Applicant Name: __________________________________________________________

Please Print

Armstrong Student ID:  907- __ __ - __ __ __ __

Armstrong Email:  __ __ __ __ __ __@students.armstrong.edu

(This email address will be used for all communication related to your application)

Place an X next to any description that applies to you:

_____ Spring 2018 will be my first semester attending Armstrong

_____ I currently hold a baccalaureate degree

_____ I am an LPN

_____ I am currently or have previously been enrolled in another school’s Nursing program

_____ I have met with my advisor to discuss my prior coursework and eligibility for the BSN program

_____ I have previously applied to Armstrong’s BSN program

_____ I am a veteran

________________________________________________________

Official use only:

Date Received by the School ___________________   Initials____________

Updated August 2017
BSN CRITERIA
This application is available to students who have been officially accepted to Armstrong and meet the following criteria:

1. Admission to Armstrong State University. All transfer credits must be evaluated by the Registrar’s office and posted on the Armstrong transcript upon official acceptance to the University
2. Must be able to meet the Core Performance Standards (page 5-7)
3. A minimum GPA of 3.0 on all attempted courses on the Program of Study for the School of Nursing (GPA of 2.7 for LPN applicants)
4. Must achieve a cumulative score of at least 75% on the HESI Admission Assessment (A2) Exam that includes the following subject areas: Anatomy & Physiology, Grammar, Reading Comprehension, Vocabulary and General Knowledge within the past year
5. Successful completion of 54 semester hours in appropriate core courses prior to admission
6. Sciences in Area F must have been completed within the past 10 years and with a grade of C or higher
7. A grade of C or higher is required for Core Areas A, D, and F courses
8. Repeating more than one course or repeating one course more than once in Areas A, D, or F to earn a passing grade of C or better, makes the student ineligible for admission
9. Post Baccalaureate students must have a minimum grade point average of 3.0 on grades earned in Math 2200, Biol 2081, Biol 2082, Biol 2275, Psyc 1101 and Psyc 2950 to be eligible to apply to the program
10. Clinical agencies utilized by the School of Nursing require criminal background checks and/or drug testing prior to acceptance of the student into clinical facilities. Students who do not pass the criminal background check and/or drug test will be unable to attend clinical courses and therefore will be unable to complete their program of study resulting in course failure. Any fees or cost associated with background checks and/or drug testing are the responsibility of the student
11. Students who were dismissed from any nursing program may be considered for readmission to Armstrong’s nursing program after a period of 3 years. Only one readmission in the nursing program per track is permitted. The student must meet all current entry requirements. Upon acceptance, the student will be required to complete all nursing courses from the beginning.

APPLICATION FEE
Enclose a non-refundable MONEY ORDER in the amount of $35, made payable to Armstrong – School of Nursing. See page 9 for instructions on how to fill out a money order. We are unable to accept money orders that are filled out incorrectly.

INSTRUCTIONS FOR SUBMITTING AN APPLICATION
1. Attach official transcripts from any other college attended to this application
2. Attach unofficial transcripts from Armstrong to this application
3. Attach unofficial HESI A2 scores to this application
4. LPNs must attach a copy of their current, active Georgia License to this application
5. Hand deliver or mail (with tracking) this application including money order, HESI A2 results, and transcripts in a sealed envelope by September 4, 2017, to School of Nursing
   ATTN: BSN APPLICANT
   Armstrong
   11935 Abercorn Street
   Savannah, GA 31419
*I understand that my application is considered incomplete and will not be reviewed if I do not meet BSN CRITERIA and/or follow the INSTRUCTIONS FOR SUBMITTING AN APPLICATION.

AFTER SUBMITTING YOUR APPLICATION

- Applicants will be notified of admission decisions by student email and mailing address after all applications have been reviewed. It is the student’s responsibility to notify the School of Nursing of changes to the mailing address, phone number, and student email address.
- Reviewing applications is time-consuming. It may take 4 to 6 weeks after the deadline for all applications to be reviewed. The school will notify students after all applications have been reviewed. Calling to check the status or receiving of an application will delay the reviewing process.

IMPORTANT THINGS TO REMEMBER

- Meeting the minimum requirements does not guarantee admission to the nursing major. Admission is competitive.
- Accepted students may be assigned clinical sites up to 100 miles outside of the greater Savannah area.
- Students accepted to the School of Nursing will be required to pass a criminal background check and drug screening.
- Accepted students are required to submit a non-refundable money order (approx. $350) and copy of a photo ID to hold their seat for the SPRING 2018 semester.
- Outstanding core courses in Area B, C, E, and PE must be completed before beginning the final semester of the nursing program.

Criminal Background Check and Drug Testing

The School of Nursing uses clinical agencies that require criminal background checks and/or drug testing prior to acceptance of the student into clinical facilities. Students who do not pass the criminal background check and/or drug test will be unable to attend clinical courses and therefore will be unable to complete their program of study which will result in dismissal from the nursing program. Any fees or costs associated with background checks and/or drug testing are the responsibility of the student.

I hereby acknowledge and agree. ____________ (Initial)

Are you now or have you previously been enrolled in another Nursing program? ☐YES ☐NO

If Yes, where and which type of Nursing program? ___________________________ ☐LPN ☐ADN ☐BSN

When was your last semester of enrollment in another Nursing program? ______________________________

On what date did you pass the HESI A² Exam? _____/____/_____ Cumulative Score: _________________

(Attach HESI A² results to application)
Demographics

Date of Birth _____/_____/_________

Name

First                                                   Middle                                            Last

If you have another name which your records may be found, please enter below:

Name

First                                                   Middle                                             Last

Mailing Address

__________________________________________________________________________

Street

__________________________________________________________________________

City                                                                  State                         Zip Code                           County

Telephone

Cell (_ __)          ________     ___

Student Info.

Armstrong Email: __ __ __ __ __@students.armstrong.edu

Other (___   )      ________         ___                   Armstrong Student ID: 907- __ __ - __ __ __ __

*All information below is used for statistical reports required by HEW, etc., and is not used to determine admission into the BSN program

Gender: (please circle)

Male                                                                  African American            Caucasian

Female                         Hispanic/Latino               Multi-Racial

Asian                                 Native American

Veteran: (please circle)

Yes                                                                                         Yes

No                                                                                       No

Post Baccalaureate: (please circle)

Yes

No
## Core Performance Standards

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>AS EVIDENCED BY:</th>
</tr>
</thead>
</table>
| Critical Thinking Ability | • Identify cause/effect relationships in clinical situations  
• Develop nursing care plans, evaluate the plan of care and revise as appropriate  
• Analyze and use assessment findings to plan and implement care for clients and families  
• Use relevant data to support the decision-making process  
• Identify priorities of care based analysis of data  
• Manage multiple priorities in stressful situations  
• Respond instantly to emergency situations  
• Exhibit arithmetic competence that would allow the student to read, understand and perform calculations for computing dosages  
• Solve problems and make valid rational decisions using logic, creativity, and reasoning  
• Remember multiple messages and information and communicate to all interdisciplinary team members and family/client where consented. |
| Interpersonal Skills   | • Establish rapport (relationship) with clients/colleagues.  
• Maintain therapeutic relationships with clients and colleagues.  
• Respect cultural diversity and the rights of others.  
• Work effectively in small groups as a team member and as a team leader  
• Practice verbal and non-verbal therapeutic communication  
• Recognize adverse events and attempt to resolve for both client and colleague. |
| Communication Ability  | • Write and speak English effectively so as to be understood by the general public.  
• Communicate therapeutically with clients, families, and groups in a variety of settings.  
• Document client data and nursing care completely and accurately use correct medical terminology.  
• Obtain health history information from client/family.  
• Interpret nonverbal cues and behaviors.  
• Provide health teaching information for clients, families, and/or groups based on assessed needs, available resources, age, lifestyle and cultural considerations. |
| Gross and Fine Motor Skills | • Perform physical activities necessary to do basic fundamental nursing skills such as putting on sterile gloves, donning mask and gown, operating a manual and/or electronic blood pressure cuff, sterile technique and other essential fundamental nursing skills.  
• Perform correct hand washing technique and behaviors.  
• Provide or assist with activities of daily living such as bed bath, hygiene, toileting, positioning clients, making an occupied and unoccupied bed.  
• Manipulate instruments, supplies, and equipment with speed, dexterity, precision, and adequate eye-hand coordination. |
<table>
<thead>
<tr>
<th>ISSUE</th>
<th>AS EVIDENCED BY:</th>
</tr>
</thead>
</table>
| • Correctly administer oral and parenteral medications to maintain client safety.  
• Perform electronic keyboarding/documentation and/or extensive writing with a pen and/or pencil.  
• Maintain and safely operate orthopedic devices such as traction equipment, casts, and assistive devices.  
• Perform cardiopulmonary resuscitation procedures maintaining health teams and client safety.  
• Calibrate and use equipment (i.e. syringes, vials, ampoules and medication packages, manual blood pressure cuff, don sterile gloves, etc.). Grasp small objects with hands (e.g. IV tubing, pencil). Pinch/pick or otherwise work with fingers (e.g. manipulate a syringe, eye dropper, etc.). Twist (turn objects/knobs using hands). | |
| • Perform basic nursing skills such as insertion of a catheter, insertion of an IV, counting respirations, preparing and administering medications.  
• Observe client responses (level of consciousness, respirations patterns) and recognize subtle physical changes.  
• Read the small print, gauges, thermometers, measuring cups, syringes, and other equipment.  
• Discriminate colors, changes in color, size, and continuity of body part.  
• Accurately identify, prepare, and administer medications.  
• Identify hazards in the environment (safety rails, restraints, water spills and harmful situations).  
• Correctly visualize written words and information on paper and on a computer screen. | |
| Tactile Ability | STANDARDS Tactile ability sufficient for physical assessment |
| • Correctly perform palpation, functions of physical examination and/or those related to therapeutic intervention.  
• Don and wear gloves and other protective devices while accurately performing a physical assessment.  
• Correctly perform skills that require tactile sensation.  
• Accurately palpate for pulses, temperature, texture, hardness or softness, landmarks, etc. | |
| Emotional Stability | STANDARDS Emotional stability sufficient to tolerate rapidly changing conditions and environmental stress |
| • Establish therapeutic interpersonal boundaries.  
• Provide clients with emotional support.  
• Adapt to changing the environment and stress while maintaining professional conduct and standards without displaying hostility, agitation, rudeness or belligerence.  
• Poses no threat to self or others.  
• Perform potentially stressful tasks concurrently. | |
| Professional Behavior | Adapted from guidelines from American Nurses Association (2012):  
• Interacts respectfully with peers, superiors, and patients  
• Strives to provide quality care to patients  
• Applies knowledge and learning in nursing situations  
• Reflects on own behavior and practice performance with patients, engages in self-evaluation  
• Is able to interact with peers and colleagues appropriately. |
<table>
<thead>
<tr>
<th>ISSUE</th>
<th>AS EVIDENCED BY:</th>
</tr>
</thead>
</table>
| a respectful, ethical and professional manner with others in the class, and lab or clinical. | • Is able to collaborate with patients, family and others in nursing situations  
• Integrates ethical behavior in nursing practice  
• Performs activities safely, so as not to injure or harm others  
• Recognizes that as a student they represent the nursing profession, and must behave accordingly  
• Respects and adheres to the policies and procedures of the School of Nursing and clinical agencies. |

**ARMSTRONG STATE UNIVERSITY**  
School of Nursing

**Affirmation of Ability to Perform Core Performance Standards**

The list of Core Performance Standards is documented to provide students with information related to skills required in the performance of duties of the professional nurse as well as to assess your ability to complete such duties. These standards reflect performance abilities and characteristics that are necessary to successfully complete the requirements of the program at this University. Persons interested in applying for admission to the nursing program should review the core performance standards to develop a better understanding of the physical abilities and behavioral characteristics necessary to successfully complete the program.

These core performances are based on guidelines proposed by the Southern Regional Education Board (SREB) and National Council of State Boards of Nursing. The University complies with the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, the University will endeavor to make reasonable accommodations for participants with disabilities who are otherwise qualified.

I would require the following accommodation(s):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

*I have read and understand the technical standards of the Baccalaureate Nursing Program and possess the ability to successfully complete the program.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Fill in the following table with the school in which each course was taken, the semester and year each course was taken, the final grade for each course taken and answer yes or no if the course was repeated. If you are currently enrolled in any course listed below, write in “In Progress”. The grade listed should match the grade in SHIP on the Permanent Student Record.

<table>
<thead>
<tr>
<th>Required Course Areas</th>
<th>Courses</th>
<th>At which school was the course taken?</th>
<th>Which semester and year was the course taken?</th>
<th>Final Grade</th>
<th>Was the course repeated? Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area A</strong> Enter the requested information for the courses completed.</td>
<td>ENGL 1101</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ENGL 1102 or 1102H</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MATH 1001 or 1111 or 1113 or 1161 (only 1 math grade required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area D</strong> Enter the requested information for one science sequence and Math 2200. Include grade for both class and lab</td>
<td>BIOL 1107 &amp; BIOL 1107L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOL 1108 &amp; BIOL 1108L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEM 1151 &amp; CHEM 1151L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEM 1152 &amp; CHEM 1152L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEM 1211 &amp; CHEM 1211L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEM 1212 &amp; CHEM 1212L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHYS 1111 &amp; PHYS 1111L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHYS 1112 &amp; PHYS 1112L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHYS 2211 &amp; PHYS 2211L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHYS 2212 &amp; PHYS 2212L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MATH 2200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area F</strong> Include grade for both class and lab</td>
<td>BIOL 2081 with lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOL 2082 with lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOL 2275 with Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSYC 1101</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSYC 2950</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you attended a college, university, or another school beyond high school? ☐YES ☐NO
If yes, please complete the information below. If you require additional space, please continue on another sheet of paper.

1. _____________________________ Graduated: ☐YES ☐NO
   Name of Institution and State
   Graduating GPA _____ Degree Earned __________________________ Date of Entrance _____/_____/______ Last Date Attended _____/_____/______

2. _____________________________ Graduated: ☐YES ☐NO
   Name of Institution and State
   Graduating GPA _____ Degree Earned __________________________ Date of Entrance _____/_____/______ Last Date Attended _____/_____/______

**Official transcripts from all previously attended colleges or universities must accompany your application.**
Applicant Checklist

Place a ✓ next to the number to verify that the statement is true

1.  ___ I have attached official transcripts from any other college attended to this application

2.  ___ I have attached unofficial transcripts from Armstrong to this application

3.  ___ I have attached unofficial HESI A² scores to this application

4.  ___ I have been accepted to Armstrong State University

5.  ___ All transfer credits have been evaluated by the Registrar’s office and are posted on Armstrong’s transcript

6.  ___ I have been assigned a student ID and email address.

7.  ___ I have enclosed a non-refundable MONEY ORDER in the amount of $35, made payable to Armstrong - School of Nursing

8.  ___ I am hand delivering or mailing (with tracking) this application including fee and required documents in a sealed envelope

9.  ___ I understand that my application is considered incomplete and will not be reviewed if I do not meet BSN CRITERIA and/or follow the INSTRUCTIONS FOR SUBMITTING AN APPLICATION

Submission of this application confirms that all information given herein is accurate to the best of my knowledge. I understand and agree to the information in this application.

_________________________  ____________________
Signature                                                    Date

How to fill out a money order

1. Start by buying a money order. Make sure the amount paid and the amount printed on the money order are the same
2. Using a pen, fill in the "Pay to the Order Of" line with “ARMSTRONG - School of Nursing”
3. Fill in your name in the “From,” “Purchaser,” “Sender,” or “Remitter,” field
4. On the front of some money orders, there will be a field labeled “Purchaser, Signer for Drawer,” “Purchaser’s signature,” or “Signature.” Sign your name on this line
5. Leave the endorsement signature blank. Do not sign on the line on the back of the money order.
6. Fill in the address fields
7. Fill in the memo line with “BSN Application Fee”
8. Keep your receipt. Either your money order will have a carbon copy underneath or a portion attached to detach and keep for your records

Armstrong State University is an affirmative action/equal opportunity education institution and does not discriminate on the basis of sex, race, age, religion, disability, or national origin in employment, admissions, or activities. Nursing major requirements and information may be found in the Catalog beginning on page 100. The College of Health Professions information may be found in the same catalog beginning on page 92.