursing Situations Seminar	1 semester credits
3 rd Year: Fifth Semester - Senior II	NURS 460	Health Care Systems and Policy	2 semester credits
	NURS 480	Professional Foundations II	2 semester credits
	NURS 499	Capstone: Nursing Synthesis	6 semester credits

** Courses that may be waived based on demonstration of competency. Applicants will be evaluated for waiver of these classes only after acceptance to the program; all waivers must be obtained prior to starting the LPN to BSN sequence of study.*

AFFIDAVIT OF UNDERSTANDING

I understand that withholding information requested on this application, or giving false information, may make me ineligible for admission to the School of Nursing, or subject to dismissal at a later date if admitted. With this in mind, I certify that all statements made in connection with this application for admission to the PLU School of Nursing are correct and complete. If admitted to the PLU School of Nursing, I agree to abide by all policies, rules and regulations of the PLU School of Nursing, including any changes made while I am enrolled. I further understand that from the time I file my application with the School of Nursing, it is my responsibility to know all the rules, requirements and exemptions from this degree program, including but not limited to the preceding Undergraduate Curriculum LPN to BSN Program Sequence as described above, and any and all addenda* attached to this application.

 Applicant's Signature

 Month/Day/Year

IN ORDER TO BE REVIEWED, THIS APPLICATION MUST BE SIGNED AND DATED

Addenda Attached to this application:

Washington State Patrol Disclosure Affidavit, Washington State Patrol Request For Criminal History Information, Recommendation for Admission Forms (2), Policy Regarding English Proficiency, Policy For Students Transferring From Another School/College Of Nursing, Physical and Psychological Expectations of Nursing Students Preparing For Professional Nursing Practice.

The School of Nursing at Pacific Lutheran University subscribes to the principles and laws of the State of Washington and the U.S. Federal Government pertaining to civil rights and equal opportunity, and considers for admission all applicants regardless of race, religion, age, color, creed, national or ethnic origin, gender, sexual orientation, marital status or disability.

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OPTIONAL SECTION - Demographic Information

Applicant responses to the following items will be used for statistical purposes only; **completing this section is optional.**

Name: _____ PLU ID / SSN: _____
Last First MI

Sex:

- Male Female

Race/Ethnicity:

- Asian American (U.S. nationality) *Country of Origin:* _____
 Black/African American Native African _____
 Hispanic American Native Asian _____
 Multi-Racial: _____ Native European _____
 Native American/Alaska Native Native Pacific Islander _____
Tribal registration: _____ Not Listed/Other: _____
 White/Caucasian American

Marital Status:

- Single Married Partnered Divorced Separated Widowed

Religious Affiliation:

- Baptist Hindu Muslim
 Buddhist Jewish Presbyterian
 Catholic Lutheran Non-Denominational Christian
 Congregational/UCC Methodist Other: _____
 Episcopal Mormon/Church of Jesus Christ of Latter Day Saints

Military Status:

Are you currently/were you previously involved in the military? No Yes (indicate current status & branch)
↳ Regular Reserves Retired
Branch: _____

How did you hear about the PLU School of Nursing?

- School Counselor/Advisor College Fair at: _____
 Friend/Word of Mouth Continuing Nursing Education course flyer
 "AllNursingSchools.com" search engine College Guide Book
 General Internet Search Newspaper Advertisements
 PLU/School of Nursing Alum Other: _____
Alum's Name: _____

Did you attend a BSN information session at PLU hosted by a School of Nursing admissions coordinator? Yes No

If 'yes', please indicate when you came to a session (month/year): _____

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REQUIRED SECTION – RECOMMENDATIONS

Two blank recommendation forms follow this page; each form is two pages in length. The recommendation form and any accompanying letter should be sent directly to the School of Nursing by the recommender, in a signed and sealed envelope, to the address indicated on the recommendation form. Unsealed recommendations submitted by applicants are not accepted.

This section to be completed by the applicant:

Name of 1st recommender: _____
Title/Position of 1st recommender: _____
Please describe how this person knows you. _____

How long have you known this recommender? _____
When did you or will you request this person to send the recommendation? _____
Indicate date

Name of 2nd recommender: _____
Title/Position of 2nd recommender: _____
Please describe how this person knows you. _____

How long have you known this recommender? _____
When did you or will you request this person to send the recommendation? _____
Indicate date

Communication with the School of Nursing

DO:

- Submit or postmark applications before the February 1 deadline; late applications are reviewed on a space-available basis
- Submit official TOEFL-iBT scores to the School of Nursing by the Feb. 1 deadline (applicants whose first language is not English)
- Complete your PLU application by Jan. 1 for admission to PLU prior to the Feb. 1 nursing application deadline (transfer students);
- Contact the School of Nursing at nurs@plu.edu if you have not received an email confirmation of receipt of your application within 10 business days of submitting your application
- Ask your references to send their recommendation directly to the School of Nursing in a sealed and signed envelope
- Send transcript and contact information updates during the ongoing decision process, and whenever requested
- Check your email regularly; you may be contacted by the Admissions Committee with questions or clarifications

To assist us in efficiently reviewing all completed nursing applications, **PLEASE DON'T** contact the School of Nursing about:

- receipt of your application until at least 10 business days after submitting your application
- receipt of separately-sent documents prior to submitting this main application form
- complications or concerns regarding your application to the university; these questions should be addressed to PLU Admissions
- final nursing admission decisions prior to May

Applicant Records

Once submitted, this application becomes the property of the Pacific Lutheran University School of Nursing and will not be returned in whole or in part; we do not provide photocopies of the application or any other submitted materials. Please do not submit valuable original documents, such as diplomas, certificates, professional licenses, photos, etc., as they cannot be returned. All applicants forfeit the \$15 background check fee, including applicants who withdraw their applications prior to a final admission decision or do not complete an application in its entirety. The PLU School of Nursing makes every effort to keep all completed applications on file for two (2) years, but we are not responsible for lost or misplaced applications for those not admitted to the program. Persons who reapply to the program in the future may contact the School of Nursing regarding re-using elements of a previous application; however, in most cases, a full reapplication is required or strongly recommended. Contact the School of Nursing for further details about reapplying.

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Recommendation for Admission to the School of Nursing

ETHICAL STANDARDS:

	I have no concerns/ reservations.	I have concerns/ reservations. (please describe below)	No basis for judgment
Is honest in academic and professional dealings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses and upholds personal standards of integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholds ethical standards when facing possible opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and respects issues of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriate in behavior with clients/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any circumstances in which the applicant showed noteworthy ethical conduct/integrity? Please explain:

Are you aware of any circumstances in which the applicant acted **contrary** to standards of ethical conduct/integrity? Explain:

PROFESSIONAL BEHAVIORS & WORK ETHIC:

	Excellent (Top 5%)	Very Good (Top 10%)	Above Ave. (Top 20%)	Average	Below Average	No basis for judgment
Carries goals/tasks to completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses sound judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is open to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding professional behaviors/work ethic:

Professional nursing is an applied science, requiring intellectual discipline, psychomotor skills, personal integrity and accountability, and emotional maturity. Based on this description of professional nursing, would you recommend this applicant for admission to a baccalaureate nursing program?

- Yes, with no reservations.
- Yes, with reservations (please explain):

- No (please explain):

Please feel free to share any additional comments regarding the applicant. If desired, attach an additional page or letter.

Signature of Respondent: _____

Signature

_____ *Date*

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Recommendation for Admission to the School of Nursing

ETHICAL STANDARDS:

	I have no concerns/ reservations.	I have concerns/ reservations. (please describe below)	No basis for judgment
Is honest in academic and professional dealings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses and upholds personal standards of integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholds ethical standards when facing possible opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and respects issues of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriate in behavior with clients/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any circumstances in which the applicant showed noteworthy ethical conduct/integrity? Please explain:

Are you aware of any circumstances in which the applicant acted **contrary** to standards of ethical conduct/integrity? Explain:

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Uses sound judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is open to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding professional behaviors/work ethic:

Professional nursing is an applied science, requiring intellectual discipline, psychomotor skills, personal integrity and accountability, and emotional maturity. Based on this description of professional nursing, would you recommend this applicant for admission to a baccalaureate nursing program?

- Yes, with no reservations.
- Yes, with reservations (please explain):

- No (please explain):

Please feel free to share any additional comments regarding the applicant. If desired, attach an additional page or letter.

Signature of Respondent: _____

Signature

_____ *Date*