CSU Bakersfield
Department of Nursing

Fall 2016 Application

Master of Science in Nursing (MSN)
Family Nurse Practitioner (FNP) Option

This full-time program will begin August 2016 and will conclude June 2018.
At this time no other options are available.

Please complete the application in full
and submit along with the required documents as requested on page 4.
Applications will be accepted October 1, 2015 through February 29, 2016.

Part I: General Information

1. Full Legal Name: _____

Other name(s) used (i.e. maiden, etc.) _____ (Court documentation of name change may be requested prior to admission)

2. CSUB Student ID #: _____ (If available)

3. Current Mailing Address: _____

4. Permanent Address: _____

5. Residency:

	Yes	No
Are you a California resident?	Yes	No
Are you a U.S. Citizen?	Yes	No
Are you a non-U.S. citizen, immigrant who has applied for and received Form I-551?	Yes	No

(If you are not a citizen of the United States you must attach a photocopy of both sides of your Alien Registration Card and/or INS documentation).

6. Email Address: _____

7. Contact Numbers (complete all that apply):   Home: _____   Work: _____

       Cell: _____

8. Active California RN license:

     License Number: _____   Expiration Date: _____

9. Employment: Have you been employed full-time as a RN for at least one year in the last three years?   Yes   No

If yes, please list your place of employment: _____

10. A thorough background check will be done prior to admission.
Do you have a history of felony/misdemeanor convictions or outstanding warrants?   Yes   No

If yes, please provide a brief history in the space provided:

Prior to admission to the nursing program at CSU Bakersfield, you will submit, and pay for, a criminal background check and drug screen through a company selected by CSUB Department of Nursing. Final acceptance will be based on the outcome of the background check and drug screen.

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Part II: Academic Information

11. Colleges/Universities Attended: List in chronological order <u>all colleges and universities</u> you have attended, even if just for one course, beginning with the school where you are currently, or last enrolled. Failure to provide accurate information and transcripts for each educational institution will result in an incomplete application. Incomplete application packets will not be accepted.

> ***Foreign Credit Policy:*** *Applicants with nursing courses from a foreign university must have a course-by-course evaluation completed by the [Commission on Graduates of Foreign Nursing Schools (CGFNS)](#). Applicants with general education courses from a foreign university must have a completed course-by-course evaluation from an [approved evaluation service](#). All evaluations (CGFNS and other approved evaluation services) and original foreign transcripts must be submitted with the application packet.*

College/University	Location (Address/City/State)	Term/Year	Declared Major	Degree/Date Received

12. Overall baccalaureate Grade Point Average (GPA) (must be at least a 3.0): _____

13. Language ability other than English: Yes   No

If yes, please specify: _____
Is your fluency in the above-mentioned non-English language sufficient to allow you to conduct a patient history and physical exam?   Yes   No

All graduate applicants, regardless of citizenship, who have not attended college(s) for at least three years full-time where English is the principle language of instruction, must present a score of 50 or above on the Test of Spoken English, and 550 or above on the Test of English as a Foreign Language (TOEFL) (or 213 or above on the computer-based TOEFL). For information, please visit the [TOEFL website](#).

14. Prerequisite Courses: The following courses are required for admission into the FNP Program in Nursing. Official transcripts are required to provide clear evidence of completion with a "C" or better.

Prerequisites	College/University	Term/Year	Course Name and Number	Grade
Pathophysiology				
Statistics				
Nursing Research				

15. Previous Nursing Program Enrollment:

Have you ever applied to a nursing program at CSU Bakersfield?   Yes   No
If Yes, what program did you apply to and when? _____
Were you ever admitted to the CSUB BSN or RN to BSN Program?   Yes   No
If Yes, when did you apply/attend? _____
Are you currently, or were you previously, enrolled in another MSN program?   Yes   No
Name of college/university: _____ Year(s) attended: _____
If yes, explain why you did not complete the program or why you are transferring: _____
If you are transferring from another MSN program, <u>you will need to include a letter of good standing from your nursing program Director with this application.</u>

16. Have you applied to CSU Bakersfield for the fall 2016 term using the Graduate [Application for Admission](#)?   Yes   No
You must apply to CSU, Bakersfield as a post-baccalaureate student to be admitted to the MSN FNP program. You must be eligible to attend CSU Bakersfield as a post-baccalaureate (Graduate) student.

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Part III: Additional Information

17. Demographic Information:

Date of Birth: _____   **Birthplace:** _____

Gender: _____   **Ethnicity (select code designation from the following list):** _____

Ethnic Designation Codes (please select one category below):

(1) American Indian, Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community.

(2) Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Indonesia, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(3) Black, African American or African: Persons having origins in any of the black racial groups of Africa.

(4) Hispanic or Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

(5) Native Hawaiian or Other Pacific Islander: Persons having origins in any of the original peoples of Hawaii, Fiji, Guam, Samoa, Tonga, or other Pacific Islands.

(6) White/Caucasian, European/Middle Eastern: A person having origins in any of the original peoples of Europe, the Middle east, or North America.

(0) Other: Persons of any race or ethnicity not identified as American Indian, Native American or Alaskan Native, Asian, Black, African American or African, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White, Caucasian, European/Middle Eastern.

("California Healthcare Workforce Policy Commission's Race/Ethnicity Definitions" Office of Statewide Health Planning and Development Healthcare Workforce Development Division. California Healthcare Workforce Policy Commission's Race/Ethnicity Definitions, Attachment H, 2013)

18. Disadvantaged Background:

(18a.)Educationally or Environmentally Disadvantaged Definition: "An individual from a disadvantaged background is defined as someone who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school. Some of these environmental background factors could include, migrant family, rural community, receiving welfare, large family, parents divorced, first to attend college, English as a second language, cultural inculcation, ie., residence on a reservation or migrant camp" [sic] (HHS).

Do you consider yourself educationally or environmentally disadvantaged?   Yes   No

If yes, please write a brief statement in the space below to explain.

(18b.)Economically Disadvantaged Definition: "…comes from a family with an annual income below a level which is based on low-income thresholds according to family size published by the US Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for adaptation to this program" ("Low Income Levels" Used For Various Health Professions and Nursing Programs Included in Titles III, VII, and VIII of the Public Health Service Act, 2012).

To determine if a student comes from an economically disadvantaged background, a school must use the student's parental income (regardless of independent/dependent or marital status). If your parents' income is below that listed for the size of your family, you may be considered economically disadvantaged.

Size of Parent's Family	Income Level	Place a "✓" where applicable
1	$22,340	
2	$30,260	
3	$38,180	
4	$46,100	
5	$54,020	
6	$61,940	
7	$69,860	
8 or more	$77,780	

Are you economically disadvantaged?   Yes   No

If yes, attach a copy of the top two pages of your parent's last tax returns to the back of this application. If you are 27 years of age or older, attach a copy of the top 2 pages of your last year's tax returns. *PLEASE INDICATE YOUR FAMILY SIZE AND INCOME LEVEL AT THE TABLE ABOVE.

19. Military Service: Include a discharge summary or proof of active military status.

Active Military: Yes   No   If yes, describe nature of service: _____

Veteran: Yes   No   If yes, describe nature of service & discharge date: _____

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Part IV: Application Checklist

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1. **CSU Bakersfield Admission Application**: Complete the CSUMentor.edu application for admission to CSU Bakersfield. Candidate must meet the minimum eligibility requirement for admission to CSU Bakersfield as a post-baccalaureate (graduate) student. Applications for admission may be completed online at https://secure.csumentor.edu/admissionapp/grad_apply.asp. The CSUMentor.edu Graduate Admission Application for the fall 2016 term will be accepted from October 1, 2015 to February 29, 2016.

2. **MSN-FNP Program Application Packet: Applications will be accepted from October 1, 2015 through February 29, 2016. Applications must be hand-delivered or postmarked by February 29, 2016 to be considered for admission. Late or incomplete applications will not be accepted. You will receive an email confirming receipt of application within 3 business days.**

   a. **Evaluation Fee:** Please send a check or money order payable to the CSUB Department of Nursing for the non-refundable $50.00 evaluation fee. You will be responsible for paying any fees associated with an insufficient funds return.
   b. **Official Transcripts:** Submit sealed, official hard copies of *all* college/university transcripts with this application showing completion of the following:
      i. Baccalaureate of Science in Nursing (BSN) from an accredited nursing program.
      ii. Overall Baccalaureate Grade Point Average (GPA) of at least a 3.0.
      iii. Good standing at last college/university attended.
      iv. Prerequisite completion (Nursing Research, Pathophysiology, and Statistics) with a "C" or better.
      Transcripts that do not show Nursing-related course work still must be included. If all transcripts are not submitted, your application will be considered incomplete and will not be accepted.
   c. **RN License & Photo ID:** Submit a copy of your current, clear, and active RN license card and a photo identification card (state driver license preferred). Candidates must have an active, California RN license without restrictions.
   d. **CPR Certification:** Submit a copy of your current American Heart Association CPR card.
   e. **Professional Resume:** Submit a resume detailing your work experience (must have at least one or more years of full-time employment as an RN within the past three years). Resume must also list a minimum of two professional references.
   f. **Applicant Survey:** The survey must be complete and submitted along with your application packet.
   g. **Essential Functions Form:** Sign and submit the "Essential Functions" form along with this application packet.
   h. **Mail to:**

   California State University, Bakersfield
   Department of Nursing
   ATTN: MSN Program
   29 RNC (Romberg Nursing Center)
   9001 Stockdale Hwy
   Bakersfield, CA 93311

By signing below, I certify that I have read and understand the information in this packet. All of the information that I have provided is accurate.

Applicant Signature: _____   Date: _____