Fall 2019 ABSN Application
ACCELERATED BACCALAUREATE NURSING PROGRAM
Application Deadline: February 11, 2019 @ 4 PM

Applicant Legal Name: __________________________________________________

Another name which your records may be found:

Other First Name_____________________________________________________

Other Middle Name___________________________________________________

Other Last Name_____________________________________________________

Eagle ID: _______________________

Georgia Southern Student Email: _________________________________
(This email address will be used for all communication related to your application)

To receive an Eagle ID and Email address, you must first apply and be accepted to
Georgia Southern University.

Have you previously applied to the ABSN or BSN program? Yes ____ No____

Have you also applied to the Fall 2019 BSN program? Yes ____ No____

Official use only:

Date Received by the School___________________   Initials____________
Updated December 2018
ABSN Application for Post-Baccalaureate Students

Accelerated BSN CRITERIA
This application is available to students who currently hold a bachelor’s degree in another field, have been officially accepted to Georgia Southern University and meet the following criteria:

1. A bachelor’s degree from an accredited university
2. Admission to Georgia Southern University
3. Must be able to meet the Core Performance Standards (see pages 5-7)
4. A grade point average of 3.2 on grades earned in Stat 2231, Kins 2531 w/lab, Kins 2532 w/lab, Biol 2240, Kins 2533, and Chfd 2137 without repetition of failed science courses to achieve a passing grade.
5. Must achieve a score of at least 75% on each area of the HESI Admission Assessment A2 Exam that includes the following subject areas: Anatomy & Physiology, Grammar, Reading Comprehension, Vocabulary and General Knowledge and Math
6. Completion of a pre-admission interview (student will be contacted to schedule an interview)
7. Verification through signature that the student will not be employed at any time while enrolled in the Accelerated BSN program
8. Sciences in Area F must have been completed within the past 10 years and with a grade of C or higher
9. Post-baccalaureate students must complete Area D’s STAT 2231 Intro to Statistics and Area F with a grade of C or higher
10. Post-baccalaureate students will be given credit for completion of Areas A, B, C, D, E, and PE, with the exception of STAT 2231 in Area D and US and Georgia History and Government
11. Clinical agencies utilized by the School of Nursing require criminal background checks and/or drug testing prior to acceptance of the student into clinical facilities. Students who do not pass the criminal background check and/or drug test will be unable to attend clinical courses and therefore will be unable to complete their program of study resulting in course failure. Any fees or cost associated with background checks and/or drug testing are the responsibility of the student
12. Students who were dismissed from any nursing program may be considered for readmission to the nursing program after a period of 3 years. Only one readmission in the nursing program per track is permitted. The student must meet all current entry requirements. Upon acceptance, the student will be required to complete all nursing courses from the beginning.
13. All core courses, including Georgia History, must be completed prior to starting the ABSN program

INSTRUCTIONS FOR SUBMITTING AN APPLICATION
1. Attach unofficial HESI A2 scores to this application
2. Attach a current resume
3. Attach unofficial transcripts from Georgia Southern University to this application
4. Attach official transcripts from any other college attended to this application
5. Hand deliver or mail (with tracking) this application including HESI A2 results and transcripts in a sealed envelope by February 11, 2019 to: Georgia Southern University
   ATTN: NURSING ABSN APPLICANT
   11935 Abercorn Street
   Savannah, GA 31419
AFTER SUBMITTING YOUR APPLICATION

• Students will be contacted by the School of Nursing regarding their pre-admission interview.
• Applicants will be notified of admission decisions by student email and mailing address after all applications have been reviewed. It is the student’s responsibility to notify the School of Nursing of changes to mailing address, phone number and student email address.
• Reviewing applications is time consuming. It may take 4 to 6 weeks after the deadline for all applications to be reviewed. The School will notify students after all applications have been reviewed. Calling to check the status or receiving of an application will delay the reviewing process.

IMPORTANT THINGS TO REMEMBER

• Meeting the minimum requirements does not guarantee admission to the nursing program. Admission is competitive
• Accepted students may be assigned clinical sites up to 100 miles outside of the greater Savannah area.
• Students accepted to the School of Nursing will be required to complete a criminal background check and drug screening.
• The accelerated program will last three semesters beginning with fall semester.
• Outstanding core courses, including GA History must be completed prior to starting the ABSN program.

Criminal Background Check and Drug Testing

The School of Nursing uses clinical agencies that may require criminal background checks and/or drug testing prior to acceptance of the student into clinical facilities. Students who do not pass the criminal background check and/or drug test may be unable to attend clinical courses and therefore may be unable to complete their program of study which will result in dismissal from the nursing program. Any fees or costs associated with background checks and/or drug testing are the responsibility of the student.

I hereby acknowledge and agree. ______________________ (Initial)

Are you now or have you previously been enrolled in another Nursing program? □ YES □ NO

If Yes, where and which type of Nursing program? ___________________________ □ LPN □ ADN □ BSN

When was your last semester of enrollment in another Nursing program? ________________________________

HESI A² SCORES (Write in your score for each area and attach HESI A² results to application)

1. Anatomy & Physiology ________
2. Grammar ________
3. Reading Comprehension ________
4. Vocabulary & General Knowledge ________
5. Math ________
Demographics

Date of Birth _____/_____/_________

Name

First    Middle    Last

If you have another name which your records may be found, please enter below:

Name

First    Middle    Last

Mailing Address

Street

City           State     Zip Code     County

Telephone

Cell (_ __) __________

Other (___) __________

*All information below is used for statistical reports required by HEW, etc., and is not used to determine admission into the BSN program

Gender: (please circle)          Ethnicity: (please circle)

Male                        African American               Caucasian
Female                      Hispanic/Latino              Multi-Racial
                           Asian                        Native American

Veteran: (please circle)

Yes

No
## Core Performance Standards

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<tr>
<th>ISSUE</th>
<th>AS EVIDENCED BY:</th>
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| **Critical Thinking Ability**              | - Identify cause/effect relationships in clinical situations  
- Develop nursing care plans, evaluate the plan of care and revise as appropriate  
- Analyze and use assessment findings to plan and implement care for clients and families  
- Use relevant data to support the decision making process  
- Identify priorities of care based analysis of data  
- Manage multiple priorities in stressful situations  
- Respond instantly to emergency situations  
- Exhibit arithmetic competence that would allow the student to read, understand and perform calculations for computing dosages  
- Solve problems and make valid rational decisions using logic, creativity, and reasoning  
- Remember multiple messages and information and communicate to all interdisciplinary team members and family/client where consented. |
| **Interpersonal Skills**                   | - Establish rapport (relationship) with clients/colleagues.  
- Maintain therapeutic relationships with clients and colleagues.  
- Respect cultural diversity and the rights of others.  
- Work effectively in small groups as a team member and as a team leader  
- Practice verbal and non-verbal therapeutic communication  
- Recognize adverse events and attempt to resolve for both client and colleague. |
| **Communication Ability**                  | - Write and speak English effectively so as to be understood by general public.  
- Communicate therapeutically with clients, families, and groups in a variety of settings.  
- Document client data and nursing care completely and accurately use correct medical terminology.  
- Obtain health history information from client/family.  
- Interpret nonverbal cues and behaviors.  
- Provide health teaching information for clients, families, and/or groups based on assessed needs, available resources, age, lifestyle and cultural considerations. |
| **Gross and Fine Motor Skills**            | - Perform physical activities necessary to do basic fundamental nursing skills such as putting on sterile gloves, donning mask and gown, operating a manual and/or electronic blood pressure cuff, sterile technique and other essential fundamental nursing skills.  
- Perform correct hand washing technique and behaviors.  
- Provide or assist with activities of daily living such as bed bath, hygiene, toileting, positioning clients, making an occupied and unoccupied bed.  
- Manipulate instruments, supplies, and equipment with speed, dexterity, precision, and adequate eye-hand coordination.  
- Correctly administer oral and parenteral medications to maintain client safety.  
- Perform electronic keyboarding/documentation and/or extensive writing with a pen and/or pencil. |
- Maintain and safely operate orthopedic device such as traction equipment, casts, and assistive devices.
- Perform cardiopulmonary resuscitation procedures maintaining health teams and client safety.
- Calibrate and use equipment (i.e. syringes, vials, ampoules and medication packages, manual blood pressure cuff, don sterile gloves, etc.). Grasp small objects with hands (e.g. IV tubing, pencil). Pinch/pick or otherwise work with fingers (e.g. manipulate a syringe, eye dropper, etc.). Twist (turn objects/knobs using hands).

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| Visual Ability | • Perform basic nursing skills such as insertion of a catheter, insertion of an IV, counting respirations, preparing and administering medications.  
• Observe client responses (level of consciousness, respirations patterns) and recognize subtle physical changes.  
• Read small print, gauges, thermometers, measuring cups, syringes, and other equipment.  
• Discriminate colors, changes in color, size, and continuity of body part.  
• Accurately identify, prepare, and administer medications.  
• Identify hazards in the environment (safety rails, restraints, water spills and harmful situations).  
• Correctly visualize written words and information on paper and on a computer screen. |
| Tactile Ability | • Correctly perform palpation, functions of physical examination and/or those related to therapeutic intervention.  
• Don and wear gloves and other protective devices while accurately performing physical assessment.  
• Correctly perform skills that require tactile sensation.  
• Accurately palpate for pulses, temperature, texture, hardness or softness, landmarks, etc. |
| Emotional Stability | • Establish therapeutic interpersonal boundaries.  
• Provide clients with emotional support.  
• Adapt to changing environment and stress while maintaining professional conduct and standards without displaying hostility, agitation, rudeness or belligerence.  
• Poses no threat to self or others.  
• Perform potentially stressful tasks concurrently. |
| Professional Behavior | • Adapted from guidelines from American Nurses Association (2012):  
• Interacts respectfully with peers, superiors and patients  
• Strives to provide quality care to patients  
• Applies knowledge and learning in nursing situations  
• Reflects on own behavior and practice performance with patients, engages in self-evaluation  
• Is able to interact with peers and colleagues appropriately.  
• Is able to collaborate with patients, family and others in nursing situations |
| and professional manner with others in class, and lab or clinical. | • Integrates ethical behavior in nursing practice  
• Performs activities safely, so as not to injure or harm others  
• Recognizes that as a student they represent the nursing profession, and must behave accordingly  
• Respects and adheres to the policies and procedures of the School of Nursing and clinical agencies. |

### School of Nursing

**Affirmation of Ability to Perform Core Performance Standards**

The list of Core Performance Standards is documented to provide students with information related to skills required in the performance of duties of the professional nurse as well as to assess your ability to complete such duties. These standards reflect performance abilities and characteristics that are necessary to successfully complete the requirements of the program at this University. Persons interested in applying for admission to the nursing program should review the core performance standards to develop a better understanding of the physical abilities and behavioral characteristics necessary to successfully complete the program.

These core performances are based on guidelines proposed by the Southern Regional Education Board (SREB) and National Council of State Boards of Nursing. The University complies with the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, the University will endeavor to make reasonable accommodations for participants with disabilities who are otherwise qualified.

I would require the following accommodation(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*I have read and understand the technical standards of the Baccalaureate Nursing Program and Possess the ability to successfully complete the program.*

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<th>Signature</th>
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Fill in the following table with the school in which each course was taken, the semester and year each course was taken, the final grade for each course taken and answer yes or no if the course was repeated. If you are currently enrolled in any course listed below, write in “In Progress”. The grade listed should match the grade on the Georgia Southern University transcript.

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<tr>
<th>Required Course Areas</th>
<th>Core Courses</th>
<th>At which school was the course taken?</th>
<th>Which semester and year was the course taken?</th>
<th>Final Grade</th>
<th>Was the course repeated? Yes or No</th>
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<tbody>
<tr>
<td><strong>Area D</strong></td>
<td>STAT 2231: Intro to Statistics or MATH 2200: Elementary Statistics</td>
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<td><strong>Area F</strong></td>
<td>KINS 2531: Human Anatomy &amp; Physiology or BIOL 2081: Anatomy &amp; Physiology I</td>
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<td>KINS 2532: Human Anatomy &amp; Physiology II or BIOL 2082: Anatomy &amp; Physiology II</td>
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<td>BIOL 2240: Microbiology or BIOL 2275: Microorganisms &amp; Disease</td>
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<td>KINS 2533: Pathophysiology</td>
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<td>CHFD 2137: Lifespan Development or PSYC 2950: Lifespan Developmental Psychology</td>
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Please give the following information for each college or university attended.

1. _______________________________ Name of Institution and State
   Graduated: ☐YES ☐NO

Graduating GPA _____ Degree Earned ______________________ Date of Entrance /___/___/_____ Last Date Attended /___/___/_____
Information for each college or university attended continued

2. ____________________________  Graduated: □ YES  □ NO
   Name of Institution and State
   Graduating GPA _____  Degree Earned ____________________________  ____/_____/______  ____/_____/_______
   Date of Entrance  Last Date Attended

3. ____________________________  Graduated: □ YES  □ NO
   Name of Institution and State
   Graduating GPA _____  Degree Earned ____________________________  ____/_____/______  ____/_____/_______

4. ____________________________  Graduated: □ YES  □ NO
   Name of Institution and State
   Graduating GPA _____  Degree Earned ____________________________  ____/_____/______  ____/_____/_______

5. ____________________________  Graduated: □ YES  □ NO
   Name of Institution and State
   Graduating GPA _____  Degree Earned ____________________________  ____/_____/______  ____/_____/_______

(attach another sheet if you have attended more colleges)

Official transcripts from all previously attend colleges or universities must accompany your application.
Explain how you have used your previously earned degree.
Applicant Checklist

Place a ✓ next to the number to verify that the statement is true

1. ___ I have been accepted to Georgia Southern University
2. ___ I have been assigned a student ID and email address.
3. ___ I have a grade point average of 3.2 on grades earned in Introduction to Statistics, Anatomy & Physiology I (w/ lab), Anatomy & Physiology II (w/ lab), Microbiology (w/ lab), Pathophysiology, and Lifespan Development without repetition of failed science courses to achieve a passing grade
4. ___ I have attached unofficial HESI A² scores to this application
5. ___ I have attached unofficial transcripts from Georgia Southern to this application
6. ___ I have attached official transcripts from all other college attended to this application
7. ___ I have attached a current resume to this application
8. ___ I am hand delivering or mailing (with tracking) this application in a sealed envelope
9. ___ I understand that my application is considered incomplete and will not be reviewed if I do not meet ACCELERATED BSN CRITERIA and/or follow the INSTRUCTIONS FOR SUBMITTING AN APPLICATION

Submission of this application confirms that all information given herein is accurate to the best of my knowledge. I understand and agree to the information in this application.

_________ __________________________
Signature Date