

Bachelor of Science in Nursing

HOW TO APPLY

Step One: Apply to UW Tacoma

- Complete the UW Tacoma **Application for Transfer Admission** with payment of the \$60 application fee. You may complete the application online at:

www.tacoma.washington.edu/apply

- Request an **official transcript** for all college-level coursework. High school transcripts are required **only** if foreign language or mathematics requirements were completed in high school.

Step Two: Apply to the BSN degree program

- Submit **three professional recommendations**: One from a supervisor attesting to clinical abilities; one from a supervisor, trainer or instructor addressing ability to learn; and a third from a peer or community or other contact.
- Provide a copy of your current **résumé**.
- Write an **essay** about your personal and professional experiences. Your essay should be no more than two pages, typed and double spaced with a 12-point font. Please address one or more of the following areas as they pertain to you:
 - Notable leadership, achievements and accomplishments
 - Perseverance in the face of adversity
 - Experience in diverse communities or disadvantaged populations
 - Special skills and experience (bilingual, international travel, research)
 - Reasons for pursuing a BSN, expectations and outcomes desired for your educational experience and future educational or professional goals.
- Complete a **criminal background check** online through Verified Credentials, Inc. at myvci.com/washington. Please note that there is a \$69 fee for this service.
- Complete and submit the **Conviction/Criminal History Information** form.

Additional requirements

If you are admitted to the BSN program, you will be required to complete a health history, have required immunizations and current CPR certification. You are responsible for your own transportation to and from practicum coursework.

SUMMER/AUTUMN QUARTER PRIORITY DATE

February 15

If your completed application is received by February 15, you will receive a decision by April 30. If your application is completed after the priority date, you will be considered as space allows and receive your decision approximately 8-12 weeks after your application is received.

Remember, several items are required to complete your application. Transcripts often take several weeks to arrive. Your application will not be reviewed for admission until all materials have been received.

The BSN program admits students for Summer and Autumn Quarters only. Pre-major admission is offered in all quarters. Students may complete prerequisites or required electives prior to beginning nursing coursework. Contact the Nursing program office to discuss pre-major admission.

ADMISSION REQUIREMENTS

Make sure you will have fulfilled the admission requirements before you begin classes. For more information on admission requirements, go to:

tacoma.washington.edu/nursing

HOW TO CONTACT NURSING

tacoma.washington.edu/nursing

Office: Cherry Parkes 326

Phone: 253-692-4470

Fax: 253-692-4424

E-mail: tnursing@u.washington.edu

Essential Behaviors for Admission, Continuation and Graduation

For UW Tacoma Nursing Students

The following amplifies requirements found in the University of Washington Student Conduct Code. For admission, continuation, and graduation in their programs, students need to abide by the following specifications for behaviors and abilities. In this document, “student” pertains to all UW Tacoma Nursing students.

Communication. Students must communicate effectively and sensitively with patients and their families as well as with other students, staff, faculty, professionals, agency personnel, community residents, and others relevant to their areas of study. Expression of ideas and feelings must be clear and appropriate. Students must demonstrate a willingness and ability to give and receive feedback.

Cognitive. Students must be able to reason, analyze, integrate, synthesize, and evaluate in the context of the nursing activities of their programs/areas of study.

Behavioral/Emotional. Students must possess the emotional health required for the full utilization of intellectual abilities, the exercise of sound judgment, and the timely completion of responsibilities in their programs/areas of study. Further, students must be able to maintain mature, sensitive, and effective relationships with patients, students, faculty, staff, other professionals, and agency personnel under all circumstances including highly stressful situations. Students must have the emotional stability to function effectively under stress and adapt to environments that may change rapidly without warning and/or in unpredictable ways as relevant to their programs or areas of study. Students must be able to demonstrate empathy for the situations and circumstances of others and appropriately communicate that empathy. Students must acknowledge that values, attitudes, beliefs, emotions, and experiences affect their perceptions and relationships with others. Students must be able and willing to examine and change behaviors when they interfere with productive individual or team relationships. Students must demonstrate effective and harmonious relationships with the diverse academic, professional, and community environments relevant to their chosen programs of study.

Professional Conduct. Students must possess the ability to reason morally and practice nursing in an ethical manner. They must be willing to learn and abide by professional standards of practice as well as regulations for professional licensure. Students must demonstrate the attributes of compassion, integrity, honesty, responsibility, and tolerance.

Motor and sensory skills. Students need to have sufficient motor function and sensory skills in order to be able to execute movements and make observations required in the domain of nursing care or nursing activity in their chosen programs/areas of study.

Reasonable accommodation for disabilities. Students must be able to perform all the essential functions of the program with or without accommodation. A student who discloses a disability and requests accommodation will be referred to Disability Support Services. The student may be asked to provide documentation of the disability for the purposes of determining appropriate accommodations. The Nursing Program will provide reasonable accommodations, but is not required to make modifications that would substantially alter the nature or requirements of the program. If you have questions regarding reasonable accommodation, contact Disability Support Services at (253) 692-4522, TTY (253) 692-4413 or e-mail dssuwt@u.washington.edu.

Request for Recommendation

Please type or print clearly. This form may be duplicated as needed.

Applicant name: _____

TO THE RECOMMENDER:

The applicant named above is applying for admission to the Bachelor of Science in Nursing program. As a part of the application process, performance in several areas is assessed. We appreciate your responses to the questions below.

Please describe the applicant's performance by checking one appropriate space for each area of performance.

	Excellent	Above Average	Average	Below Average	Not Known
Knowledge of nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies knowledge to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implements new techniques and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leads others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages/supervises others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes as a member of organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, is competent in own specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add other comments as desired on the back of this sheet; attach additional pages as needed.

Signature _____ Position _____ Date _____

Company _____ Phone number _____ Relationship to Applicant _____ Years known _____

Return to:
 University of Washington Tacoma
 Attn: BSN Admissions
 1900 Commerce Street
 Tacoma, WA 98402-3100
or fax:
 (253) 692-4424

TO THE APPLICANT:
 Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. If you wish to waive your right to review this recommendation, please indicate by signing here:
Applicant Signature: _____ **Date:** _____

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Implements new techniques and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Applicant Signature: _____ **Date:** _____

**CONVICTION/CRIMINAL HISTORY, AUTHORIZATION FOR REPEAT CHECKS, AND
DISSEMINATION OF RESULTS FORM**

This form must be completed to be considered for School of Nursing admission and continuation.

The School of Nursing reviews conviction/criminal history records when considering individuals for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the School's curriculum standards, as well as to the safety and security of patients and the public. The Washington State Child and Adult Abuse Information Law, RCW 43.43.830-842, requires that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitation, and for findings in related actions and proceedings. School of Nursing degree programs involve unsupervised access to populations defined by this law. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. Clinical training sites are precluded by law from allowing persons with certain conviction histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require the School to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in any School program. **A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation.** Conviction/criminal history records must be verified through a private national background check agency specified by the School. Admission and/or continued enrollment is subject to a satisfactory background check review. Individuals who do not sign this Conviction/Criminal History, Authorization for Repeat Checks, and Dissemination of Results Form will not be considered for admission or continuation. Questions about the use of conviction/criminal history information may be referred to Academic Services (206-543-8736).

Applicant Name (Last)	(First)	(M.I.)	Social Security Number (mandatory)*
Applicant's Nursing Degree Program			Date of Birth (Mo., Dy., Yr.)

*Your Social Security Number is a required part of your application. It is a unique identifier necessary to conduct the Criminal History Background Check required of all applicants.

I. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION: Have you ever been convicted of any of the crimes listed below? YES NO If Yes, check all that apply and describe under Section V. below.

Arson (1st degree)	Custodial Interference (1st/2nd Degree)	Promoting Pornography Promoting Prostitution (1st Degree)
Assault, Custodial	Extortion (1st/2nd/3rd* Degree)	Prostitution
Assault, Simple (or 4th Degree Assault)	Forgery*	Robbery (1st/2nd Degree)
Assault (1st/2nd/3rd Degree)	Incest	Rape (1st/2nd/3rd Degree)
Assault of a Child (1st/2nd/3rd Degree)	Indecent Exposure - Felony	Rape of a Child (1st/2nd/3rd Degree)
Burglary (1st Degree)	Indecent Liberties	Selling/Distributing Erotic Material to a Minor
Child Abandonment	Kidnapping (1st/2nd Degree)	Sexual Exploitation of a Minor
Child Abuse or Neglect (RCW 26.44.020)	Malicious Harassment	Sexual Misconduct with a Minor (1st/2nd Degree)
Child Buying or Selling	Manslaughter (1st/2nd Degree)	Theft (1st/2nd/3rd* Degree)
Child Molestation (1st,2nd,3rd Degree)	Murder, Aggravated	Unlawful Imprisonment
Communication with a Minor	Murder (1st/2nd Degree)	Vehicular Homicide
Criminal Abandonment	Patronizing a Juvenile Prostitute	Violation of Child Abuse Restraining Order
Criminal Mistreatment (1st/2nd Degree)		

II. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance? YES NO

III. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult? YES NO

IV. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service? YES NO

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program? YES NO

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program? YES NO

V. ADDITIONAL INFORMATION (when applicable) For all items checked in I, II, III and IV above, on a separate page, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age.

VI. GENERAL CONVICTION INFORMATION (when applicable) Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes? Do not include parking tickets/traffic citations.
 YES NO If Yes, on a separate page, please indicate all conviction dates, prison release date(s) and the nature of the offense(s).

SIGNATURE - You will not be considered for admission if you do not complete and sign copy of form you submit with hardcopy application packet (electronic signature NOT required for copy submitted on-line)

Under penalty of perjury, I certify that the above-stated information is true, correct and complete. I understand that I am obligated to notify the School of Nursing within 30 days, in writing, of if I am convicted of any crime or if any of the specified court or administrative determinations are made against me during the application period and/or while enrolled as a student. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal. I understand and agree that the University of Washington may verify this information through the Washington State Patrol and/or through a private national records verification agency. I also understand and agree that admission and continuation is conditioned on the University's receipt of a satisfactory Conviction Report from the Washington State Patrol and/or other records verification agency.

Authorization for Repeat Background Checks and Dissemination of Results

I agree to initiate, pay for, and provide the School of Nursing with repeat background checks every two years from the date of my admission to the School. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites, whether in or outside the State of Washington, as deemed necessary by the School of Nursing, during the completion of my academic program. I understand that the University of Washington will provide the records listed above only with the condition that the receiving party or parties will be notified by the University that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further 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.

Signature _____

Date _____

PROCESS FOR BACKGROUND CHECK REVIEW

1. All applicants submit a signed Conviction/Criminal History, Authorization for Repeat Checks, and Dissemination of Results Form.
2. If offered admission, every applicant must verify conviction/criminal history through the private national background check agency specified by the School, by the stated deadline. Failure to complete this check by the deadline may disqualify the applicant from admission.
3. All continuing students must complete a repeat check every two years.
4. If the check is negative, the applicant may be admitted to and the continuing student may continue in the program.
5. If the check is positive, the applicant/student will be asked to explain any discrepancies. This information will be reviewed initially by a School of Nursing Academic Services Committee that will consider essential qualifications, need for further information, CAAL crime, pattern, timing, etc. If the review indicates that the information and explanation are satisfactory, the applicant may be admitted to and the continuing student may continue in the program.
6. If the review indicates that the information and explanation are not satisfactory, a School of Nursing Curriculum Committee will consider essential qualifications, need for further information, CAAL crime, pattern, timing, etc. If the review indicates that the information and explanation are satisfactory, the applicant may be admitted to and the continuing student may continue in the program. If the review of this second committee indicates that the information and explanation are not satisfactory, the offer of admission will be withdrawn and the continuing student may be suspended or dismissed from the program.
7. If the decision regarding the review of a continuing student's conviction/criminal history check is suspension or dismissal, the Associate Dean for Academic Services will meet with the student and inform the student of the decision verbally and in writing. The student will be informed of the UW appeals process for suspension or dismissal. A written report will be sent to the UW Office of Student Life/Academic Conduct Committee.