

**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. **Please Note: Students Must Be Accepted to the University Before Applying to the College of Nursing!**

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 credit 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 **for the Traditional Track**
3. A minimum GPA of 3.0 on all prerequisite courses **for the Accelerated Track**
4. A minimum grade of "C" in all prerequisite courses
5. Submission of a health record and required immunizations
6. Evidence of CPR certification – **Please Note: Online Certification will not be accepted!**
7. Drug test is required - Admission will be contingent on a negative drug screen (see attached policy.)
8. 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**

**Submit a completed application packet via US Postal Service to: University of South Alabama College of Nursing, Health Sciences Building, Mobile, Alabama 36688-0002 or via UPS or FedEx to: University of South Alabama College of Nursing, Student Services, Health Sciences Building, 307 University Blvd., Mobile, AL 36688. **\*\*Please Note: Activate your Jaguar 1 email account Immediately – this is our means of communication with you! We will notify you of any missing documents at your Jaguar 1 email address.\*\*****

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. **It is strongly recommended that you meet with your advisor at least two semesters before applying to the Professional Component.**

UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF NURSING

Your admission packet **must be complete when submitted** by the deadline and contain the following items or forms: **Please Note: Students Must Be Accepted to the University Before Applying to the College of Nursing!**

**1. Completed Application for Admission to the College of Nursing**

**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 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 every institution attended must be submitted with the Nursing application**

**2. Application Fee – All applications to the College of Nursing require a non-refundable application fee of \$50 – check or money order only - and must be submitted with the application. Money orders or personal checks are required (\$20 fee on all returned checks) should be made 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 provided. – Please Note: Online Certifications Will Not Be Accepted!**

**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 from your personal health care provider or at 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.**

**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 a 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 until graduation. This is available through the **Office of Student Health (251-460-7151)**. **Neither the College of Nursing nor the University Hospitals and Clinics will be responsible for any health care costs incurred by the student. A copy of your insurance card must be included with your application.**

**7. Drug Test Waiver and Background Check Waiver forms – submit notarized forms. Once you are admitted into the professional component, you will be sent information for these procedures (see attached policies)**

**UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF NURSING  
APPLICATION FOR ADMISSION TO THE PROFESSIONAL COMPONENT  
OF THE COLLEGE OF NURSING**

Name of Applicant \_\_\_\_\_ Jag # \_\_\_\_\_

Social Security # \_\_\_\_\_ **Jag Email:** \_\_\_\_\_

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

Mailing Address  
Street/P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

\_\_\_\_\_ Traditional BSN Program **taught only at main campus**

\_\_\_\_\_ Accelerated Program\* **(Baldwin Campus only-limited enrollment-prior BA or BS required)**

**If not chosen for Accelerated, do you wish to be considered for the Traditional Program?** \_\_\_\_\_

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

\_\_\_\_\_ Traditional BSN Program - **taught only at main campus**

\_\_\_\_\_ Accelerated Program\* **(Baldwin Campus only-limited enrollment-prior BA or BS required)**

**If not chosen for Accelerated, do you wish to be considered for the Traditional Program?** \_\_\_\_\_

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

\_\_\_\_\_ Traditional BSN Program - **taught only at main campus**

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

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# PRIOR RN PROGRAM ACCEPTANCE STATEMENT

Have you attended any other RN Program?

\_\_\_\_\_ NO

\_\_\_\_\_ YES

If you answered yes, you must immediately provide the following:

- Letter of Good Standing from the Nursing Program, signed by the Nursing Administrator of the program
- Transcript of all Nursing courses taken with grades earned

**Please Note: The University of South Alabama College of Nursing does not accept transfer of Nursing course credit – no previous coursework will be considered –**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## CPR CERTIFICATION

It is required that students be certified in Professional Rescuer CPR or Healthcare Provider CPR.

Certification that does not meet these requirements will not be accepted. **A copy of your CPR card**

**is required.** 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!**

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**Applicant Signature**

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**Date**



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

**PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING IMMUNIZATIONS:**

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

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

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

City

State

Zip Code

**IMMUNIZATIONS**

**Requirements**

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

**\*\*\*\* Documentation from a healthcare provider must be included for proof of Titer\*\*\*\***

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) \_\_\_\_\_

Hepatitis B (Dates of Vaccine): 1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_

Or

Hepatitis B (Date of Immune Titer): \_\_\_\_\_

**Verification of the first two Hep B immunizations are 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 it is completed.**

Applicant's Signature

Date

Applicant's Name \_\_\_\_\_

**TUBERCULIN SKIN TEST**  
**OR**  
**CHEST X-RAY**

Documentation of last two yearly Tuberculin skin tests is required before submission of application. If unavailable, a two-step PPD (purified protein derivative) tuberculosis test is required.

A two-step PPD tuberculosis test is required before submission of application. The injections are to be placed and read 2-3 weeks apart.

**Injection 1 – Date** \_\_\_\_\_ **Results** \_\_\_\_\_ **/Reader's Initials** \_\_\_\_\_

**Injection 2 – Date** \_\_\_\_\_ **Results** \_\_\_\_\_ **/Reader's Initials** \_\_\_\_\_

(If one verifies by supporting documentation a 2-step (14-21 days apart) PPD in the past with yearly PPD's thereafter, a current PPD is the only requirement. **Yearly PPD's are required after admission.**)

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

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**CHEST X-RAY (ONLY IF INDICATED)**

Date \_\_\_\_\_ Results \_\_\_\_\_

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

\_\_\_\_\_  
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 my 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 the 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

**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. Neither the University, 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. [A copy of your insurance card is required to be included with application.](#)

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

If you do not presently have health insurance, sign that you agree to the following statement. [You will not be allowed to attend orientation without verification of insurance.](#)

Upon acceptance into the Professional Component of Nursing, I will provide verification of health insurance.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

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

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness

**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 be 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 adverse 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 submit to 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 the 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 NOTARIZED DOCUMENT CONSTITUTES MY CONSENT FOR BACKGROUND CHECKING BY A COLLEGE OF NURSING DESIGNATED VENDOR. IT ALSO CONSTITUTES CONSENT FOR THE VENDOR TO RELEASE THE RESULTS OF MY BACKGORUND 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 \_\_\_\_\_, 20\_\_\_\_\_.

**WITNESSES:**

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

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Applicant'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.

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, 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.

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

### **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**

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**

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 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 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 \_\_\_\_\_, 20\_\_\_\_\_.

**WITNESSES:**

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

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Applicant's Printed Name

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

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

On this the \_\_\_\_ 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.

**SEAL**

\_\_\_\_\_  
**NOTARY PUBLIC**  
My commission expires: \_\_\_\_\_