

# Bachelor of Science in Nursing

## Step One: Apply to UW Tacoma

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- Complete the UW Tacoma **application for transfer admission** and pay the \$60 application fee. You may complete the application online at: **[tacoma.uw.edu/apply](http://tacoma.uw.edu/apply)**
- Request an **official transcript** for all college-level coursework. When possible, UW Tacoma requires electronic transcript submission from all Washington state community and technical colleges. Please use ET code 412 for processing. High school transcripts are required **only** if foreign language or mathematics requirements were completed in high school.

## Step Two: Apply to the BSN degree program

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The *BSN Program Application and Supplemental Materials Kit* is an crucial component for admission and must be submitted no later than **February 15**. Send these items directly to the Nursing program.

- BSN Program Application
- BSN: Essential Behaviors for Admission, Continuation and Graduation form
- UW School of Nursing Conviction/Criminal History Information form
- Supervisor Recommendation
- Academic Recommendation
- Professional Recommendation
- Current résumé
- Personal essay:** Write about your personal and professional experiences. Your essay should be no more than two pages, typed and double spaced with a 12-point font. The essay should be an example of your ability to communicate effectively in writing. Please address ALL of the following areas as they pertain to you:
  - Leadership, achievements and accomplishments
  - Perseverance in the face of adversity
  - Experience in diverse communities or disadvantaged populations
  - Special skills and experience (bilingual, international travel, research)
  - Reasons for pursuing a BSN, expectations and outcomes desired for your educational experience and future educational or professional goals.

## Additional requirements

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If you are admitted to the BSN program, you will receive instructions about completing a required criminal background check online through Verified Credentials, Inc. (Please note: there is a fee for this service.) Also, you will be required to complete a health history, have required immunizations, a current CPR certification, and an unrestricted Washington state RN license. You are responsible for your own transportation to and from practicum.

## SUMMER/AUTUMN QUARTER APPLICATION DEADLINE

**February 15**

Applicants who submit all required materials by February 15 are assured of a review. Applications completed after that date will be considered as space allows. If the number of applications exceeds the available space, admissions will be competitive.

The BSN program admits students to the major for summer and autumn quarters only. **Full-time students must begin in summer quarter.** Part-time students may begin in summer or autumn quarter.

Admission in quarters other than summer or autumn (pre-major admission) requires approval. To discuss pre-major admission, contact the Nursing program prior to submitting an application. Pre-major students take electives or prerequisites before beginning Nursing coursework.

## ADMISSION REQUIREMENTS

Applicants who have completed all admission requirements will be more competitive than those who have not. For more information on admission requirements, go to:

**[tacoma.uw.edu/nursing](http://tacoma.uw.edu/nursing)**

## HOW TO CONTACT NURSING

UW Tacoma Nursing  
Cherry Parkes 326  
1900 Commerce Street  
Tacoma, WA 98402-3100

Phone: 253-692-4470

Fax: 253-692-4424

E-mail: [tnursing@uw.edu](mailto:tnursing@uw.edu)

[tacoma.uw.edu/nursing](http://tacoma.uw.edu/nursing)

# BSN Program Application

## Section A: PERSONAL INFORMATION

Please print. Respond to every question.

Full Legal Name (last, first, middle)			
Mailing Address (street and number)		(city)	(state) (zip)
Home phone	Cell phone	Email address	
BSN Program Application for beginning nursing coursework in: <input type="checkbox"/> Summer Quarter (full-time students <b>must</b> begin in Summer) <input type="checkbox"/> Autumn Quarter (part-time students)		Application status (check all that apply): <input type="checkbox"/> I will be enrolling under the UW or Washington State Employee Tuition Exemption Program  <input type="checkbox"/> I am an international student <input type="checkbox"/> I am a returning UW Tacoma BSN student <input type="checkbox"/> None of the above	
Pre-major admission request to enroll: <input type="checkbox"/> Winter – statistics, electives, or prerequisites only <input type="checkbox"/> Spring – electives or prerequisites only			

## Section B: NURSING PREREQUISITES

Provide information for the Nursing prerequisites you have completed.  
 If you have not completed a course yet, indicate the quarter/year you intend to take the course.

Prerequisite	Course title & number	Quarter / year	College where course was taken	Credits	Grade
Chemistry					
Human Anatomy & Physiology I					
Human Anatomy & Physiology II					
Microbiology					
Advanced Math (college-level algebra, calculus, logic, pre-calculus, etc.)					
Statistics					

Washington State RN license number \_\_\_\_\_ -or- Expected NCLEX date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed *BSN Program Application and Supporting Materials Kit* to:  
 UW Tacoma Nursing  
 BSN Admissions  
 1900 Commerce Street  
 Tacoma, WA 98402

**Application Deadline: February 15**

LATE OR INCOMPLETE APPLICATIONS CONSIDERED ONLY ON SPACE AVAILABLE BASIS

## **BSN: Essential Behaviors for Admission, Continuation and Graduation**

The following qualifications amplify requirements found in the University of Washington Student Conduct Code. For admission, continuation, and graduation in their programs, students must abide by the following specifications for behaviors and abilities. In this document, "student" pertains to all UW Seattle, UW Bothell, and UW Tacoma masters students and UW Tacoma BSN students.

### **Communication**

Students must communicate effectively and sensitively with patients and their families as well as with other students, staff, faculty, professionals, agency personnel, community residents, and others relevant to their areas of study. Expression of ideas and feelings must be clear and appropriate. Students must demonstrate a willingness and ability to give and receive feedback.

### **Cognitive**

Students must be able to reason, analyze, integrate, synthesize, and evaluate in the context of the nursing activities of their programs/areas of study.

### **Behavioral/Emotional**

Students must possess the emotional health required for the full utilization of intellectual abilities, the exercise of sound judgment, and the timely completion of responsibilities in their programs/areas of study. Further, students must be able to maintain mature, sensitive, and effective relationships with patients, students, faculty, staff, other professionals, and agency personnel under all circumstances including highly stressful situations. Students must have the emotional stability to function effectively under stress and adapt to environments that may change rapidly without warning and/or in unpredictable ways as relevant to their programs or areas of study. Students must be able to demonstrate empathy for the situations and circumstances of others and appropriately communicate that empathy. Students must acknowledge that values, attitudes, beliefs, emotions, and experiences affect their perceptions and relationships with others. Students must be able and willing to examine and change behaviors when they interfere with productive individual or team relationships. Students must demonstrate effective and harmonious relationships with the diverse academic, professional, and community environments relevant to their chosen programs of study.

### **Professional Conduct**

Students must possess the ability to reason morally and practice nursing in an ethical manner. They must not engage in unprofessional conduct, and must be willing to learn and abide by professional standards of practice as well as regulations for professional licensure. Students must demonstrate the attributes of compassion, integrity, honesty, responsibility, and tolerance.

### **Motor and Sensory Skills**

Students need to have sufficient motor function and sensory skills in order to be able to execute movements and make observations required in the domain of nursing care or nursing activity in their chosen programs/areas of study.

### **Reasonable Accommodation for Disabilities**

The School of Nursing is committed to ensuring that otherwise qualified students with disabilities are given equal access through reasonable accommodations to its services, programs, activities, education and employment for students with disabilities. The School of Nursing works closely with Disability Support Services-DSS (Tacoma campus) in this process. DSS (Tacoma) is the contact point for students with permanent or temporary sensory, physical or psychological disabilities interested in requesting reasonable accommodations due to the effects of a disability.

*Essential Behaviors cont'd.*

Students who wish to request reasonable accommodations are encouraged to contact DSS (Tacoma) to start the process for documenting their disability and determining eligibility for services prior to the start of the program. While this process can be started at any time, reasonable accommodations may not be implemented retroactively so being timely in requesting your accommodations is very important. The University does have policies regarding the type of documentation required in order to diagnose different disabilities and a process for requesting accommodations. To learn more about the process for establishing services through these offices please contact the appropriate office given your campus location:

Disability Support Services (Tacoma)  
MAT 206, Box 358403  
Tacoma, WA 98402-3100  
253-692-4493 (V)  
253-692-4413 (TTY)  
253-692-4602 (FAX)  
dssuwt@uw.edu

Students with disabilities are expected to perform all the essential functions of the program with or without reasonable accommodation. The School of Nursing will work with the student and the respective campus disability office to provide reasonable and appropriate accommodations. While the School of Nursing will make every effort to work with our students with disabilities to accommodate their disability-related needs, it is important to note we are not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program.

In signing this form, I acknowledge that I have read and agree to adhere to the Essential Behaviors.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**BACKGROUND CHECK, AUTHORIZATION FOR REPEAT CHECKS,  
AND DISSEMINATION OF RESULTS FORM**

**This form must be completed to be considered for School of Nursing admission and continuation.**

The School of Nursing reviews background check records when considering individuals for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the School's curriculum standards, as well as to the safety and security of patients and the public. The Washington State Child and Adult Abuse Information Law, RCW 43.43.830-842, requires that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitation, and for findings in related actions and proceedings. School of Nursing degree programs involve unsupervised access to populations defined by this law. Clinical training sites are precluded by law from allowing persons with certain conviction histories to have unsupervised access to these vulnerable populations. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. Affiliation agreements with clinical sites require the School to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in any School program. Students must self disclose any crimes committed during their enrollment. **A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation.** Conviction/criminal history records must be verified through a private national background check agency specified by the School. Admission and continued enrollment are subject to a satisfactory background check review. Background checks routinely uncover convictions that individuals believe were "expunged," "vacated," or otherwise set aside. Consequently, it is in the applicant/student's best interest to disclose such convictions on this form. Individuals who do not sign this Background Check, Authorization for Repeat Checks, and Dissemination of Results Form will not be considered for admission. Questions about the use of background check information may be referred to Academic Services (206-543-8736).

Applicant/Student Name (Last)	(First)	(M.I.)	Social Security Number (mandatory)*
Applicant/Student's UW Tacoma Degree Program (check one): <input type="checkbox"/> Bachelor of Science in Nursing (RN to BSN) <input type="checkbox"/> Master of Nursing (MN) <input type="checkbox"/> Bachelor of Arts in Healthcare Leadership (HCL)			Date of Birth (Mo., Dy., Yr.)
Applicant/Student Email Address			Applicant/Student Phone Number

\*Your Social Security Number is required. It is a unique identifier necessary to conduct the background check required of all applicants.

**I. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:**

Have you ever been convicted of any of the crimes listed below:  YES  NO If Yes, check all that apply and describe under section V. below

<input type="checkbox"/> Arson (1st degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) <input type="checkbox"/> Assault (1st/2nd/3rd Degree) <input type="checkbox"/> Assault of a Child (1st/2nd/3rd Degree) <input type="checkbox"/> Burglary (1st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1st,2nd,3rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree)	<input type="checkbox"/> Custodial Interference (1st/2nd Degree) <input type="checkbox"/> Extortion (1st/2nd/3rd* Degree) <input type="checkbox"/> Forgery* <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure - Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1st/2nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1st/2nd Degree) <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder (1st/2nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography <input type="checkbox"/> Promoting Prostitution (1st Degree)	<input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery (1st/2nd Degree) <input type="checkbox"/> Rape (1st/2nd/3rd Degree) <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor (1st/2nd Degree) <input type="checkbox"/> Theft (1st/2nd/3rd* Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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**II. DRUG-RELATED CRIMES**

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?  YES  NO

**III. RELATED PROCEEDINGS**

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?  YES  NO

**IV. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES**

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?  YES  NO

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?  YES  NO

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?  YES  NO

**V. ADDITIONAL INFORMATION (when applicable)**

For all items checked in I, II, III and IV above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (\*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

**VI. GENERAL CONVICTION INFORMATION (when applicable)**

Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes? Do not include parking tickets/traffic citations.  YES  NO If Yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s). Attach additional page(s) if needed.

<b>SIGNATURE</b> - You will not be considered for admission/continuation if you do not complete and sign this form.	
<p>Under penalty of perjury, I certify that the above-stated information is true, correct and complete. I understand that I am obligated to notify the School of Nursing within 30 days, in writing, of if I am convicted of any crime or if any of the specified court or administrative determinations are made against me during the application period and/or while enrolled as a student. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal from the program. I understand and agree that the University of Washington may verify this information through the Washington State Patrol and/or through a private national records verification agency. I also understand and agree that admission and continuation is conditioned on the University's receipt of a satisfactory background check.</p> <p style="text-align: center;"><b>Authorization for Repeat Background Checks and Dissemination of Results</b></p> <p>I agree to initiate, pay for, and provide the School of Nursing with repeat background checks every two years from the date of my admission to the School. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites, whether in or outside the State of Washington, as deemed necessary by the School of Nursing, during the completion of my academic program. I understand that the University of Washington will provide the records listed above only with the condition that the receiving party or parties will be notified by the University that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.</p> <p>Signature _____ Date _____</p>	

**BACKGROUND CHECK PROCESS AND REVIEW POLICY**

A description of the UW School of Nursing background check process and background check review policy are located on line at <http://www.son.washington.edu/admissions/bgcheck.asp>.

**Bachelor of Science in Nursing**  
**SUPERVISOR RECOMMENDATION**

**Section A: TO THE APPLICANT**

Please print. Respond to every question.

Complete and sign this section before forwarding it to a person who has **supervised** you within the past two (2) years in a paid or volunteer position in a health care setting and can attest to your clinical abilities.

Applicant's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. The signature below is optional; however, the applicant should check with the recommender to ensure that s/he is willing to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between the University of Washington Tacoma and the recommender.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: TO THE RECOMMENDER**

Please or print. Respond to every question.

The applicant indicated above is required to submit a professional recommendation from a supervisor as part of his/her application to the Bachelor of Science in Nursing (BSN) program at the University of Washington Tacoma. Complete Sections B, C, and D, responding to each question. Place the completed form in a sealed envelope and return to the applicant or mail directly to the Nursing program. **Important note:** applicants are required to submit the application and all supplemental materials, including recommendations, **no later than February 15**. Late applications will be reviewed only as space allows.

Recommender's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Company or agency \_\_\_\_\_ Position or title \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email address \_\_\_\_\_

In what capacity have you known the applicant?

- Supervisor     Employer     Preceptor     Instructor     Other (specify) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months      Today's date \_\_\_\_\_





**Bachelor of Science in Nursing**  
**ACADEMIC RECOMMENDATION**

**Section A: TO THE APPLICANT**

Please print. Respond to every question.

Complete and sign this section before forwarding it to a person who has **instructed you**, preferably in an academic setting, within the past two (2) years and can attest to your ability to learn. For those who have been away from an academic setting for more than five years, someone who is in staff development or in-service education, for example, is acceptable.

Applicant's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. The signature below is optional; however, the applicant should check with the recommender to ensure that s/he is willing to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between the University of Washington Tacoma and the recommender.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: TO THE RECOMMENDER**

Please or print. Respond to every question.

The applicant indicated above is required to submit a professional recommendation from an academic instructor as part of his/her application to the Bachelor of Science in Nursing (BSN) program at the University of Washington Tacoma. Complete Sections B, C, and D, responding to each question. Place the completed form in a sealed envelope and return to the applicant or mail directly to the Nursing program. **Important note:** applicants are required to submit the application and all supplemental materials, including recommendations, **no later than February 15**. Late applications will be reviewed only as space allows.

Recommender's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Company or agency \_\_\_\_\_ Position or title \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email address \_\_\_\_\_

In what capacity have you known the applicant?

Instructor    Preceptor    Supervisor    Employer    Other (specify) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months      Today's date \_\_\_\_\_





Bachelor of Science in Nursing  
**PROFESSIONAL RECOMMENDATION**

**Section A: TO THE APPLICANT**

Please print. Respond to every question.

Complete and sign this section before forwarding it to a person who has **worked with you** within the past two (2) years in a paid or volunteer position in a professional health care setting and can attest to your professionalism.

Applicant's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. The signature below is optional; however, the applicant should check with the recommender to ensure that s/he is willing to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between the University of Washington Tacoma and the recommender.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: TO THE RECOMMENDER**

Please or print. Complete every question.

The applicant indicated above is required to submit a professional recommendation from a supervisor, instructor, or peer as part of his/her application to the Bachelor of Science in Nursing (BSN) program at the University of Washington Tacoma. Complete Sections B, C, and D, responding to each question. Place the completed form in a sealed envelope and return to the applicant or mail directly to the Nursing program. **Important note:** applicants are required to submit the application and all supplemental materials, including recommendations, **no later than February 15**. Late applications will be reviewed only as space allows.

Recommender's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Company or agency \_\_\_\_\_ Position or title \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email address \_\_\_\_\_

In what capacity have you known the applicant?

Instructor  Preceptor  Supervisor  Employer  Other (specify) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months Today's date \_\_\_\_\_



