



UNION COLLEGE NURSING PROGRAM APPLICATION

Mandatory Application Meeting: Please contact the Office Manager at 402.486.2524 for the application meeting date. Below are the requirements for application.

Acceptance to Union College: If currently a Union College student, we won't need your acceptance letter. If transfer in student we will need a copy of your acceptance letter.

Personal Data Form: Is to be filled in by applicant. On the bottom of the back page is a request for you to type an account of a) your short and long term goals, b) and your belief about nursing. This must be typed on an 8 ½ X 11 sheet of paper, include with Personal Data Form.

Criminal Background Check Form: Completed after acceptance to program.

Adult Protective Service Background Check: Completed after acceptance to program.

Child Protective Service Background Check: Completed after acceptance to program.

Medical History Forms: There are two forms. The **Physical Exam Report** form is for your healthcare provider to fill out and sign. The **Immunization** form is to be filled out by the applicant. The Student Health Nurse at Union College needs official immunization documentation of all immunizations. Please keep a personal copy of your immunizations for future reference and employment.

Personal Reference Forms: You will need to read the first section, sign and date one of the two statements. Distribute these out to those people whom you would like to use as references. Indicate to your references, that the more information they can share about you the better. Your references should come from three (3) different sources, advisor/teacher, employer and character/friend. It is your responsibility to make sure the references are turned in by the November 1st deadline. You may want to give each reference a self-addressed stamped envelope addressed to Union College Nursing Program, Admissions Committee, 3800 S. 48th Street, Lincoln, NE 68506, or they can fax it to 402-486-2559. It would be best if you encourage them to send them as soon as possible.

Transcripts/ACT Scores: Have your transcripts/ACT scores (All College and High-school) sent to Union College Nursing Department, 3800 S. 48th St., Lincoln, NE. 68506. We will then send them to the Records Office for you. Check with the Nursing Program Office Manager to verify receipt of copies.

Test of Essential Academic Skills (TEAS): You need to schedule an appointment with the Nursing Program Office Manager to take the TEAS. This 4-part assessment consists of subtests in Reading, Mathematics, Science, and English (in that order only) with a total testing time of 3 hours and 29 minutes. Purchase the study guide from the campus bookstore. The book costs \$37.40 with tax.

CPR: American Heart Association Cardiopulmonary Resuscitation for Health Care Providers. Bring a copy of your CPR card to the Nursing Program Office Manager. This must be completed before you begin clinicals in February. We will be offering classes here at Union College. Check with Nursing Program Office Manager for dates and times of classes.

Accepted Nursing Students: Mandatory New Nursing Student Orientation/Supper: If you have been accepted into the Nursing Program, be sure to plan ahead for the New Nursing Student Orientation/Supper, which will be held in the Division of Health Sciences, room #410. This will take place on Registration day, from 1:00-6:00 p.m. We want you to be informed and successful during your time at Union College. If you are unable to attend, you will need to contact the Office Manager at 402.486.2524



Union College Nursing Program Application Personal Data

Date: _____

Return completed form to:
Union College Nursing Program
3800 South 48th Street
Lincoln, Nebraska 68506
Fax: 402.486.2559

Miss. _____ Name _____
Mrs. _____
Mr. _____

Spouse _____

Address: _____
City: _____ State: _____ Zip: _____

E-mail address _____
Phone # _____ Cell # _____

Age: _____ Marital status: S M W D S.S.# _____ / _____ / _____

Religious Preference: _____

Educational background: High school and College (if appropriate)

Institution	City	State or Country	Dates: From/To	Date Graduation	Requested Official Transcripts: Yes/No

****Request official transcripts to be sent to Union College Nursing Department****

Scholastic Honors Received:

Professional organizations:

Other organizations:

Work Experience:

Institution and Location	Date: From/To	Position

-Over-

If you are a Licensed Practical Nurse (LPN), give the following information:

License # _____

Year _____
State _____

If you are a Registered Nurse (RN), give the following information:

License # _____

Year _____

State _____

Languages spoken:

English _____

Other _____

Spanish _____

Has a physical examination and/or health history been returned to Nursing Program?

_____ 1. Yes, give date filled _____

Month/Year

_____ 2. No, give date it will be filled _____

Month/Year

Have you ever committed a crime other than a minor traffic violation?

_____ 1. No

_____ 2. Yes, Please explain:

Criminal Background Check

Criminal Background Checks are mandatory.

If accepted into the nursing program I give my consent for a Criminal Background Check and Adult/Child Protective Services.

Signature: _____

Give names and addresses of three (3) references you sent forms to (non-relatives):

(Employer) Name _____ Address _____

City _____ ST _____ Zipcode _____

(Academic) Name _____ Address _____

City _____ ST _____ Zipcode _____

(Character) Name _____ Address _____

City _____ ST _____ Zipcode _____

Please write an account of (must be typed on an 8 1/2 x 11 separate sheet of paper):

- a) Your short and long term goals
- b) What is your belief about nursing

I certify that the information given on this application is complete and correct.

Date

Signature



Union College Nursing Program

Immunization Requirements

To be completed by student

Name: _____ Date _____

Upon admission to the Nursing Program you will be required to provide official documentation of the following immunizations. You will need two copies: 1. Keep a copy for your own records & 2. Submit this form with attached official immunization documentation to the Nursing Program. For questions about what official documentation entails you may contact the Student Health Nurse, Carol Gibson, at her office 402-486-2554 or fax 402-486-2564.

<u>Have you been immunized for?</u>	<u>Circle</u>	<u>Date</u>	<u>Attached (Please Check)</u>
Tetanus, Diphtheria, & Pertussis..... (Tdap – Must be within 10 years)	Yes No	_____	<input type="checkbox"/>
Hepatitis B Series.....	Yes No #1	_____	<input type="checkbox"/>
Hepatitis B Series.....	Yes No #2	_____	<input type="checkbox"/>
Hepatitis B Series.....	Yes No #3	_____	<input type="checkbox"/>
Influenza (Requirements begin June 1, 2009)..	Yes No	_____	<input type="checkbox"/>

<u>Have you had serologic titers drawn for the following?</u>	<u>Circle</u>	<u>Date</u>	<u>Positive/Negative</u>
Rubeola (red measles).....	Yes No	_____	<input type="checkbox"/> _____
Rubella (German measles).....	Yes No	_____	<input type="checkbox"/> _____
Mumps	Yes No	_____	<input type="checkbox"/> _____
Varicella zoster (Chicken Pox).....	Yes No	_____	<input type="checkbox"/> _____

<u>What was the date of your last TB skin test?</u>	<u>Date</u>	
TB (tst - tuberculosis).....	_____	<input type="checkbox"/> _____
Chest x-ray required if TB test positive.....	_____	<input type="checkbox"/> _____



Union College Nursing Program

Physical Exam Report

To be completed by Licensed Practitioner

Phone Number _____ Patient (Student) Name _____

Ht. _____ Wt. _____ BP _____ P _____ R _____

Vision: Right _____ Left _____ Both _____ with/without correction

Hearing: Right _____ Left _____ Both _____ with/without correction

Describe any vision or hearing limitations:

Normal/Abnormal
() () General Appearance

() () Skin

() () Eyes & Fundus

() () Neck

() () Ears

() () Nose

() () Mouth

() () Lungs

Normal/Abnormal
() () Heart

() () Breasts

() () Abdomen

() () Genitalia

() () Musculoskeletal

() () Neurological

() () Emotional Evaluation

Describe any abnormalities:

Treatment, referrals, or limitations:

Lab-as indicated:

UA _____

Hgb _____

Other

Signature of Licensed Practitioner

Date

Practice/Corporation:

Address:

City _____ State _____ Zip code

Return to: Union College Nursing Program, 3800 S. 48th Street, Lincoln, NE 68506 Fax: 402-486-2559

Revised: January 18, 2008

Name _____

My Goals and Beliefs about Nursing

Please **type** the following responses to the questions below on a **separate** sheet of paper, other than this one:

- a. Your short and long term goals
- b. What is your belief about nursing

SAMPLE



Union College Nursing Program Reference Form

Personal reference form for:

Applicants Name: _____

Reference Sent to: _____

Circle type of reference (Please circle one):

Advisor/Academic

Employer

Character

The applicant: Under the Federal law entitled the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities, and promise.

Student—please sign either statement A or B below:

I have waived my right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

Student Signature

Date

Referent is advised that I have retained my right to inspect this letter of reference and that, upon enrollment I may have access to this recommendation.

Student Signature

Date

Please review the list of descriptive words below and rank them on a 1 to 5 scale with 5 being the highest quality and 1 being the lowest.

	Lowest Quality			Highest Quality				Lowest Quality			Highest Quality		
Appearance	1	2	3	4	5	NA	Leadership potential	1	2	3	4	5	NA
Physical health	1	2	3	4	5	NA	Judgment	1	2	3	4	5	NA
Assertive	1	2	3	4	5	NA	Attitude	1	2	3	4	5	NA
Self-motivated	1	2	3	4	5	NA	Maturity	1	2	3	4	5	NA
Responsive to direction	1	2	3	4	5	NA	Working relationships	1	2	3	4	5	NA
Tact and courtesy	1	2	3	4	5	NA	Ability to cope with stress	1	2	3	4	5	NA
Communication skills	1	2	3	4	5	NA	Sensitive to needs of others	1	2	3	4	5	NA
Organization	1	2	3	4	5	NA	Confidence	1	2	3	4	5	NA

1. In what capacity and for how long have you known the applicant?

2. If you have other information that you feel would be significant to the Admissions Committee in the evaluation of the applicant's qualifications, please provide information in the space below.

3. In consideration of the total perspective, please give a final evaluation.
If there are reservations, please explain.
☐ highly recommend
☐ recommend
☐ some reservations
☐ serious reservations

If you do not feel that you can adequately evaluate this candidate and would prefer that candidate seek a recommendation from another individual, please state this fact and return the form. The applicant will be contacted to request an additional recommendation.

Please fill out information below:

Name

Signature

Present position

Address

City, State, Zipcode

Phone Number

Date

Please return this form by November 1

Union College Nursing Program

Admissions and Academic Evaluation Committee 3800 South 48th Street

Lincoln, NE 68506

Fax: 402.486.2559



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