



Accelerated Second Bachelor of Science in Nursing STANISLAUS STATE

ASBSN PROGRAM APPLICATION

Due to the ongoing COVID-19 pandemic, our office is temporarily closed and we will only accept the ASBSN Program Application via email to asbsn@csustan.edu. Please read the following instructions carefully and thoroughly on how to successfully submit your Spring 2021 Application:

INSTRUCTIONS

- ❖ **Application Process** – in order to be evaluated for a potential seat in the program and admission to the ASBSN Program, all applicants must complete and submit the following applications between June 15 and August 15, 2020.
 - 1) **University Application**: apply online through CalStateApply, at <https://www2.calstate.edu/apply>
 - Application fee of \$70 is required
 - 2) **Program Application**: apply to the ASBSN Program, the program application starts on page 3 of this packet.
 - No application fee required
- ❖ **Materials Required** – the following materials and documents must be submitted together with the Program Application:
 - **Official Transcript** – request and send all official transcripts from each college or university attended to asbsn@csustan.edu
 - It is your responsibility to ensure that we have receive all of your transcripts
 - **ATI TEAS VI** – request and send official result to **CA State Stanislaus UEE**
 - If you have taken the TEAS Exam here at CSU Stanislaus, we have received your scores and you do not need to send us your TEAS result.
 - The highest score of your first 3 attempts of the TEAS Exam will be used to calculate your admission points.
 - **TOEFL Exam** – this requirement pertain to only intentional students, you are required send us your TOEFL Exam result to asbsn@csustan.edu
 - **Course Descriptions** – include a copy of catalog description for any pre-requisite courses that do not appear on the [Course Equivalency Grid](#) and/or www.assist.org.
- ❖ **Submission** – submit the completed program application along with the applicable materials required to asbsn@csustan.edu. You should receive a respond from our program coordinator within 1-3 days that your program application has been received. If you do not hear from the program within 3 days, please send us an email and double check that your application has been received.

INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED FOR ADMISSION

ASBSN PROGRAM APPLICATION – CHECKLIST

- Applied to the university through CalStateApply
- Applied to the program, the program application was submitted to the asbsn@csustan.edu
- Official transcripts from each college or university attended after high school was sent electronically to asbsn@csustan.edu
- ATI TEAS VI Exam results sent from www.atitesting.com to **CA State Stanislaus UEE**
- Included course descriptions as required

Nursing is a profession, which requires an exceptional level of honesty and integrity. As an applicant to the Nursing program at CSU Stanislaus you are responsible for the accuracy of your application. Your signature below verifies that the information contained in this application is true and accurate to the best of your knowledge. Falsifying or knowingly providing inaccurate information is grounds for disqualification and/or dismissal from the nursing program.

I certify that the foregoing statements on this application are true, complete, and accurate:

Print Name _____ Date _____

Signature of Applicant _____

**Accelerated Second Bachelor of Science in Nursing
Spring 2021 Application
Cohort 10**

ASBSN PROGRAM APPLICATION

Student ID _____
(OR Date of Birth)

Name (Last) (First) (Middle) (Alias/Maiden)

Address (Number & Street) (City) (State) (Zip)

Mailing Address if different: (Number & Street) (City) (State) (Zip)

Preferred Phone: _____

Work Phone: _____
Work Phone Optional

Alternative Phone: _____

Email: _____

If you change your contact information, please notify the ASBSN Program Office as well as the office of Enrollment Services.

1. Status at the time of application (check all that apply)

a. A graduate of any CSU campus

Name of campus: _____

b. A post-baccalaureate student. Major _____ Date of Degree _____

c. Permanent Residency in

Calaveras County Merced County Stanislaus County

Mariposa County San Joaquin County Tuolumne County

Other _____

2. Are you bilingual? Yes No *If yes you must fill out pg. 8 to receive the points*

3. Country of Citizenship _____

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 (students under 19 years old must attach their parent's INS documentation).

4. Have you had any experience with health care, either volunteer or paid? Yes No
If yes, please complete page 3 of this application.

5. Have you ever been or are you currently enrolled in a nursing program? Yes No
If yes, (Answer all that apply)

Name of school/college/university: _____

Reason for leaving the program: _____

Did you leave or are you leaving in good standing? Yes No
(If yes, a letter of good standing must be submitted with your application)

What type of program are you, or were you enrolled in?

LVN - Dates attended: _____ Still attending? Yes No

Associate Degree - Dates attended: _____ Still attending? Yes No

Diploma Program - Dates attended: _____ still attending? Yes No

Baccalaureate Degree - Dates attended: _____ Still attending? Yes No

Other - Dates attended: _____ Still attending? Yes No

6. Have you taken the ATI (TEAS VI) test? Yes No

If yes, what was the *Highest Adjusted Individual Total Score* of your first 3 attempts _____%?

If no, results must be received from ATI no later than the last date of the application filing period in which you are applying.

Note: Only the highest ATI score of the applicants first 3 attempts will be used.

You must have a minimum of 70% Version VI in the Adjusted Individual Total Score to apply. If you have applied to our program previously and submitted an ATI TEAS VI result that you want to use again, we will pull your results from your previous application so you will not have to resubmit the same result.

HEALTH CARE EXPERIENCES

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM: mo/day/yr	DATES TO: mo/day/yr	Total Number of Hours worked	SUPERVISOR & PHONE NUMBER

Position/Title:

Briefly describe your responsibilities (use separate sheet of paper if necessary)

Paid Volunteer
 Full Time Part Time

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM: mo/day/yr	DATES TO: mo/day/yr	Total Number of Hours worked	SUPERVISOR & PHONE NUMBER

Position/Title:

Briefly describe your responsibilities (use separate sheet of paper if necessary)

Paid Volunteer
 Full Time Part Time

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM: mo/day/yr	DATES TO: mo/day/yr	Total Number of Hours worked	SUPERVISOR & PHONE NUMBER

Position/Title:

Briefly describe your responsibilities (use separate sheet of paper if necessary)

Paid Volunteer
 Full Time Part Time

PRE-REQUISITE REQUIREMENTS

You **MUST** have completed all 10 pre-requisites requirements in order to be eligible for admission to the ASBSN Program:

- Minimum GPA of 3.000 or above in the Overall, Science Pre-requisite, and Non-science Pre-requisite GPA categories.
- Received a grade of C or better in each of the pre-requisite courses.
- Repeated no more than 2 pre-requisite courses (no more than 1 science and no more than 1 non-science courses was repeated).
- No single pre-requisite course may be taken more than twice.
- Science pre-requisites may be taken online or hybrid, but the lab portion must be on-site and supervised.
- AP Scores of level 3 and above will be honored as pre-requisite completions (must provide official AP Scores in the application package)

Instruction: Please fill in your pre-requisite courses below accordingly:

Prerequisite Course	Institution Where Course, or Equivalent, Was Taken	Course Name and Number No pre-requisite box may be left blank.	Term/Year	Grade	Units or Qtr. Semester As shown on transcripts	For Office Use Only Decision of Evaluator
Example	CSU Stanislaus Do not separate Lec/Lab Units unless shown that way on transcripts	ENGL 1001: First-Year Composition	Fall 2008	Grade <u> B </u> Lecture	<u> 3 </u> Units <u> X </u> Sem ___ Qrt	
Chemistry				Grade _____ Lecture	_____ Units	
				Grade _____ Lab	_____ Units ____ Sem ___ Qrt	
Anatomy w/lab				Grade _____ Lecture	_____ Units	
				Grade _____ Lab	_____ Units ____ Sem ___ Qrt	
Physiology w/lab				Grade _____ Lecture	_____ Units	
				Grade _____ Lab	_____ Units ____ Sem ___ Qrt	

OR

Anatomy & Physiology I w/lab				Grade_____	_____ Units	
				Lecture		
&				Grade_____	_____ Units	
				Lab	___ Sem ___Qrt	
Anatomy & Physiology II w/lab				Grade_____	_____ Units	
				Lecture		
				Grade_____	_____ Units	
				Lab	___ Sem ___Qrt	
Microbiology w/lab				Grade_____	_____ Units	
				Lecture		
				Grade_____	_____ Units	
				Lab	___ Sem ___Qrt	
Oral Communication (A1) Public Speaking or Group Discussion				Grade_____	_____ Units	
				Lecture	___ Sem ___Qrt	
Written Communication (A2) English Composition				Grade_____	_____ Units	
				Lecture	___ Sem ___Qrt	
Critical Inquiry (A3) Critical Thinking				Grade_____	_____ Units	
				Lecture	___ Sem ___Qrt	
Statistics (Math)				Grade_____	_____ Units	
				Lecture	___ Sem ___Qrt	

Introduction to Psychology				Grade_____ Lecture	____ Units __ Sem __Qrt	
Introduction to Sociology				Grade_____ Lecture	____ Units __ Sem __Qrt	

CERTIFICATION OF LANGUAGE PROFICIENCY

This form is OPTIONAL and is not required to be considered for admission to the ASBSN program. If you qualify, submit this form with your application for the additional admission points.

SECTION I Student completes this section

Applicant Name _____

SECTION II The person completing this language proficiency certification:

1. Must be fluent in the identified foreign language and
2. Must have known the applicant and observed his/her language skills in the past year.
3. Must not be a close family member or friend.

Certification of proficiency in the language of _____

Name _____

Title _____

Organization _____

Address _____ State _____ . Zip _____

Phone _____

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

2. How often have you observed the applicant conversing/translating in this language?

Daily 2+ days per week 1 day a week Other: _____

In each of the following questions, please rate the applicant on a scale from 1 (low) to 5 (high):

1 = inadequate second language proficiency for professional communication

3 = able to translate in a medical emergency

5 = highly competent in speaking and writing proficiency

3. Applicant's proficiency in **speaking** this second language is: 1 2 3 4 5

4. Applicant's proficiency in **writing** this second language is: 1 2 3 4 5

Signature

Date

STATISTICAL DATA

The following information will be used for accreditation and the State Board of Registered Nursing statistical reports only. The data is confidential. It is unlawful to discriminate against you on the basis of this information.

Full Name _____

Date of Birth _____

Gender Male Female

Race/Ethnicity

- African American/Black
- American Indian
- Cambodian
- Caucasian
- Chinese
- Cuban
- European
- German
- French
- Filipino
- Hmong
- Hispanic/Latina American
- Japanese
- Korean
- Others _____
- White

- Decline to State

How did you learn about our program?

- ASBSN Alumni
- Advertising (source) _____
- CSU Stanislaus Outreach Office
- CSU School of Nursing
- Friend, College, or Relative
- Hospital (specify) _____
- Other _____
- Other Nursing Program
- University Extended Education

END OF APPLICATION

Thank you for applying to the ASBSN Program Spring 2021 Admission. We will be sending out the notification letters before or by **October 1st, 2020**. The notification letter will be sent through email and will determine your admissions status for the Spring 2021 cohort.

If you do not receive a notification letter by October 11th, then please contact our email at asbsn@csustan.edu.

We wish you the best of luck!