

THE UNIVERSITY OF
MASSACHUSETTS
A M H E R S T

**RN-BS ONLINE NURSING TRACK
DEGREE PROGRAM**

**REQUIRED SUPPLEMENTAL
APPLICATION MATERIALS**

WWW.UMASS.EDU/NURSING

The University of Massachusetts Amherst prohibits discrimination on the basis of race, color, religion, creed, sex, sexual orientation, age, marital status, national origin, disability or handicap, or veteran status, in any aspect of the admission or treatment of students or in employment.

RN-BS ONLINE NURSING TRACK

The School of Nursing offers an exciting and innovative opportunity for RN's who are devoted to furthering their education and career, and who seek to engage in creative and stimulating dialogue. We are committed to advancing nursing education, practice and research. You are invited to join us in this endeavor.

The School of Nursing recognizes the need to provide an accessible means for individuals to obtain advanced knowledge and skills in the nursing profession. The faculty/student dynamic is central. The online courses are specifically designed with the needs of the adult learner in mind.

The RN-BS Track is designed as a time and effort intensive curriculum for the student with clearly defined career goals. The course work requires substantial *student autonomy* in meeting established objectives. As adult learners with considerable previous experiences, *students are expected* to be responsible for designing activities that will enable them to meet curricular objectives. Important attributes that will foster success include a *tolerance for ambiguity, comfort with autonomy, high levels of self-motivation and self-discipline*, and an *ability to immerse one's self in an intense learning environment*. Success requires a demonstrated commitment to on-going education, a desire to change and a passion for learning.

In order to complete the Baccalaureate degree, students should anticipate creating the work, family and school support structures needed. The workload is extensive and applicants should bear in mind that each hour in class study requires 2-3 hours of at-home, individual preparation and knowledge of basic computer skills.

University of Massachusetts Amherst School of Nursing Vision

Vision

The School of Nursing is a force for innovation, learning and discovery in preparing culturally proficient nurses for leadership in health for a global society.

Mission

To enhance health and healing through nursing leadership in teaching, scholarship, practice and service.

THE PROGRAM.

As a Registered Nurse, your professional environment in the health care system has been dramatically changing, becoming increasingly complex and challenging. The award winning RN-BS in Nursing Track is designed to meet the needs of the returning student by:

- ◆ Completing all non-nursing coursework at a college or university of choice.
- ◆ Completing the nursing component through the University of Massachusetts Amherst with all theory classes held online (clinical experience is by arrangement under faculty direction).

FINANCIAL AID

1. Students must complete both federal and institutional forms in order to apply for financial aid. The Free Application for Federal Student Aid (FAFSA) is used to apply for financial aid at the university for the 2009-2010 academic year. Financial Aid Services and the federal government will use the information you and your family supply on the FAFSA to determine your eligibility. Please note that you do not need to be admitted to the university before submitting the FAFSA. For the start of the June 2009 term, apply online at www.fafsa.ed.gov after January 1, 2009 and prior to the University's *suggested* application submission date of March 1.

2. Students interested in financial aid for the Summer 2009 session must complete the **2009-10 SUMMER Financial Aid Application** in addition to the 2009-10 FAFSA. The Summer Financial Aid form can be found at <http://www.umass.edu/umfa/apply/summeraid/> after April 1, 2009.

The Financial Aid Services phone number is (413) 545-0801. When contacting Financial Aid, please identify yourself as an RN/BS Continuing and Professional Education student.

STUDENT SCHOLARSHIPS, AWARDS AND RECOGNITIONS:

Scholarships and awards are presented annually in late April or early May at the School of Nursing Scholarship and Awards Reception. Eligible student groups will be notified during the Fall Semester that they may apply for scholarships with a deadline date of January 7, 2010; other selections for scholarships and awards are made by the School based upon eligibility criteria. Many other University-wide scholarship opportunities can be found by visiting <http://www.umass.edu/umfa/> and clicking on "Types of Aid" and at the next window clicking on "scholarships". This will provide information and links to scholarships and other helpful financial aid sites.

To view details of the Nursing scholarships, please visit www.umass.edu/nursing. **RN to BS students who matriculate beginning in June 2009 are eligible to apply for the January 7, 2010** scholarships. A few of the scholarships of interest to the RN to BS students are:

Cooley Dickinson Scholarship

Elizabeth Battey Marchese Memorial Scholarships

Kathleen Horan Berman Nursing Scholarship Fund

James and Mary Cross Scholarship

Elizabeth Czapran Scholarship Fund

Elizabeth Woolrich Scholarship Fund

Hampshire District Medical Society Scholarship.

Remember, details about the scholarships above, can be found at our website (www.umass.edu/nursing).

ADMISSION INFORMATION

ADMISSION REQUIREMENTS

1. Completion of all 63 required non-nursing credits*.
2. A minimum grade point average of 2.5 on a 4.0 scale.
3. C- or better in all pre-requisite courses (or passing score on challenge tests):
Abnormal Psychology,
Nutrition
Microbiology w/Lab
Anatomy
Physiology
Statistics
Lifespan/Human Growth and Development
4. Successful completion of the required NLN ACE II exams.
5. Required Essay.
6. 2 professional letters of recommendation. Please include the names of the recommenders with your application for admission.
7. Please include signed essay, integrity and admission disclaimer statements.
8. Documentation of current RN licensure.
9. For students completing clinical instruction in the state of Massachusetts **CORI** (Criminal Offender Record Information) checks are required and will be completed by the School of Nursing on all students once they are admitted to the program. Out of state students must show evidence that regulations of their state licensure have been met. Progression and clinical placements in the nursing program may be contingent upon a satisfactory CORI investigation or completion of state requirements. For further information, see their website at under Rules and Regulations: <http://www.state.ma.us/reg/boards/rn/forms/gmcreq.pdf>
Information Sheet for Good Moral Character Licensure Requirement.

***Refer to your transfer credit evaluation. If you have questions about completion of required credits, call Undergraduate Admissions (413) 577-0746.**

SELECTION PROCEDURE

1. Applicants are evaluated according to their qualifications.
2. Qualifications which are considered: GPA, Pre-requisite grades, recommendations and essay.
3. Admission to the RN-BS Track is selective. Applicants meeting the minimum requirements are not guaranteed admission.

NOTIFICATION OF ADMISSION STATUS

1. Students will be notified by mail of the admission decision. Please allow eight weeks after the deadline date for decisions to be made.

 2. Applicants who are admitted to the RN-BS Track must provide the School of Nursing with documentation of the following:
 - Physical exam within the past 6 months
 - 2-Step Tuberculosis
 - Adult, infant and child CPR certification, current
 - Hepatitis B Immunization (3 doses)
 - Measles, Mumps, Rubella immunization/positive titer
 - Positive varicella titer or 2 immunizations
 - Tetanus/diphtheria (td) within the last 10 years
 - Tdap – Tetanus/diphtheria/pertussis
 - Health insurance
 - Student Nurse Medical Malpractice Insurance
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INSTRUCTIONS FOR THE WRITTEN ESSAY

1. Carefully read the vision statement quoted below and construct your essay addressing how your background and experience will fit these ideals.
2. Essays are to be typed in 12 pitch font, double spaced with one inch margins and not to exceed one page or a maximum of 250 words.

The UMass Amherst School of Nursing vision statement states *“The School of Nursing is a force for innovation, learning and discovery in preparing culturally proficient nurses for leadership in health for a global society.”* Our emphasis on cultural proficiency for leadership in health based research such as that reported by the Institute of Medicine in which culturally competent health care provision and diversity among health care providers are identified as factors that favorably improve access to health care and health outcomes. Tell us how your background and experience will fit these ideals.

I certify that the written work submitted for the essay is my original work. I may seek editorial assistance. However, I understand that submitting writing that is not my original work will result in my application being removed for consideration for admission to the program.

_____ Signature	_____ Date
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STATEMENT OF INTEGRITY

I certify that I have carefully considered each question and that my statements are true and complete to the best of my knowledge. I understand that my application may be removed from consideration for admission, or my admission may be cancelled, if the statement of schools attended or any other information is found to be incomplete or falsified.

DISCLAIMER STATEMENTS

1. Admission to the School of Nursing at the University of Massachusetts/Amherst is not a guarantee that the applicant will graduate from the University with a bachelor’s degree.
2. Graduation from the School of Nursing at the University of Massachusetts/Amherst is not the sole criterion for obtaining a license to practice nursing. Licensing requirements are the exclusive responsibility of the State Board of Nursing. Applicants must satisfy licensure requirements independently of the completion of any requirements for graduation from the School of Nursing and the University of Massachusetts/Amherst.
3. For students completing clinical instruction in the state of Massachusetts **CORI** (Criminal Offender Record Information) checks are required and will be completed by the School of Nursing on all students once they are admitted to the program. Out of state students must meet any regulations of their state of licensure. Progression and clinical placements in the nursing program may be contingent upon a satisfactory CORI investigation or completion of state requirements. For further information, see their website under Rules and Regulations: <http://www.state.ma.us/reg/boards/rn/forms/gmcreq.pdf> Information Sheet for Good Moral Character Licensure Requirement.

By signing I am stating that I have read and understood the Essay, Integrity and Admission disclaimer statements.

_____ Signature	_____ Date
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INSTRUCTIONS FOR REFERENCES

1. Two recommendations are required with the application.
2. The recommendations should be from individuals who are well acquainted with your work experience, academic preparation, and performance; and who are able to judge your qualifications for professional nursing.
 - A. Professors, employers, and other professionals are appropriate persons to complete the recommendations.
 - B. Relatives, neighbors, personal friends, or those known in a social capacity will not be accepted as references.
3. The recommendation forms must be mailed directly to the Continuing and Professional Education Office of Admission by the individual writing the reference:

Continuing and Professional Education Office of Admission
100 Venture Way
Hadley, MA 01035

4. Two recommendation forms are included in the application.
5. List the individuals who will be completing the recommendation form in the space below.

Name	Title	Agency
Address (Street, Apt #)	City, State, Zip Code	Telephone Number w/area code

Name	Title	Agency
Address (Street, Apt #)	City, State, Zip Code	Telephone Number w/area code

Without two recommendation forms your application will be incomplete and cannot be considered for admission. Refer to the application instructions to verify receipt of application materials.

***School of Nursing: RN-BS Track
University of Massachusetts/Amherst***

PROSPECTIVE RN-BS TRACK STUDENT
RECOMMENDATION/REFERENCE FORM

APPLICANT: _____

APPLICANT INSTRUCTIONS

This form is to be given to the person recommending you. Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their record, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to review these records or to decline to do so. Please mark the appropriate statement below, indicating your choice of option, and sign your name. Please check only one option.

___ I elect to keep this recommendation confidential. I waive all rights of access to this recommendation, whether visual, oral, or written, as provided in the Family Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future.

OR

___ I elect to keep the recommendation nonconfidential, and the recommendation may be shown at my request.

Signature of Applicant _____ Date _____

RECOMMENDER INSTRUCTIONS

The above student is applying to the School of Nursing at the University of Massachusetts/Amherst and has selected you as a reference. Please complete the attached recommendation form to evaluate this applicant. Please **DO NOT** complete this form if the above named candidate has failed to designate a confidentiality option above or has failed to sign the confidentiality option above. Your prompt response is appreciated.

The completed recommendation form must be mailed directly to the School of Nursing at the address listed below:

**University of Massachusetts/Amherst
Continuing and Professional Education Office of Admissions
100 Venture Way
Hadley, MA 01035**

UNIVERSITY OF MASSACHUSETTS AMHERST
School of Nursing

RN-BS TRACK RECOMMENDATION/REFERENCE FORM

APPLICANT'S NAME: _____
LAST FIRST MIDDLE INITIAL

TO BE COMPLETED BY RECOMMENDER

NAME: _____
Last First Middle

ADDRESS: _____ APT. # _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OCCUPATION: _____ **YEARS OCCUPIED:** _____

LENGTH OF RELATIONSHIP WITH THE APPLICANT: _____

PLEASE DESCRIBE YOUR RELATIONSHIP TO THE APPLICANT: _____

YOUR APPRAISAL OF THE APPLICANT'S ABILITY TO INITIATE ACTION, ORGANIZE AND PRIORITIZE TASKS AND PREPARE FOR CHALLENGES:

YOUR APPRAISAL OF THE APPLICANT'S LEVEL OF MATURITY, EMOTIONAL FORTITUDE AND DRIVE AS IT RELATES TO HIS OR HER PATH OF STUDY:

[PLEASE SEE REVERSE SIDE.]

PLEASE USE THIS SPACE TO MAKE COMMENTS ABOUT ANY ASPECT OF THE APPLICANT THAT YOU FEEL WILL HELP US TO BETTER KNOW HIM OR HER.

HOW WOULD YOU RECOMMEND THIS APPLICANT TO US:

STRONGLY RECOMMEND

RECOMMEND

NOT RECOMMEND

SIGNATURE OF RECOMMENDER: _____ DATE: _____

Please note: A prompt return of this recommendation will expedite the process of evaluating his/her application for admission. Return completed recommendation to:

**University of Massachusetts/Amherst
Continuing and Professional Education Office of Undergraduate Admission
100 Venture Way
Hadley, MA 01035**

The Family Educational Rights and Privacy Act of 1974 assures that students may access their educational records. Upon matriculation, students at the University of Massachusetts Amherst have the right to examine their records.

*School of Nursing: RN-BS Track
University of Massachusetts/Amherst*

PROSPECTIVE RN-BS TRACK STUDENT
RECOMMENDATION/REFERENCE FORM

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OR

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Signature of Applicant _____ Date _____

RECOMMENDER INSTRUCTIONS

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Hadley, MA 01035**

UNIVERSITY OF MASSACHUSETTS AMHERST
School of Nursing

RN-BS TRACK RECOMMENDATION/REFERENCE FORM

APPLICANT'S NAME: _____
LAST FIRST MIDDLE INITIAL

TO BE COMPLETED BY RECOMMENDER

NAME: _____
Last First Middle

ADDRESS: _____ APT. # _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OCCUPATION: _____ **YEARS OCCUPIED:** _____

LENGTH OF RELATIONSHIP WITH THE APPLICANT: _____

PLEASE DESCRIBE YOUR RELATIONSHIP TO THE APPLICANT: _____

YOUR APPRAISAL OF THE APPLICANT'S ABILITY TO INITIATE ACTION, ORGANIZE AND PRIORITIZE TASKS AND PREPARE FOR CHALLENGES:

YOUR APPRAISAL OF THE APPLICANT'S LEVEL OF MATURITY, EMOTIONAL FORTITUDE AND DRIVE AS IT RELATES TO HIS OR HER PATH OF STUDY:

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