

Washburn University School of Nursing

Application Eligibility

Students may apply for admission to the School of Nursing for the Fall or Spring semester after they meet the following criteria:

1. Completion of 30 hours of prerequisite coursework as required by the School of Nursing
2. Cumulative grade point average of 2.70 (minimum)

Submit the following documents:

1. School of Nursing application
2. Official transcripts from all colleges/universities attended to the School of Nursing
3. Two letters of recommendation (forms provided)
4. Washburn University application on file if not already a student at Washburn.
5. TEAS scores sent to the School of Nursing

Application Deadlines

<i>Semester</i>	<i>Submit SON application & letters (2) of Reference*</i>	<i>Transcripts and TEAS Test Scores due</i>	<i>Submit Scholarship Application</i>	<i>Admission Notification by Mail</i>
Fall 2012	September 1-November 1, 2011	January 15, 2012 (with Fall 2011 grades posted)	January 1-February 15, 2012	after mid-February, 2012
Spring 2013	March 1-May 1, 2012	August 15, 2012 (with Spring & Summer 12grades)	September 1-October 15, 2012	after mid-October, 2012
Fall 2013	September 1-November 1, 2012	January 15, 2013 (with Fall 2012 grades posted)	January 1-February 15, 2013	after mid-February, 2013
Spring 2014	March 1 – May 1, 2013	August 15, 2012 (with Spring & Summer 13 grades)	September 1-October 15, 2013	after mid-October, 2013
Fall 2014	September 1-November 1, 2013	January 15, 2014 (with Fall 2013 grades posted)	January 1-February 15, 2014	after mid-February, 2014
Spring 2015	March 1-May 1, 2014	August 15, 2014 (with Spring & Summer 14 grades)	September 1-October 15, 2014	after mid-October, 2014

Applications will not be reviewed until all updated transcripts and TEAS Test reports are on file in the School of Nursing.

***Letters of reference (in a sealed envelope) are to be submitted with the School of Nursing application.**

TO REGISTER FOR THE TEAS TEST GO TO: www.atitesting.com

The TEAS test is designed to test the academic preparedness of students entering a nursing program in the areas of science, mathematics, reading, and English language usage.

The Washburn University Testing Center will provide proctoring for the TEAS exam and test results will be forwarded to the School of Nursing. Dates, time and location of the test are available at the online site. You can select a time for testing when you register. Please note: If you take the test at a location other than Washburn, results sent to the School of Nursing. Test results are valid for **two** years.

Students must score in the Proficient category with a minimum score of 58.7% or higher to be considered for admission to the School of Nursing.

Study Guide for TEAS Test is available on reserve in Mabee Library on the Washburn University campus.

Send Electronic Transcripts to: admissions@washburn.edu

Send Paper Transcripts to: Washburn University
School of Nursing
1700 College Ave.
Topeka, KS 66621-1117

If you have any questions, please contact the School of Nursing at 785-670-1533 or e-mail: mary.allen@washburn.edu

Professional Aptitudes, Abilities, and Skills for Nursing

The School of Nursing Faculty has determined that the following general categories address the aptitude, ability, and skills needed by students in the School of Nursing in order to become prepared to function as generalists in nursing as identified in the program description.

- 1. SENSORY AND MOTOR ABILITY:** The use of motor skills to perform client exams, laboratory procedures, and other clinical maneuvers. Students must be able to execute gross and fine motor movements required to provide assessment, general care and emergency treatment of clients. Examples of such skills include but are not limited to:
 - administering CPR
 - using the assessment skills of inspection, palpation, percussion, and auscultation
 - mechanics
 - demonstrating the ability to perform clinical skills such as initiating intravenous therapy, catheter insertion and dressing changes
 - determining changes in skin temperature
- 2. OBSERVATION:** The use of assessment skills such as observing faculty demonstrations, obtaining a health history from the client, and directly observing a client's health condition. Students must be able to perform sensory skills (auditory, visual, and tactile) necessary to assess accurately the health status of clients. Examples of such skills include but are not limited to:
 - hearing with a stethoscope to assess blood pressure, heart, lung and abdominal sounds
 - seeing color changes in the skin and changes in pupil reaction
 - accurately reading calibrations on syringes and measuring utensils
- 3. COMMUNICATION:** Communication with client and members of the health care team about the client's condition in settings where communication typically is oral, in settings where communication typically is written, and in settings when the time span for communication is limited. Students must be able to speak, to hear, and to observe clients in order to obtain complete and accurate assessments of client status. Communication includes speaking, reading, writing, and non-verbal behaviors that reflect sensitivity, clarity and comprehension. Examples of such skills include but are not limited to:
 - initiating and maintaining a nurse client relationship
 - sharing pertinent client information with members of the health team
 - giving verbal or written reports
 - documenting accurately and clearly in written or electronic form
 - providing client's family teaching that results in mutual understanding
- 4. INTELLECTUAL, CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE ABILITIES:** Critical thinking, problem solving and teaching skills necessary to provide care for individuals, families and groups. Students must have sufficient critical thinking skills to problem solve in the clinical setting and to synthesize information in an analytical, deliberative, decisive, and evaluative manner. Examples of such skills include but are not limited to:
 - accurately identifying nursing problems from all relevant client data
 - analyzing data to determine client's health care needs and nursing diagnoses
 - using judgment to develop a plan of care that will implement nursing interventions relevant to client needs
 - developing an alternative plan of care if current plan is ineffective.
- 5. BEHAVIORAL AND SOCIAL CHARACTERISTICS:** The ability to provide care that is client centered and shown respect for human dignity and the uniqueness of each individual, free from all bias and discrimination, and without consideration for personal attributes or the nature of health problems. Students must be emotionally stable. Examples of such skills include but are not limited to:
 - possessing the emotional stability to enable them to develop facilitative relationships and successfully communicate with individuals and successfully communicate with individuals and groups from a variety of social, emotional, cultural, and intellectual backgrounds
 - possessing the qualities of self-awareness, emotional maturity, objectivity, flexibility, empathy, and integrity
 - possessing the ability emotionally to handle demanding clinical assignments and to function effectively under stress

2. Give the names and addresses of two mature persons, not relatives or friends, who know you and can give information about you. For example, you may include a recent teacher, counselor, employer, or clergyman.

Name	Address	Position or Title

3. Person to be notified in case of emergency:

Name: _____ Relationship: _____
(print)

Telephone No.: _____

Address: _____
Street City State Zip

All qualified applicants for admission will receive consideration without regard to race, color, age, sex, religion, national origin, ancestry, disability, gender, marital or parental status, or sexual orientation. The University is an equal opportunity institution.

4. Please outline plan of completion of required general education courses and School of Nursing prerequisite courses.

Current Semester:

Fall 20____ Spring 20____ Summer 20____ College or University _____

List classes:

Fall 20____ Spring 20____ Summer 20____ College or University _____

List classes:

Fall 20____ Spring 20____ Summer 20____ College or University _____

List classes:

Revised: 7/11

THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC:

State of _____ County of _____

Being duly sworn, I state that the foregoing statements in this application are true and accurate. I am aware that any false, misleading or incomplete statements made on this application could be grounds for non-admission to, or later dismissal from, the nursing program.

Signed _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20

Notary Public (seal)

Please answer written interview questions on back.

**WASHBURN UNIVERSITY
SCHOOL OF NURSING**

Written Interview

Please answer the following questions and attach it to your application. Include your name and date at the beginning of the document. You may either type your answers or use a word document.

1. Who/what influenced your choice of professional nursing as a career?
2. What are your reasons for applying to a baccalaureate program?
3. What is your reason for desiring to enter Washburn's School of Nursing?
4. If you are making a complete change of career, please explain.
5. What personal experience have you had with nursing?
6. What strengths/assets do you have that you feel would contribute to the nursing profession?
7. What participation in extracurricular/work/community activities have you had which demonstrate leadership ability? Briefly discuss importance to you of these experiences.
8. How do you propose to provide for any commitments you may have, as well as meet the demands of the nursing program?
9. a) Do you have a dependence on alcohol or drugs? If yes, please explain.
b) Are you currently participating in a treatment program for drug or alcohol dependence? If yes, please describe.
10. Have you ever been convicted of a crime other than traffic violations? If yes, please explain.
11. Is there anything in your academic record which needs explaining, i.e., incompletes, withdrawals, poor semester, pass/fail scores?
12. Do you have any questions or comments?

Washburn University
School of Nursing
1700 SW College
Topeka, KS 66621
(785) 670-1525

Applicant Reference Statement

To The Applicant:

Please print your name: _____
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act and its amendments guarantee students access to their educational records. Students may, however, waive their right to access to references. The choice of the applicant regarding this reference is to be indicated below.

Please circle your response: I do / I do not waive my right to inspect the contents of the following reference.

Signature: _____

Please request reference statements from two persons who have recent knowledge about your qualifications. On the first page of each reference form, fill in your name and give to the references.

To The Reference:

The above named person is applying for admission to the Bachelor of Science in Nursing Degree program at Washburn University, and has given your name as a reference.

Please give us a candid assessment of this applicant regarding her/his suitability for our program. You may attach a separate letter with this form, if you prefer.

1. How long and in what capacity have you known the applicant?

Date: _____ Nature of relationship (employer, co-worker, supervisor etc.) _____

2. Please indicate the applicant's ability:

	Excellent	Very Good	Average	Below Average	Unable to Rank
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability, maturity					
Ability to think critically					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

3. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____

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Creativity					

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- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____