

**UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF NURSING**

**ADMISSIONS POLICY**

Enrollment into the University (pre-professional component) as a nursing major does not assure the 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 disability.

Students are admitted every semester (fall, spring, and summer) to both campuses for the regular five-semester program. For the accelerated programs, students are admitted in the fall (Mobile campus only) and in the spring (Baldwin campus only). Applications are available in the Office of Student Services in the College of Nursing and online at [www.southalabama.edu/nursing](http://www.southalabama.edu/nursing).

Applications are reviewed carefully to determine that students have satisfied all pre-nursing requirements of conduct, health, scholastic achievement, and aptitude for nursing. Transfer credits must comply with College of Nursing policies. Students are selected based upon the following factors:

1. Submission of a completed application.
2. A minimum GPA of 2.50 on all prerequisite courses.
3. A minimum grade of “C” in all prerequisite courses.
4. Submission of a health record and required immunizations.
5. Evidence of CPR certification.
6. Drug test is required. Admission will be contingent on a negative drug screen (**see attached policy**).
7. Background check. Admission will be contingent on a satisfactory background check (**see attached policy**).

Applications should be submitted for admission to Fall semesters by **April 1**.

Applications should be submitted for admission to Spring semesters by **September 1**

Applications should be submitted for admission to Summer semesters by **February 1**.

Applications should be submitted for admission to Nursing Cooperative Education Program by **March 1**.

*Submit a completed application packet via US Postal Service to: University of South Alabama College of Nursing, Office of Student Services, USA Springhill, Mobile, Alabama 36688-0002. or*

*via UPS or FedEx to: University of South Alabama College of Nursing, Office of Student Services, USA Springhill, 160 N. Catherine St., Mobile, AL 36604.*

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 in the State of Alabama merits immediate dismissal from the nursing program.

In keeping with the dynamic changes in the nursing and health field, the baccalaureate curriculum may undergo change. 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.

**UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF NURSING**

Your application packet must be complete when submitted by the deadline date and contain the following items and forms:

1. **Completed College of Nursing application for admission.** Transfer applicants must also submit unofficial transcripts from all institutions attended with the application.
2. **Application Fee.** Effective with the Fall Semester 2003 applications to the Professional Component, a \$50 nonrefundable application fee **must** be submitted with your application. Money orders or personal checks (\$20 fee on returned checks) **made out to USA College of Nursing** are acceptable. **(No fee for Co-op Applicants)**
3. **Proof of CPR Certification**  
It is required that students be certified in two-man, child, and infant CPR. The Red Cross offers the Professional Rescuer's CPR and the American Heart Association offers the 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 two weeks 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, usually two weeks apart, but not more than one month apart. If already participating in yearly TB testing, submit results along with a current PPD.

**Hepatitis B Immunizations:** This is a series of three injections requiring six months to complete. One must have the first two (one month apart) when submitting application. Hepatitis B injections are available from Student Health Services at \$40.00 per injection, and from Mobile County Health Department, at \$50.00 per injection.

**Immunizations and TB tests can be obtained at the Mobile County Health Department, Student Health Services, or from your private physician.**

5. **Statement of Continued Health Responsibility**
6. **Completed Verification of Health Insurance Form**  
All students registered in nursing courses are required to 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 (phone: 251-460-6171)**. **Neither the College of Nursing nor the University Hospitals and Clinics will be responsible for any health care costs incurred by the student.** Include a copy of your card with application.
7. **Drug Test Waiver and Background Check Waiver forms.** Submit **notarized** forms. Once you are admitted to the professional component, you will be sent information for these procedures (**see attached policies**).

**Note:** Students must also apply for acceptance to the University of South Alabama through the Office of Admissions and submit **official transcripts** to them (phone: 251-460-6141). International students must apply to the University of South Alabama through the Office of International Admissions (phone: 251-460-6050) and submit to that office **official transcripts** from both foreign and United States institutions.

**UNIVERSITY OF SOUTH ALABAMA - COLLEGE OF NURSING  
APPLICATION FOR ADMISSION TO THE NURSING EDUCATION PROGRAM**

Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ USA Student #: J00 \_\_\_\_\_ USA e-mail: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please note: Notification letters will be sent to the address you provide on this application.**

Mailing Address

Street/P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list the name and phone number of your parents, spouse, or others who should be notified in case of an emergency.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**FALL** applicant: Year \_\_\_\_\_ (Indicate the year you wish to enter and check campus preference if applicable)

\_\_\_\_\_ Traditional BSN Program (Indicate first and second choices for campus preference)

\_\_\_\_\_ Springhill Ave.                      \_\_\_\_\_ Baldwin County  
Mobile AL                                      Fairhope, AL

\_\_\_\_\_ Accelerated BSN Program\* (Springhill campus only – limited enrollment)

\_\_\_\_\_ Accelerated MSN Program\* (Springhill campus only – limited enrollment – prior BA or BS required)

**SPRING** applicant: Year \_\_\_\_\_ (Indicate the year you wish to enter and check campus preference if applicable)

\_\_\_\_\_ Traditional BSN Program (Indicate first and second choices for campus preference)

\_\_\_\_\_ Springhill Ave.                      \_\_\_\_\_ Baldwin County  
Mobile AL                                      Fairhope, AL

\_\_\_\_\_ Accelerated BSN Program\* (Baldwin County campus only – limited enrollment)

\_\_\_\_\_ Accelerated MSN Program\* (Baldwin County campus only – limited enrollment)

**\*Students not accepted to the Accelerated programs will automatically be considered for the Traditional BSN.**

**SUMMER** applicant: Year \_\_\_\_\_ (Indicate the year you wish to enter and check campus preference if applicable)

\_\_\_\_\_ Traditional BSN Program (Indicate first and second choices for campus preference)

\_\_\_\_\_ Springhill Ave.                      \_\_\_\_\_ Baldwin County  
Mobile AL                                      Fairhope, AL

\_\_\_\_\_ Co-Op Program - Enrollment is limited. At the end of spring semester, freshman must have successfully completed at least 29 pre-requisite credits; Sophomore 61 credits or all prerequisite courses.

**For Co-Op applicants only:** Indicate below a first, second, and third choice of the USA hospital where you prefer summer employment. We will try to honor your choice, although there is no guarantee. (Submit by **March 1**)

\_\_\_\_\_ Medical Center                      \_\_\_\_\_ Children's and Women's

**List all educational institutions you have attended since high school:**

Name of Institution	City/State	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____

## CPR CERTIFICATION

It is required that students be certified in two-man, child, and infant CPR. The Red Cross offers the Professional Rescuer's CPR and the American Heart Association offers the Healthcare Provider CPR. These fulfill this requirement. **Certification that does not include all three techniques will not be acceptable.** A copy of your **CPR card** or written certification of CPR course completion is to be included with application.

Expiration date of my CPR certification is \_\_\_\_\_.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## VERIFICATION OF PHYSICAL EXAMINATION

All students are required to have a physical examination prior to admission to the nursing program and yearly thereafter. Your health care provider should complete the statement below. Return the completed verification with your application packet.

I have examined \_\_\_\_\_ on \_\_\_\_\_  
(Student) (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

**University of South Alabama  
College of Nursing  
Immunization and Tuberculin Skin Test**

**PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING IMMUNIZATIONS. ATTACHMENTS OF RECORDS ARE INAPPROPRIATE.**

STUDENT – PLEASE PRINT CLEARLY

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

City

State

Zip Code

**IMMUNIZATIONS**

<u>Requirements</u>	
Adult Tetanus	- Immunization is <b>required</b> with a booster every 10 years.
Rubella	- Immunization or titer demonstrating immunity is <b>required</b> .
Measles	- Immunization with 2 doses of vaccine is <b>required</b> if born after 1956.
Mumps	- Immunization is <b>required</b> if born after 1956.
Chickenpox	- Immunization or titer demonstrating immunity or a statement verifying history of disease is <b>required</b> .
Hepatitis B	- Immunization or titer demonstrating immunity is <b>required</b> .

Adult Tetanus (Td) (Date of Last Booster): \_\_\_\_\_

Rubella (Date of Immune Titer): \_\_\_\_\_ or (Date of Vaccine) \_\_\_\_\_

Measles (Dates of Vaccine): \_\_\_\_\_ or (Date of Documented History of dx) \_\_\_\_\_

Mumps (Date of Vaccine): \_\_\_\_\_ or (Date of Documented History of dx) \_\_\_\_\_

Chickenpox (Date of Immune Titer): \_\_\_\_\_ or (Date of Vaccine) \_\_\_\_\_

Hepatitis B (Dates of Vaccine): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Verification of the first two Hep B shots is required by the application deadline for your application to be considered. It is your responsibility to provide verification of your 3<sup>rd</sup> Hep B as soon as completed.

**TUBERCULIN SKIN TEST  
CHEST X-RAY**

A two-step PPD (purified protein derivative) tuberculosis test is required. The injections are to be placed and read 14 days apart.

Injection 1 - Date \_\_\_\_\_ Results \_\_\_\_\_

Injection 2 - Date \_\_\_\_\_ Results \_\_\_\_\_

(If one verifies by supporting documentation a 2-step PPD in the past with yearly PPD's thereafter, a current PPD is the only requirement. Yearly PPD's are required after admission.)

Chest x-ray if indicated Date \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_  
(Health Care Provider Signature)

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE – FOR COLLEGE USE ONLY \_\_\_\_\_

Cleared for Clinical Yes \_\_\_\_\_ No \_\_\_\_\_

Signature College of Nursing \_\_\_\_\_ Date \_\_\_\_\_

**UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF NURSING**

**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 department head of any health problem that could possibly affect my performance of 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.

Any questions that I have had have been fully answered.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Nursing Student



# COLLEGE OF NURSING UNIVERSITY OF SOUTH ALABAMA

## BACKGROUND CHECK POLICY AND PROCEDURE

The curriculum at the College of Nursing includes as a condition of admission to the professional component of the College of Nursing, each student is required to have a background check, and to submit, as requested, to additional checks once enrolled in the professional component. The College of Nursing must certify to clinical agencies where students practice that each student has had an acceptable background screen.

### **Background Checks upon Admission to the Professional Component**

Students selected for admission to the professional component of the College of Nursing are admitted pending the background check. Admission will be withdrawn for students who in the judgment of the Dean and the Admissions committee has been convicted of or has pending a charge that would not be acceptable to our clinical agencies.

### **Procedure for Background Check**

Students selected for admission to the professional component will be notified of the procedure to follow for the background check in their letter of admission. Students will be required to follow the procedures established by the College.

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**

Background testing for any student in the professional component can be requested by the College of Nursing at any time. Refusal by a student to submit to the check will result in that student's dismissal from the professional component of 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 professional component of 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**

I understand that as a requirement for admission to the University of South Alabama College of Nursing, I must have a background check of which the results will be provided to the Dean of the College of Nursing. I understand that I may be denied admission to College of Nursing Professional Component if the background check is unfavorable.

I further understand that I will be subject to background checks while enrolled in the College of Nursing. Any adverse findings 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 CHECKING BY A COLLEGE OF NURSING DESIGNATED VENDOR. IT ALSO CONSITITUES CONSENT FOR THE VENDOR TO RELEASE THE RESULT OF MY BACKGROUND CHECK TO THE DEAN OF THE COLLEGE OF NURSING AND FOR THE DEAN TO RELEASE MY BACKGROUND INFORMATION AS REQUIRED TO ANY CLINICAL AGENCY WHERE I AM ASSIGNED.**

**In Witness Whereof**, this instrument is executed this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**WITNESSES:**

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Student's Printed Name

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me appeared \_\_\_\_\_ to be known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.

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

**SEAL**

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

# **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, may involve a witness to the voiding of the urine sample, securable urine containers, or other established 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

### **Procedure for Drug Testing (continued)**

of Nursing will ensure confidentiality of results by making the information available only to the student, appropriate licensing boards if indicated, 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. a. 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).
- b. Individuals holding a professional license have complied with all licensing board orders and have an unencumbered license.
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.

**University of South Alabama  
College of Nursing**

**Drug Testing Waiver Agreement**

I understand that as a requirement for admission to the University of South Alabama College of Nursing, I must have 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 NOTORIZED DOCUMENT CONSTITUTES MY CONSENT FOR DRUG TESTING BY A COLLEGE OF NURSING DESIGNATED LABORATORY. IT ALSO CONSITITUES CONSENT FOR THE LABORATORY TO RELEASE THE RESULT OF MY DRUG TEST TO THE DEAN OF THE COLLEGE OF NURSING AND FOR THE DEAN TO RELEASE ANY POSITIVE FINDINGS TO THE APPROPRIATE LICENSING BOARD IF INDICATED.**

**In Witness Whereof**, this instrument is executed this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**WITNESSES:**

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Student's Printed Name

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me appeared \_\_\_\_\_ to be known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.

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

**SEAL**

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

## 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

MSN/pb/db/dsk

C:\06-07admissapp/BSN-yellowAppl.2/5/07