

UNIVERSITY OF SOUTH ALABAMA COLLEGE OF NURSING

BACHELOR of SCIENCE DEGREE IN NURSING

ADMISSIONS APPLICATION for: RN-BSN & RN-MSN ONLINE TRACKS

NOTE: We highly recommended that you FIRST have an evaluation of your complete academic history done by the College of Nursing PRIOR to applying for Undergraduate Admission & Submitting this RN-BSN application.

IMPORTANT: This Application is ONLY for: Associate and Diploma Nurses. If you are NOT an RN, you must fill out the Traditional Undergraduate Application. You must first apply to this program and receive your BSN PRIOR to applying to ANY Graduate MSN Program – If you already hold a BSN, OR are an Associate or Diploma Nurse with a Bachelor's Degree in another discipline, you will need to apply to the Graduate MSN Program.

****If you have a Non-Nursing Bachelor's, go to:** <http://www.southalabama.edu/nursing/rnmsnnonnursing.html>

Enrollment into the pre-professional component as a nursing major does NOT assure a student admission to the Professional Component. Enrollment in the Professional Component is *limited and competitive*. Students are admitted without regard to race, color, creed, national origin, sex, or qualified disablement.

IMPORTANT: RN-BSN students are admitted into the Professional Component: Fall or Spring Semesters ONLY.

Applications are reviewed carefully to determine that students have satisfied all nursing requirements of conduct, health, scholastic achievement, and aptitude for nursing. Transfer credit must comply with College of Nursing policies.

ADMISSION CRITERIA:

1. **FIRST, apply for Undergraduate Admission and be ADMITTED as a "Pre-Nursing" Undergraduate Student.** You can now apply Online, for Undergraduate Admission to USA, by going to: <http://www.southalabama.edu/admissions/applyundergrad.html>
2. **Submit an RN-BSN Application Packet by posted deadline, with the required \$50 Application Fee**
3. **Minimum GPA of 2.50 in all 19 prerequisite courses for admission to the RN-BSN Track**
4. **Minimum Overall GPA of 3.00 on ALL academic coursework attempted for admission to the RN-MSN Track. Four of nine courses in the RN-MSN track are Graduate courses and a BSN degree is awarded.**
5. **A minimum grade of "C" in each pre-requisite course**
6. **Submission of a health record and submit dates on all required immunizations**
7. **Submit copy of current CPR certification**
8. **Completion of an accredited diploma or associate degree in nursing and a current unencumbered license to practice**
9. **Drug testing is required. Admission will be contingent on negative drug screen results reported to USA**
10. **Background check. Admission will be contingent on satisfactory background check results sent to USA**

DEADLINES: Applications MUST be submitted for admission to **FALL** semesters by **APRIL 1**
Applications MUST be submitted for admission to **SPRING** semesters by **AUGUST 1**

MAIL YOUR APPLICATION, WITH THE REQUIRED \$50.00 FEE TO:

University of South Alabama - College of Nursing, Office of Student Services,
307 North University Blvd., HAHN Bldg., Suite 3082, Mobile, AL 36688

Please Note: Incomplete Application Packets and those Packets received WITHOUT the required \$50.00 Application Fee will be RETURNED to the RN-BSN applicant, for missing documentation or fees.

The College of Nursing Admissions Committee and the Dean of the College of Nursing reserve the right to select the applicants best qualified for and most likely to succeed in the study of nursing. Failure to comply with legal, moral, and legislative standards for licensure to practice as a registered nurse merits immediate dismissal from the nursing program. In keeping with the dynamic changes in the nursing and health field, the baccalaureate curriculum may undergo changes. Changes in curricula and/or admission requirements will be published as far in advance as possible. Advisors are available to assist students in adapting to those changes and planning their course of study accordingly.

IMPORTANT REMINDER: to be considered for the RN-BSN Track, you must FIRST be admitted to this University as a Transfer Undergraduate Student, by the USA Office of Admissions: 800/872-5247; Email: admiss@usouthal.edu. Request all your OFFICIAL transcripts be mailed DIRECTLY to: USA Office of Undergraduate Admissions, 2500 Meisler Hall, 307 N. University Blvd., Mobile, AL 36688.

(Nursing Application Updated: Feb. 2012)

UNIVERSITY OF SOUTH ALABAMA - COLLEGE OF NURSING ONLINE RN-BSN AND ONLINE RN-MSN TRACKS - FOR THE BSN

Your Admission Packet must be COMPLETE, with all requested information and copies of requested documents when you submit it to the USA College of Nursing. Incomplete Applications are returned to applicants.

1. Complete this College of Nursing Application for Admission for the ONLINE RN-BSN/MSN Tracks.

NOTE: Witness and/or Notary signature is required where indicated. Students must also apply for acceptance to the University of South Alabama through the Office of Admissions and submit official transcripts to them (Phone: 800/872-5247). International students must apply to the University through the Office of International Admissions (251-460-6050) and submit to that office official transcripts from both foreign and United States Institutions. These must be evaluated by International Student Services PRIOR to applying with the College of Nursing. **NOTE: Copies of all transcripts from other institutions attended must be requested to be mailed directly to the Office of Admissions, by the prospective student.**

2. Application Fee – Applications to the College of Nursing require a non-refundable application fee of \$50 and must be MAILED with your Application Packet. Money Orders or personal checks are required (\$20 fee on returned checks). Please make checks payable to: USA College of Nursing.

3. Proof of CPR Certification

It is required that students be certified in either Professional Rescuer's CPR or Healthcare Provider CPR. These are the only acceptable CPR certifications. **A copy of your CPR card must be included with application.**

4. Completed Health Information – verification of physical examination and immunization information required must be submitted on the provided forms. Your health care provider should complete these forms.

Physical Examinations may be obtained at:

- a. **Student Health Services** (460-7151) There is a fee for the exam and the lab work. Appointments are required at Student Health Services and must be made in advance
- b. **Your personal physician or nurse practitioner**

Tuberculosis (TB) tests – A two-step purified protein derivative (PPD) is required when the application is Submitted. This means **two** TB tests with **two** readings, two to three weeks apart, but not more than one month apart. If already participating in yearly TB testing, submit supporting documentation along with current PPD

Hepatitis B Immunizations: This is a series of three injections requiring six months to complete. You must have the first two injections **one month apart** and must be completed when submitting the application. The third must be completed six months from the first injection. Hepatitis B injections are available from Student Health Services, Mobile County Health Department, or your private physician.

5. Statement of Continued Health Responsibility

6. Completed Verification of Health Insurance Form

All students accepted to the College of Nursing are required to obtain and maintain coverage by a health and hospitalization policy comparable to the student health policy which is available through the Office of the Vice President for Student Affairs. **Neither the College of Nursing nor the University Hospitals and Clinics will be Responsible for any health care costs incurred by the student.**

7. Drug Test Waiver and Background Check Waiver forms; MUST BE NOTARIZED. Once you are admitted into the Professional component, you will be sent information for **BOTH** these procedures (see **attached policies**)

8. Signed Promotion Contract

9. Communicable Disease Statement and Waiver of Liability

10. Completion of an accredited diploma or associate degree in nursing and a current unencumbered license to practice (copy of license is required). MUST INCLUDE A COPY OF CURRENT LICENSE.

PLEASE REMEMBER: INCLUDE ALL REQUESTED DOCUMENTS AND \$50.00 APPLICATION FEE IN YOUR NURSING APPLICATION, WHEN MAILING IT TO THE USA COLLEGE OF NURSING.

NURSING APPLICANT'S "CHECK-LIST"

Please **DON'T** mail us your Nursing Application Packet & **\$50.00 Fee** **UNTIL** you can answer **"YES"** to EACH of the following statements

- 1) I have SUBMITTED my Application for Undergraduate Admission to the USA Office of Admissions, to be admitted to the general university, as a Transfer Student (Pre-Nursing Major), for the SAME semester I plan to begin the Nursing Program.
- 2) I have requested that all my Official Transcripts from EACH college I have previously attended be MAILED DIRECTLY TO the following:
USA Office of Undergraduate Admissions, 2500 Meisler Hall, Mobile, AL 36688
(Phone: 800-872-5247 or Email: admiss@usouthal.edu)
- 3) I have filled out EACH page of this Nursing Application FULLY and COMPLETELY and I have ATTACHED all required/requested documentation to EACH page that requests information, as this info is vital to my application.
- 4) I have had the following TWO pages NOTARIZED: Background Waiver Agreement and the Drug Testing Waiver Agreement. Return both to USA.
- 5) I have COMPLETED all (19) of the required pre-requisite courses, which totals 61 semester hours OR I am currently enrolled, taking the FINAL missing prerequisites. I understand that I must submit these final grades to the College of Nursing upon completion of this current semester, thus completing all my (19) pre-req courses. I realize I cannot be admitted until I complete all (19) classes.
- 6) I have ENCLOSED the required \$50.00 College of Nursing Application Fee, with my Nursing Application. (Include a Check or Money Order, Made payable to: USA College of Nursing.)

APPLICANTS:

PLEASE REVIEW YOUR APPLICATION BEFORE YOU MAIL IT TO US.

EACH PAGE MUST BE FILLED OUT COMPLETELY. APPLICATIONS RECEIVED AFTER THE POSTED DEADLINES OR INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED. Thank you.
The USA College of Nursing Admissions Committee.

UNIVERSITY OF SOUTH ALABAMA COLLEGE OF NURSING
ONLINE RN-BSN PROGRAM
APPLICATION FOR ADMISSION TO THE PROFESSIONAL COMPONENT

Mail Application Packet with required \$50.00 Application Fee to:
USA College of Nursing, HAHN 3082, 307 University Blvd., Mobile, AL 36688

Name of Applicant: _____ Email: _____

Social Security Number: _____

Your Assigned USA Student Number: _____ USA Student Email: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mailing Address
Street/PO Box _____ City _____ State _____ Zip Code _____

Select ONE of the following ONLINE TRACKS, to pursue your Bachelor of Science in Nursing at USA:

(1) RN to BSN Track: _____

(2) RN to MSN Track: _____

(To be eligible for the RN-MSN Track, all Applicants MUST have a cumulative GPA of 3.0 or higher on all college coursework you have ever attempted. Admission is to Phase One of this Track, which is the Undergraduate Phase, to first earn the BSN. NOTE: After earning the BSN, students will enter Phase Two, the Graduate Phase, for the MSN)

Check the SEMESTER AND YEAR you wish to enter the track indicated above:

___ Fall Semester 20 ___ ___ Spring Semester 20 ___

List all educational institutions you have attended since High School: Please Note, Applicants May Not Disregard Any Part of Their Educational History; Failure to Report All Institutions Previously Attended Will Be Cause for Cancellation of the Admissions Process and/or Dismissal From the University of South Alabama.

| Name of Institution | City/State | Dates Attended | Degree Earned |
|---------------------|------------|----------------|---------------|
| | | | |
| | | | |
| | | | |

Are you **CURRENTLY enrolled** in college? _____ If yes, what college? _____
List the COURSES you are currently taking at the college listed above or you plan to take prior to attending USA

List all work experience:

| Name of Institution | City/State | Dates of Employment |
|---------------------|------------|---------------------|
| | | |
| | | |
| | | |

Applicant's Signature: _____ **Date:** _____

PROOF OF CPR CERTIFICATION

It is required that all USA College of Nursing Students be certified in **Professional Rescuer CPR or Healthcare Provider CPR**.

Certification that does not meet these requirements will not be accepted.

Written certification of CPR course completion may be included with application if CPR card has not been received prior to the application deadline. Your certification can be obtained through the American Red Cross or the American Heart Association. If in the Mobile area, you can obtain your certification through Newman's Ambulance Service.

Please Note: Online Certifications Will Not Be Accepted!

Applicant Signature

Date

ATTACH A COPY OF YOUR CURRENT CPR CARD TO THIS FORM AND SUBMIT WITH YOUR APPLICATION PACKET.

VERIFICATION OF PHYSICAL EXAMINATION

All students are required to have a physical examination PRIOR to submission of this USA College of Nursing Application.

NOTE: Your health care provider should complete the statement below. Return the completed verification with your application packet.

I have examined _____ on _____
(Patient) (Date)

and have determined that there are no health related reasons which would prohibit this student from participating in the University of South Alabama College of Nursing program.

(Health care provider signature)

Printed Name

Printed Title

NOTE: Return this completed verification with your Nursing Application Packet.

University of South Alabama College of Nursing

Applicant's Immunization History

FULLY COMPLETE THE FOLLOWING INFORMATION REGARDING IMMUNIZATIONS. THIS IS AN IMPORTANT PART OF THE ADMISSIONS PROCESS.

Applicant's Name: _____ Date of Birth: _____

USA Student I.D. Number: _____

Table with 2 columns: Disease Name and Requirements. Diseases include Adult Tetanus, Rubella, Measles, Mumps, Chickenpox, and Hepatitis B.

YOUR IMMUNIZATION HISTORY
APPLICANT MUST FILL IN ALL THE BLANKS/DATES BELOW

Seasonal Flu Vaccine (Date of Last Vaccine): _____

Adult Tetanus (Td) (Date of Last Booster): _____

Rubella (Date of Vaccine): _____ or (Date of Immune Titer) _____

Measles (Dates of Vaccine): 1. _____ 2. _____ Or Date of Documented History of Disease _____

Mumps (Date of Vaccine): _____ or (Date of Immune Titer) _____

Chickenpox (Date of Vaccine): _____ or (Date of Immune Titer) _____ or include a statement, attached to this form regarding documentation that you have had Chickenpox, with the date and sign this statement.

Hepatitis B (Dates of Vaccine): 1. _____ 2. _____ 3. _____

Or Hepatitis B (Date of Immune Titer) _____

Verification of the first two Hep B immunizations is required by the application deadline for your application to be considered. It is your responsibility to provide verification of your 3rd Hep B as soon as it is completed.

Applicant's Signature

Date

IMPORTANT: YOU MUST ATTACH PROOF OF ALL BLOOD TITERS TO THIS FORM. SUBMIT THIS FORM WITH YOUR APPLICATION.

Applicant's Name _____ Date of Birth: _____

TUBERCULIN SKIN TEST
OR
CHEST X-RAY

A two-step PPD (purified protein derivative) tuberculosis test is required before submission of application. The injections are to be placed and read one week apart.

Injection 1 – Date _____ Results _____/Reader's Initials _____

Injection 2 – Date _____ Results _____/Reader's Initials _____

If one verifies by supporting documentation a 2-step (7 days apart) PPD in the past with yearly PPD's thereafter, **then a current PPD is the only requirement.**

Note: Yearly PPD's are required after admission.

A yearly PPD is required after the initial 2-step PPD

CHEST X-RAY (ONLY IF INDICATED)

Date _____ Results _____

(Health Care Provider Signature)

Date

NOTE: MUST PROVIDE ALL DATES AND SUBMIT THIS COMPLETED FORM WITH YOUR APPLICATION.

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF NURSING RN-BSN STUDENTS**

Nursing Student Statement of Continued Health Responsibility

I understand it is my responsibility throughout the program to keep immunizations and TB skin testing current. I agree to inform clinical instructor(s) or the Chair of the Department of any health problem that could possibly affect my performance or the welfare of my patients in the clinical area. I understand that this disclosure is necessary to protect my health and well-being as well as the health and well-being of patients for whom I may provide care.

I have read the above and foregoing and understand my responsibility to advise of health status.

Applicant's Name – Please Print

Applicant's Signature

Date

SIGN AND RETURN IN YOUR APPLICATION PACKET.

UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF NURSING

Verification of Health Insurance

My signature below signifies that I understand I am responsible for all personal health care expenses including expenses resulting from accident or sickness, illness or injury while I am engaged in learning experiences required by the College of Nursing. The University of South Alabama, the College of Nursing, nor the clinical agencies are responsible for these expenses. I realize that as a student I am required to maintain health care insurance comparable to the University of South Alabama's Student Accident and Sickness Insurance Plan.

This is to advise the University that I am currently covered under the following health insurance policy and that the policy will be in effect during my entire clinical course.

**Important: A Copy of Your Health Insurance Card Is Required
To Be Submitted with your Application Packet**

INSURANCE COMPANY: _____

POLICY HOLDER (SUBSCRIBER): _____

If the insurance is not the University of South Alabama's Student Accident and Sickness Insurance Plan, it is my opinion that the above coverage is roughly equivalent to that provided under the University of South Alabama's Student Accident and Sickness Insurance Plan.

Signed this ____ day of _____, 20 ____.

Applicant's Name

Student Number

Applicant's Signature

Witness

**SUBMIT A COPY OF YOUR CURRENT HEALTH INSURANCE CARD,
(ATTACHED TO THIS FORM) AND RETURN WITH YOUR
APPLICATION.**

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF NURSING
UNDERGRADUATE
NURSING PROMOTION CONTRACT**

The University of South Alabama College of Nursing will recommend for promotion only those students who, in the judgment of the faculty, satisfy the requirements of health, conduct, scholastic achievement, and aptitude for nursing. Students continually in adjustment difficulties may be dropped from the nursing program.

1. A grade of “C” or higher is required for all nursing courses. A student may repeat only one nursing course. A second, “D”, “F”, or “U” will result in an academic dismissal from the College of Nursing.
2. The number of times a student may withdraw failing from nursing courses is limited to two. A third withdrawal failing will result in academic dismissal from the College of Nursing.
3. A student achieving a grade of less than “C” in a nursing course in combination with two withdrawal failing (WD/F) from the College of Nursing courses will be dismissed.
4. A minimum cumulative GPA of 2.0 at USA is required to continue in the nursing program. Students may not register for nursing courses with a GPA below 2.0.
5. A math test is required prior to promotion to AHN 347/348, MCN 340/341, MCN 345/346, and AHN 447/448. A score of 90% must be achieved to pass. (Not required of RN to BSN students.)
6. Failure to show good moral character as evidenced by any of the following merits immediate dismissal from the program: (a) conviction of a crime, (b) disciplinary action against a nursing license in Alabama or any other state, (c) positive drug screen, (d) disruptive behavior, etc.
7. All students are subject to screening for controlled substances and must submit to random drug testing as requested. A positive screen or refusal to submit to screening will result in removal from the program.

I have read and understand the promotion criteria stated above. I understand that they apply to me and I will comply with them.

I have read and understand the requirements and restrictions for RN licensure.

Student’s signature

Date

Print Name Here

Witness Signature

Date

(PLEASE SIGN AND RETURN IN YOUR APPLICATION PACKET)

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF NURSING**

**Verification of License to Practice
(For registered nurses only)**

State(s) in which you are licensed: _____

License number: _____

Expiration date: _____

IMPORTANT: Applicant must attach a Copy of your Current License to this page, and submit with your Nursing Application.

Mississippi Applicants:

Attach valid proof of your RN License to this form, from the MS Board of Nursing.

UNIVERSITY OF SOUTH ALABAMA
COMMUNICABLE DISEASE STATEMENT
AND WAIVER OF LIABILITY

During your course of study in Nursing, you may come into contact with patients who have communicable diseases, including patients who are HIV positive or who have hepatitis. You may be exposed to blood or other potentially infectious materials. You will be expected to assume the responsibility for using universal precautions to minimize the risk of disease transmission.

Because you may be at risk of acquiring hepatitis B viral infection, it is required that you be vaccinated with hepatitis B vaccine prior to entry into clinical/practicum nursing courses. This vaccination will be at your own expense.

Your signature below verifies that you have received instruction on universal precautions. The education you received included the following:

1. An explanation of the epidemiology, modes of transmission, and symptoms of blood borne diseases.
2. A discussion of tasks that may create exposure to blood and body fluids, and methods to reduce exposure through use of protective devices and work practices.
3. Information on the types, proper uses, locations, removal, handling, decontamination, and disposal of personal protective equipment.
4. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccine.
5. Information on post exposure evaluations and medical follow-up procedures following an accidental exposure.
6. An explanation of signs/labels and color-coding used to designate hazards in the lab and health care agency.
7. Appropriate reporting procedure should an exposure occur.

I understand that compliance with safety and training requirements is mandatory and the failure on my part to comply may result in my dismissal from the program. I assume the risk (including financial responsibility) of infection inherent in the profession I have chosen. In addition, I hereby release and hold harmless the University, its College of Nursing, its trustees, directors, officers, faculty members and clinical agencies and administrators, employees, servants, and agents, from any and all liability resulting there from.

I have read and understand the statements above. I understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials.

Applicant's Signature

Date

NOTE: RETURN THIS SIGNED FORM, WITH YOUR NURSING APPLICATION PACKET.

**COLLEGE OF NURSING
UNIVERSITY OF SOUTH ALABAMA**

DRUG POLICY AND PROCEDURE STATEMENT

The mission of the College of Nursing is to provide educational programs to a diverse student body, to participate in research and scholarly activities, and to provide service to the University, the profession and the public. The College accomplishes this by providing a caring, engaging environment for the empowerment of student learning potential, the professional development of faculty, and the promotion of the nursing profession. Therefore, in order to uphold the highest standards of the nursing profession, the College of Nursing has adopted a drug-free environment. As a condition of admission to the professional component of the College of Nursing, each student will be required to submit to a drug test, and to submit, as requested, to additional tests once enrolled in the professional component. The University of South Alabama Statement of Policy regarding drug use is the foundation for this policy statement. However, the College of Nursing Drug Policy and Procedure Statement is particular to this College.

Drug Testing upon Admission to the Professional Component

Students apply for admission to the professional component of the nursing program once they have completed freshman and sophomore level prerequisite courses. Students selected for admission to the professional component of the College of Nursing are admitted pending a negative drug test. Admission will be withdrawn for a student testing positive.

Procedure for Drug Testing

Students selected for admission to the professional component will be notified of the procedure to follow for the drug test in their letter of admission. Students will be required to follow the procedures established by the College and should not obtain a drug test prior to being notified. All costs associated with testing are the responsibility of the student. Tests will be conducted by a qualified laboratory using established methods and procedures. Confidentiality of the student as well as the integrity of the urine sample will be protected. The procedure for collection, as determined by the collection site, will involve a witness to the voiding of the urine sample, securable urine containers, and chain of custody procedures. The urine sample will be screened for drugs. A drug test will be presumed positive if any of the drugs listed in Exhibit A (attached hereto) are found. Presumed positives will be confirmed by a second test from the original urine sample. If the test is positive, the available evidence, including health history, will be used to determine the presence or absence of drug abuse. The testing laboratory will notify the Dean of the College of Nursing with test results. The College of Nursing will ensure confidentiality of results by making the information available only to the student and appropriate College of Nursing Administrators.

Drug Testing after Admission

Drug testing for any student in the professional component can be requested by the College of Nursing. The cost of this drug testing will be borne by the College of Nursing. The procedure for testing as described in the above section, **Drug Testing Procedure**, will be followed. Refusal by a student to submit to testing will result in that student's dismissal from the professional component of the College of Nursing. A student with a positive result from a drug test will be dismissed from the professional component, and referred for counseling at the University of South Alabama Substance Education/Prevention Center (USA-SAEPC). Other appropriate disciplinary action may be initiated as necessary.

Any student who voluntarily reports that they have a chemical dependency problem will be counseled by the Dean's office at the College of Nursing. Conditions, if any, for continued participation in the program will be at the discretion of the Dean. The student will submit to drug tests as requested by the College of Nursing and will be dismissed if a positive drug test is obtained.

Admission/Readmission After a Positive Drug Test

A student whose admission is withdrawn or who is dismissed from the professional component of the College of Nursing due to a positive drug test will be considered for readmission if the following conditions are met:

1. Submit to an evaluation for substance abuse by a College of Nursing approved evaluation and/or treatment agency and complete the prescribed treatment program (USA students should call the USA Substance Education/Prevention Center for an evaluation (251-460-7980).
2. Submission to a drug test prior to admission/readmission. This drug test will be at the student's expense. A positive drug test will result in ineligibility for admission/readmission.
3. Submission to random drug tests as requested by the College of Nursing after admittance to the professional component. A positive drug test will result in permanent dismissal from the College of Nursing.

EXHIBIT A

The Medical Professional Panel Drug Screens includes common street drugs and those drugs that health care workers have access to and abuse. Drugs monitored include:

Marijuana
Amphetamines
Barbiturates
Benzodiazepines
Cocaine
Methadone
Opiates
Phencyclidine
Propoxyphene

University of South Alabama - College of Nursing

Drug Testing Waiver Agreement

IMPORTANT: THIS FORM MUST BE NOTARIZED AND RETURNED

All applicants that are admitted into the Professional Component by USA College of Nursing will be MAILED the REQUIRED PACKET to execute the required Background Check and Drug Testing AFTER you receive your Letter of Acceptance from USA.

NO TESTING OR BACKGROUND CHECK IS DONE PRIOR to your acceptance into the program.

I understand that as a requirement for admission to the University of South Alabama College of Nursing, I must submit to a drug test at a designated laboratory, which will provide the result of the test to the Dean of the College of Nursing. I understand that if the test result is positive, I will be denied admission to the College of Nursing Professional Component.

I further understand that I will be subject to drug tests while enrolled in the College of Nursing. A positive drug test or refusal to submit to testing will result in dismissal from the College of Nursing.

BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE COLLEGE OF NURSING DRUG TESTING POLICY. I UNDERSTAND THAT A NEGATIVE DRUG TEST IS REQUIRED FOR ADMISSION AND FOR PROGRESSION IN THE COLLEGE OF NURSING.

THIS NOTARIZED DOCUMENT CONSTITUTES MY CONSENT FOR DRUG TESTING BY A COLLEGE OF NURSING DESIGNATED LABORATORY. IT ALSO CONSTITUTES CONSENT FOR THE LABORATORY TO RELEASE THE RESULT OF MY DRUG TEST TO THE DEAN OF THE COLLEGE OF NURSING.

In Witness Whereof, this instrument is executed this the ____ day of _____, 20 ____.

WITNESSES:

Witness #1 Signature

Student's Signature

Witness #2 Signature

Student's Printed Name

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20__ , before me appeared _____ to be known to be the person described herein and who executed the foregoing instrument.

Given under my hand and seal on the day and year above written.

NOTARY SEAL

NOTARY PUBLIC
My commission expires: _____

COLLEGE OF NURSING UNIVERSITY OF SOUTH ALABAMA

BACKGROUND CHECK POLICY AND PROCEDURE

Background Checks upon Admission to the Professional Component

Students selected for admission to the professional component of the BSN program or to the graduate program of the College of Nursing are admitted pending a background check. The College of Nursing must certify to clinical agencies where students practice that each student has a background check with no adverse finding. Admission will be withdrawn for students who in the judgment of the Dean have been convicted of or have pending a charge that would not be acceptable to our clinical agencies. Students may also be required to have additional checks once enrolled in the program.

Procedure for Background Check

Students selected for admission will be notified of the procedure to follow for the background check in the letter of admission. Students will be required to follow the procedures established by the College. All cost related to background checks will be the responsibility of the student.

The background check will be conducted by a qualified agency using established methods and procedures. Confidentiality of the student will be protected.

Background Check after Admission

A background check for any student in the professional component of the BSN program and the graduate program can be requested by the College of Nursing at any time. Refusal by the student to submit to the check will result in the students' dismissal from the College of Nursing.

Depending upon results of the background check, continued participation in the program will be at the discretion of the Dean.

Admission/Readmission after an Adverse Background Check

A student whose admission is withdrawn or who is dismissed from the College of Nursing due to findings from a background check will be considered for readmission on a case by case basis depending upon the particular situation.

University of South Alabama - College of Nursing
Background Waiver Agreement

IMPORTANT: THIS FORM MUST BE NOTARIZED AND RETURNED

All applicants that are admitted into the Professional Component by USA College of Nursing will be MAILED the REQUIRED PACKET to execute the required Background Check and Drug Testing AFTER you receive your Letter of Acceptance from USA.

NO TESTING OR BACKGROUND CHECK IS DONE PRIOR to your acceptance into the program.

I understand that, as a requirement for admission to the University of South Alabama, College of Nursing, I must submit to a background check. The findings of the background check will be provided to the College of Nursing. I understand that if any adverse finding is found on the background check, I will be denied admission to the College of Nursing Professional Component.

I further understand that I may be subject to additional background checks while enrolled in the College of Nursing. An adverse finding on a background check or refusal to submit to a background check may result in dismissal from the College of Nursing.

BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE COLLEGE OF NURSING BACKGROUND CHECK POLICY.

THIS NOTORIZED DOCUMENT CONSTITUTES MY CONSENT FOR BACKGROUND CHECKS BY A COLLEGE OF NURSING DESIGNATED SERVICE. IT ALSO CONSITITUES CONSENT FOR THE SERVICE TO RELEASE THE RESULT OF MY BACKGROUND CHECK TO THE COLLEGE OF NURSING.

In Witness Whereof, this instrument is executed this the ____ day of _____, 20__.

WITNESSES:

Witness #1 Signature

Student's Signature

Witness #2 Signature

Student's Printed Name

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20 __, before me appeared _____ to be known to be the person described in and who executed the foregoing instrument.

Given under my hand and seal on the day and year above written.

NOTARY SEAL:

NOTARY PUBLIC

My commission expires: _____