I. General Information

The Imperial Valley Campus RN-BS in Nursing Program has been available since July 2007. The RN-BS Program is for licensed California Registered Nurses, who completed a regionally accredited program, with either an Associate Degree in nursing or a Diploma in nursing, and wish to obtain a Bachelor of Science Degree in nursing. Prospective students are eligible to apply for admission when they have completed, or will complete within one year, all prerequisites for the Bachelor of Science nursing program. For information about prerequisite courses and grade requirements, consult the general catalog and both the SDSU-IV Campus and School of Nursing websites.

Those eligible to apply for admission should carefully read the admission procedure for both San Diego State University and the RN-BS in Nursing Program.

Two applications are required.

#1: Applicants must first be eligible for admission to the University as an Undergraduate-Transfer Student.
http://www.csumentor.edu

- The application is online and a fee is required
  - Students with a previous bachelor’s degree will apply as an undergraduate as well
- A supplemental application and official transcripts (high school, AP credit & colleges/universities) will be required at a later date. Continue to check the IV Campus website for details.

#2: Complete the following SDSU-IV Campus RN-BS in Nursing Application

- The paper application does not require a fee
- An application which is incomplete or inaccurate cannot be processed or considered for admission.
- All official transcripts that are sent to Office of Admissions, must be submitted to the School of Nursing as well.
- When requesting official community college transcripts, please request CSU GE Certification.

Send completed School of Nursing application, official transcripts and verifying documents to:

SAN DIEGO STATE UNIVERSITY
Application deadlines to the School of Nursing are as follows:

The Imperial Valley Campus is currently only accepting fall admissions.

- For entrance into the following **FALL** term, applications are accepted beginning **October 1st**, and must be received by **December 31st**.

Applications will not be considered without **official transcripts**.

To make certain that all documents have been received prior to the deadline, to seek **advisement**, or inquire about information regarding the admission procedure, please contact the SDSU-IV Campus RN-BS Office at 760-768-5680 or email: rachelle.gaede@mail.sdsu.edu.

II. Admission to San Diego State University – Imperial Valley Campus

Admission to the School of Nursing is contingent upon **admission to the University**. Applicants planning on a nursing major should apply for admission to the University as a “Nursing” major.

The University application form is available online from (www.csumentor.edu). There is an application fee associated with this process. **Transcripts and other supporting documents required by the University must be submitted to**:

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Office of Admissions
San Diego State University
5500 Campanile Dr.
San Diego, Ca 92182-7455
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For more specific information regarding application to the University, consult the SDSU-IV Campus web site, www.ivcampus.sdsu.edu, the current San Diego State University General Catalog, or the University Admissions and Records Office.

The filing periods for application to **San Diego State University – Imperial Valley Campus** are as follows (check www.ivcampus.sdsu.edu and www.csumentor.edu for any changes):

- For entrance into the following **FALL** term, applications are accepted beginning **October 1st**, and must be received by **December 31st**.

III. Admission to the School of Nursing requires the following:

1. Completion of prerequisite courses and grade requirements as specified in the San Diego
State University General Catalog and School of Nursing Undergraduate Information Bulletin.

2. Completion of the School of Nursing application.
3. Official transcript(s). **Students enrolled at San Diego State University must request the University Cashier’s Office send a current official transcript to the SDSU-IV RN-BS in Nursing Coordinator.**
4. Once admitted to the School of Nursing, students will be required to meet compliance requirements before attending clinical. One of the requirements is a valid CPR Certification from either American Heart Association, “Healthcare Provider” course, or American Red Cross, “Professional Rescuer” course. **Other CPR courses will not be accepted.**
5. **Writing Competency - Students must meet a level of writing competency. This requirement can be satisfied by various tests or by passing appropriate classes. You must provide documentation for your file.** *(See Special Instructions below)*

### IV. Health Requirements (After Admission)

Upon acceptance into the School of Nursing, the student must provide the following:

- Physical exam proof
- Medical history
- Measles, Mumps, Rubella (MMR: 2 immunizations required)
  - Positive antibody titers may be used in lieu of vaccination proof
- Adult Tdap after 2005
- Hepatitis B series of 3 vaccinations followed by Hepatitis B positive titer
- Annual Tuberculosis Test or Symptom Review for those with positive test results
- Varicella (chicken pox) series of 2 vaccinations at least 28 days apart
  - A positive antibody titer is required, if no vaccinations were received or there is a history of disease reported
- Influenza

### V. Special Instructions

1. **Writing Competency Requirement**

   A currently enrolled student at San Diego State University has probably passed the writing competency requirement. Applicants from off campus may meet this requirement by taking (or having taken) the ACT, SAT, CEEB, WPA or the appropriate classes. Refer to the San Diego State University General Catalog or the School of Nursing Undergraduate Information Bulletin for score requirements. **Student must send proof of how the writing competency requirement was met to the RN-BS in Nursing Coordinator prior to the deadline.**

2. **Reapplication**

   a. Applicants are requested to notify the School of Nursing Office if they will not be able to matriculate as planned. Application materials will be held for reactivation **only on a written request** to the School of Nursing Office. It will be necessary for applicants to contact the School of Nursing for the appropriate
procedure and to update their application.

b. If an applicant meets all requirements, but is denied admission because of lack of space, the applicant must request in writing that all documents be held for the application to be reconsidered the following semester. All application materials and transcripts become the property of School of Nursing. If an applicant does not reapply within a year, application materials are destroyed.
PURPOSE: The following health policy is instituted for the purpose of protecting the health of both students and clients in clinical classes.

1. HEALTH ASSESSMENT

1. Upon acceptance to the School of Nursing, the student is required to complete submit the SDSU Medical History Form & Essentials Performance Document to the SDSU-IV RN-BS Nursing Office (East Faculty Bldg. /116). The information will be reviewed (based on established criteria) to determine if there are any physical conditions that would limit the applicant’s ability to function in nursing. If questions arise regarding an applicant’s physical condition, the applicant will be requested to undergo further health assessment. (This form will be provided to the student upon acceptance into the School of Nursing.)

2. All students are required to have a physical examination upon acceptance to the School of Nursing. The Physical Clearance Form is to be completed by the student’s health care provider at the time of the exam and returned to SDSU-IV RN-BS Nursing Office (East Faculty Bldg. /116). (This form will be provided to the student upon acceptance into the School of Nursing.)

2. IMMUNIZATIONS

All students are required to have documented evidence of required immunizations when they start the clinical nursing courses (N415, N458, N400 or N499).

- Pregnant students must obtain antibody titres; however, they are exempted from immunizations during pregnancy.

- Family planning is strongly encouraged for three months before and after immunization. If pregnancy is a possibility, the students are advised to have pregnancy testing before immunization.

- Immunizations may be obtained from San Diego State University Student Health Services (San Diego), Imperial County Public Health Department or from a private health care provider.
SAN DIEGO STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING

IMPERIAL VALLEY CAMPUS

RN-BS in Nursing
APPLICATION FOR ADMISSION

Term for which applying:      Date received by S.O.N.
Fall 201 _______               ___________________________

Name______________________________________________________________________________________
(Last)   (First)   (Middle/Maiden) (Mr. Mrs. Ms.)

Red ID ___________________________   Email__________________________________________

Permanent Address___________________________________________________________________________

______________________________________________________Phone_________________________________

Cell Phone __________________________

Indicate below who should be notified in case of emergency:

Name_____________________________________________________Phone_____________________________

Address___________________________________City__________________State__________Zip____________

I. List in chronological order all colleges and universities you have attended, beginning with the school where you
are currently enrolled. Give locations of each institution, the dates of your attendance and, if appropriate, the
date of your graduation.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance</th>
<th>Declared Major</th>
<th>Degree: Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. List the prerequisite courses you are completing this semester or quarter.

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Where Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III. Writing Competency Requirement:

How was requirement met? ______________________________________________________________

IV. Are you able to converse in a language other than English? If so, what language? ________________

V. Current R.N. License? Yes_______ No_______

State_______ License No.___________________

VI. Have you ever been on active duty in the U.S. military service? _____ Yes _____ No

1. If Yes, please indicate whether you are currently an active duty member or a veteran of the U.S. armed forces. _____ Active Duty Member _____ Veteran

2. If you select “Yes”, submit a copy of your DD214 or DD295 with this application form for an evaluation of credit.

VII. Other nursing education or clinical experience? Yes_______ No_______

If yes, please explain: ________________________________________________________________

_________________________________________________________________________________

I verify that to the best of my knowledge, all information given in this application is true and complete.

___________________________________________
Signature    Date

STATISTICAL INFORMATION

The School of Nursing is routinely requested to provide profile information about students who are accepted and/or apply to the program. This information is not considered as part of the application nor
will it be used in determining your admission status. Although the information request is OPTIONAL, we would appreciate your cooperation in completing this questionnaire.

Name ___________________________ Red ID # ______________________

Current Address ___________________________________________________

Phone Number ___________ Cell Phone Number ________________________

Email _________________________________________________________

Birth date ______________________________

Previous Health Care Experience: ______________________________________

Positions of Employment in the last five years: __________________________

Ethnic Background:

<table>
<thead>
<tr>
<th>American Indian</th>
<th>Asian</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>SE Asian</td>
<td>Other/Not Stated</td>
</tr>
<tr>
<td>Mexican-American</td>
<td>Pacific Islander</td>
<td>International</td>
</tr>
<tr>
<td>Other Hispanic</td>
<td>Filipino</td>
<td></td>
</tr>
</tbody>
</table>

Parent(s) Education Level:

_____ Didn’t complete high school

_____ Completed high school

_____ Completed college

_____ Completed bachelor’s degree

_____ Completed a master’s degree

_____ Completed a doctoral degree

_________________________ ________________________
Signature Date