I. General Information

Prospective students are eligible to apply for admission to the School of Nursing 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 School of Nursing Undergraduate Information Bulletin (http://nursing.sdsu.edu).

Those eligible to apply for admission should carefully read the admission procedure and complete all items on the application with care. An application which is incomplete or inaccurate cannot be processed or considered for admission. Official transcripts must be received by the RN-BS in Nursing Coordinator/IV Campus in addition to those sent to the SDSU-IV Campus Registrar. There is no cost associated with the School of Nursing application process.

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

SAN DIEGO STATE UNIVERSITY
IMPERIAL VALLEY CAMPUS
RN-BS in Nursing Coordinator
720 Heber Avenue
Calexico, California 92231

Application deadlines to the School of Nursing are as follows:

The Imperial Valley Campus is currently only accepting fall admissions.

1. For entrance into the following FALL term, applications are accepted beginning October 1st, and must be received by February 5, 2010.

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 in Nursing Coordinator, Helina Hoyt RN, MS at hhoyt@mail.sdsu.edu or 760-768-5680.
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:

Admissions & Records Office
San Diego State University- Imperial Valley Campus
720 Heber Avenue
Calexico, CA 92231

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.

Note: RN applicants with a bachelor’s degree in another field must apply to the graduate division of SDSU-San Diego.

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):

1. For entrance into the following FALL term, applications are accepted beginning October 1st, and must be received by February 5, 2010.

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 to 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 (Not required until acceptance into the School of Nursing)
Upon acceptance into the School of Nursing, the student must provide the following: Completion of the Health History Form, a physical examination by the applicant’s health care provider, ADA-Essential Performance Form, PPD (TB), Rubella and Varicella titres, documentation of childhood DPT and Polio series, Td booster, Hepatitis B series and titre, MMR and Measles. Influenza immunization is strongly recommended.

NOTE: If childhood immunization documentation cannot be provided, such as polio, DPT or measles, student must begin current immunizations. **Students will not be allowed in clinical classes without immunizations and other School of Nursing health requirements.** Immunization documentation is to be provided to SDSU-IV Campus, Student Health Services (Administration Building/104D)

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.**
SCHOOL OF NURSING  
SAN DIEGO STATE UNIVERSITY  
IMPERIAL VALLEY CAMPUS  

STUDENT HEALTH POLICY

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 the SDSU Medical History Form and submit it to SDSU-IV Campus Student Health Services (Administration Bldg. /104D). 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 Campus Student Health Services (Administration Bldg. /104D). (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).

   1. Required Immunizations

      a. A diphtheria/pertussis tetanus primary series must be documented. There must be an adult diphtheria tetanus booster within the past ten years. If childhood DPT series documentation is not provided, the student must have a series of three (3) Td (tetanus/diphtheria) immunizations.

      b. Rubella and Varicella Titres

         (1) All students are required to have documented evidence of Rubella (German measles) and Varicella (chickenpox) antibody titres upon entrance into the School of Nursing. If titres are negative, the student must have immunizations for Rubella and Varicella. It is strongly recommended that all students have the Mumps vaccine included during immunization for Measles and Rubella (MMR vaccine).
2. Pregnant students must obtain antibody titres; however, they are exempted from immunizations during pregnancy.

3. 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.

4. 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. *See the SDSU-IV Campus Student Health Services Advisor (Administration Bldg. / 104D) for more information.

2. **Polio - All Students must have:**

   1. **Documented evidence** of primary polio immunization series

   2. Or, if the student cannot provide documentation of childhood polio immunization series, the student must begin a series of an inactivated polio vaccine upon acceptance into the School of Nursing.

3. Students must provide evidence of a completed Hepatitis B immunization series (HBV) or begin it upon admission to the School of Nursing. The series must be completed within a year of admission including the Hepatitis B titre. If this titre is within acceptable limits as defined by the San Diego County Public Health Department, then no further action is necessary. Otherwise, the series must be repeated.

4. MMR immunizations and PPD testing is available at SDSU-SD Campus Student Health Services at no charge (there is a fee for other immunizations), or at cost from the Imperial County Public Health Department or a private health care provider. See the SDSU-IV Campus Student Health Services Advisor (Administration Bldg. / 104D) for more information.

2. **Recommended Immunizations**

   1. Influenza (fall only)

3. **PPD TESTING**

   1. All students are required to have a PPD (TB) skin test upon entry into the School of Nursing. Thereafter, students demonstrating negative PPD will be retested annually.

   2. If a positive PPD test is obtained, a baseline chest x-ray is required. If the chest x-ray is positive, the student needs to follow the current Imperial County Public Health Department policy. A health clearance form is needed from the student’s own provider or the Imperial County Public Health Department to continue in the clinical area.
3. The results of PPD testing must be documented and submitted to SDSU-IV Campus Student Health Services (Administration Bldg. /104D).
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___________________________________________________________________________
__________________________________________________________________________________________

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>
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<tbody>
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<tr>
<td>4.</td>
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</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>
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<tr>
<td>2.</td>
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<td>3.</td>
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</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. Military Corps person?  Yes_______ No_______

   Branch of Service______________________________________________

   Military Corps School__________________________________________

   Dates of Attendance___________________________________________

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 ______________ Marital Status __________ No. of Children ____

Name of Spouse ______________ His/Her Occupation ________________

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>
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<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>
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<tr>
<td>____ Other Hispanic</td>
<td>____ Filipino</td>
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</table>

College/University currently enrolled: ____________________________

_________________________________  _________________
Signature  Date