



Nicole Wertheim College of Nursing & Health Sciences
 2nd Floor Undergraduate Nursing, VBSN Program
 11200 S.W. 8th Street, AHC3 – Rm 232
 Miami, FL 33199
 Tel.: 305.348.4725 • Fax: 305.348.7764
<http://cnhs.fiu.edu/MedicToNurse>

Application for Bachelor of Science in Nursing (BSN)

VETERANS BSN PROGRAM- MEDIC to NURSE

Section A – Personal Information

1. Applying to enter: Fall semester, 20 ____
2. Last Name: _____ First: _____ MI: _____
 - i. Previous Last Name (if any): _____
3. U.S. Social Security Number: _____ Panther ID Number: _____
4. Have you previously applied to the Florida International University College of Nursing and Health Sciences? Yes No
5. Permanent Address: _____
 City: _____ State: _____ Zip Code: _____
6. Mailing Address *: _____
 City: _____ State: _____ Zip Code: _____
7. Best Phone: _____ Home Work Cell Alt. Phone: _____
8. FIU Email*: _____ Secondary Email*: _____
9. Date of Birth (mm/dd/yyyy): _____
10. Gender: Male Female
11. Ethnic Origin: Asian/Pacific Islander Hispanic White, non-Hispanic
 African-American, non Hispanic Native American Other: _____

* Official communications will be sent to these addresses

Section B – High School Information

- List name of high school from which you graduated: _____
- Location of high school from which you graduated: (city and state): _____, _____
- Date of Graduation (year): _____ Have you fulfilled the University's Foreign Language Requirement? Yes No
Completing of Foreign Language requirement (2 years in High School, 8 College credits, or CLEP testing) is mandatory prior to admission to CNHS.)



Section C – Academic History

List **all** colleges, universities and professional schools you have attended, or are currently attending, including Florida International University.

<i>Institution(s)</i>	<i>Degree Earned</i>	<i>Major</i>	<i>Dates attended</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List **any courses you are currently enrolled**. (*NOTE: All nursing prerequisite courses, as well as the FIU Core Curriculum or Associate in Arts (AA) from Florida Community College should be completed prior to being enrolled in the program.*)

<i>Course # / Title</i>	<i>Institution</i>	<i>Course # / Title</i>	<i>Institution</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*** Official transcripts from each school must be submitted in a sealed envelope, as prepared by the sending institution, to FIU Undergraduate Admissions.**

Section D – Military History & Healthcare Background

1. Please provide us with your military service history:

Branch: _____ Rank: _____ Dates of Service: _____ to _____

Eligible Service Classification & credentials (*i.e. Combat medic, etc.*): _____

Other pertinent military service history: _____

2. Are you currently in the reserves? Yes No Beginning date: _____ Rank: _____

3. Are you currently a certified EMT? Yes No State: ____ License # _____

4. Are you currently a certified Paramedic? Yes No State: ____ License # _____

Section E – Other Information

1. Do you intend to pursue a master’s degree in nursing after graduation from our program? Yes No

2. Have you already successfully completed the Nursing Entrance Exam? Yes No *If YES, attach a copy of your results. If NO, contact **FIU Testing Center at (305) 348-2840 to schedule an appointment.***



3. Have you ever been convicted of, or charged with, a criminal offense or are you currently the subject of any criminal proceeding? Yes No

If YES, you must provide a written explanation of the incident and copies of all official documentation explaining the final disposition of the proceedings. *You do not need to disclose information about minor traffic violations. However, you must disclose information if the traffic offense involved illegal drugs or alcohol or if any person was killed or hospitalized as a result of an accident in which you were charged for a traffic violation. You do not need to disclose information regarding any criminal offense record which has been expunged according to applicable law. You must disclose information if charges were dropped or not prosecuted because you were granted any type of pretrial diversion. Failure to disclose this information may result in a revocation of admission.*

The Florida Board of Nursing and clinical agencies require the disclosure of conviction records for misdemeanors and/or felonies; therefore, this information is required at the time of admission. Applicants are required to submit to state and federal background checks at the time of admission. In addition, some clinical agencies require drug testing on entry to the agency. Findings in background checks may affect a student's ability to participate in clinical experiences and complete the track, and/or obtain registered nurse licensure. If you have questions about the background check, contact the Director of Undergraduate Programs at 305-348-7727.

Note: Criminal background checks and drug testing are required for all students admitted to the Nursing program.

Section F – Application Checklist and Signature

Check all items being submitted:

- Completed & signed NWCNHS Veterans BSN Medic to Nurse Application (this form), Consent and Release Authorization Form, Curriculum & Admission Information, and Attestation Form (next 3 forms)**
- Official transcript(s) from each college, university, or professional school attended, whether or not credit was earned, as prepared by the sending institution, to FIU Office of Undergraduate Admissions, P.O. Box 659003, Miami, FL 33265-9003.**
- Military Transcripts (official copy in sealed envelope sent to FIU Office of Undergraduate Admissions)**
- DD 214 form or current reserve assignment (copy)**
- Nursing Entrance Exam Scores**

I certify that the information recorded on this application is true and correct. I understand that failure to give complete and accurate information on the application may result in immediate cancellation of my application for admission, or, if enrolled, dismissal from the College of Nursing and Health Sciences. I agree to abide by the rules, policies and regulations of the Florida International University College of Nursing and Health Sciences, if I am admitted. I will notify the Office of Admissions and Student Affairs, in writing, of any charges affecting my application data.

Applicant Signature: _____ Date: _____

Florida International University, and all of its branches and divisions, subscribes to an equal educational opportunity policy for people of all races, creeds, and ethnic origins. The University is required by federal regulatory agencies to supply admission and enrollment information by racial, ethnic and gender categories. Submission of this information by the applicant is voluntary and will not be used to determine eligibility for admissions. Program and course availability, application deadlines, and admissions criteria are subject to change.

Mail or hand deliver completed application & supporting documents to:
Florida International University
Nicole Wertheim College of Nursing & Health Sciences
11200 S.W. 8th Street, AHC3 – Rm 232
Miami, FL 33199



Veterans' BSN (Medic to Nurse) Program CURRICULUM & ADMISSION INFORMATION

1. Applicants to the VBSN program must meet minimum admission criteria in place at time of application in order to qualify for admission to the program.
2. A minimum cumulative 2.5 GPA is required in all coursework including earned degrees (AA, BA/BS), core courses, and nursing prerequisites. If possible, transfer students are encouraged to obtain an Associate in Arts (AA) from a Florida State System College prior to entering FIU's VBSN program.
3. Selected qualified students may be pre-admitted to the **VBSN major** and advised to take nursing courses (with the NUR prefix) before they are fully admitted to the VBSN program. On a space available basis, students are fully admitted to the **VBSN program** in Spring semester and begin the 3-semester lock-step program at that time.
4. In order to remain in good academic standing, students who are pre-admitted to the VBSN major, or fully admitted to the VBSN program, must achieve a **grade of 'C' or higher in all nursing courses**. A student who earns less than a 'C' in any nursing course will be required to repeat the course in order to progress in the nursing program. A student may repeat a course one time only. **Students who have failed (C- or lower) two nursing courses or have two failures in the same nursing course will be dismissed from the VBSN major and/or program.**
5. Once a student is fully admitted to the VBSN program he/she is required to remain continuously enrolled at FIU following the "lock-step" program plan each semester. During the pre-admission phase, when a student may be taking nursing courses and completing the core curriculum and/or nursing prerequisites, the student should remain continuously enrolled at FIU. If a student is not enrolled for three consecutive terms, the student is no longer considered an active FIU student and will be required to apply for re-admission to FIU and to the VBSN major. Students reapplying to the VBSN major &/or program must meet the University and program requirements in effect at the time of re-admission, including program GPA requirements.
6. Prior to being pre-admitted to FIU for pre-admission to the VBSN major, or full admission to the VBSN program, each student must pass the clinical agency requirements of an acceptable background check performed through the American Databank System. Prior to beginning clinical experiences within the VBSN program, within a time frame set by the college, each student must complete the remaining health and clinical requirements as required by the contract with our clinical agencies. Links to instructions and required forms can be found at this link under the clinical requirements heading: <http://cnhs.fiu.edu/nursing/undergrad/bsn-programs/clinical-education/index.html> . If you have questions regarding the clinical clearance process, please contact American Databank at 1(800) 200-0853 *before* contacting Elizabeth Olafson, Director of Clinical Education, at eolafson@fiu.edu.

I acknowledge receipt and agreement with the above VBSN program curriculum and admission information:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____



FLORIDA INTERNATIONAL UNIVERSITY
Nicole Wertheim College of Nursing & Health Sciences
Consent and Release Authorization Form

I authorize Florida International University, and clinical facilities and training sites, whether in or outside the State of Florida, to receive criminal background check, drug testing, and health reports on me in conjunction with my status as a student requesting placement in clinical facilities and training sites. It is my responsibility to keep the clinical requirements current for each semester. I should keep all original documents and be prepared to show them each semester if requested by the assigned health care facility. It is possible that participation at a particular facility may necessitate additional screening **or that additional screening may be required during the course of the program (this may incur an additional cost at that time).**

I further authorize Florida International University to release the criminal background check, drug testing, and health reports to clinical facilities and training sites to which I am assigned for clinical education. I understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

I understand agencies may refuse me access to clients/patients based on information contained in the reports and that their criteria may differ from the criteria of the College of Nursing and Health Sciences.

I release the College of Nursing and Health Sciences, Florida International University, the Florida International University Board of Trustees, the Board of Governors, the State of Florida, and their trustees, officers, directors, employees and agents from any liability or damage in connection with the release of criminal background check, drug testing and health information.

I understand that I have the right to respond in writing to the information and to pursue an appeal of a negative decision made by the Dean of the College of Nursing and Health Sciences or her/his designee.

As a condition of participating in the Program, I shall abide by the terms of this statement and notify the University of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 894, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than 48 hours after such conviction.

Student Signature

Panther Number

Student Name (Print)

Phone Number

Date

Email

Check Program

BSN <input type="checkbox"/>	MSN <input type="checkbox"/>	CNRA <input type="checkbox"/>	RN-BSN <input type="checkbox"/>	FEP-MSN <input type="checkbox"/>
OT <input type="checkbox"/>	PT <input type="checkbox"/>	CSD <input type="checkbox"/>	AT <input type="checkbox"/>	VBSN <input type="checkbox"/>



Nicole Wertheim College of Nursing & Health Sciences
Attestation Form

I _____ attest to the following (select one of the following):

_____ I have not been charged with, or convicted of, a criminal offense nor have I become the subject of any criminal proceedings in any manner whatsoever.

_____ I have disclosed in writing to the Program Director or designee any charges or convictions that I have been the subject of, and any instance in which I have been the subject of any criminal proceeding.

Furthermore, I attest that I am a student in good standing at Florida International University.

I understand that I must inform the program director or designee in writing within **48 hours** if at any time I am convicted/charged with a criminal offense, have become the subject of any criminal proceedings or if I am no longer considered a student in good standing at Florida International University.

I understand agencies may refuse my access to clients/patients based on information contained in my background screening reports or my status as a student at Florida International University. Agencies criteria for students may differ from the criteria of the College of Nursing and Health Sciences.

I release Florida International University, the Florida International University Board of Trustees, the Board of Governors, the State of Florida, and their trustees, officers, directors, employees and agents from any liability or damage in connection with the release of criminal background check.

If at any time during the course of my participation in a CNHS program I am either arrested, charged, or convicted, I must disclose such an event to the Program Director or designee in writing regardless of the nature or the seriousness of the offense for which I am arrested, charged, or convicted **no later than 48 hours after such an event**. Failure to do so may result in my dismissal from the program.

Student Signature

**Department
(Nursing, PT, OT, CSD, or AT)**

Student Name (Print)

Panther Number

Date