

Accelerated Undergraduate Nursing Application Information

Applicant must be admitted to UWO
 Email Application to: CONAccelApply@uwosh.edu

Deadline	Application Received By:
February Cohort	July 30 th *
May Cohort	October 30 th *
October Cohort	March 30 th *

*All application materials must be received by the deadline. When the application deadline falls on a weekend (Saturday or Sunday), the deadline automatically extends to the following Monday.

1. **POLICIES:** Read the information regarding admission to [UW Oshkosh College of Nursing](#)

2. **BACKGROUND DISCLOSURE, TRANSFER DISCLOSURE FORMS AND CHECKS:**
 - [Background Information Disclosure Form](#) – All applicants. Complete form according to directions, sign and include with application materials
 - [Transfer Disclosure Form](#) ALL students with transfer credits must complete a form for all post-secondary institutions attended. Form is filled out by student and sent to corresponding institution.

*** Required Background Check will be completed AFTER application deadline (fee paid by student).** Instructions on how to set up an account for your required background check will be emailed after the application deadline.

3. **CERTIFIED NURSING ASSISTANT (CNA) and LICENSED PRACTICAL NURSE (LPN):**
 Attach a printout of proof of certification.

4. **GPA CALCULATION FORM:** Attach completed [GPA Calculation Form](#)

5. **CURRENT RESUME:** 2 page maximum length

6. **APPEALS:** An appeal is required for an exception to the admission requirements.
 - I do not require an appeal.
 - I have a pending appeal. The pending appeal has been submitted for an exception to the following admission requirement: _____
 - I have an approved appeal. *Please include the approved appeal response letter with your application

7. **ADMISSION INTERVIEWS:** You will be invited by email to register for an interview.

SIGNATURE REQUIRED BY ALL APPLICANTS:

By signing below I acknowledge that I have read and understand the requirements and policies as outlined in this application form. Failure to comply with requirements will deem my application ineligible for the current application cycle.

*Signature: _____

Date: _____

Application submitted for (select one): _____February _____May _____October

Last Name First Name MI Student ID#

Previous Name (s): _____ Date of Birth (MM/DD/YYYY): _____

UWO EMAIL: _____@uwosh.edu Personal Email: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Have you previously applied to our Accelerated Program? _____ Yes _____ No, If yes, what Cohort(s)?: _____

In an effort to encourage diversity in our student population, we ask the following questions. If you prefer not to answer, please select that option for each question.

Gender: Female Male Prefer not to answer

Do you identify as a member of the LGBTQ+ community? Yes No Prefer not to answer

Have you served in the U.S. Military and/or Reserves? Yes No Prefer not to answer

CLINICAL PLACEMENT INFORMATION

Clinical Placement is secured within a 65 mile radius of your home community if possible. If admitted, it is expected that students complete the Accelerated BSN Option in the community identified on this application. Changing location may impact your ability to be admitted or complete the Accelerated BSN Option.

You are required to provide thorough and up to date information about your employment in the healthcare field to assist in potential clinical placements. If you obtain healthcare employment or change healthcare employers after the application deadline, you are required to notify CONAccelApply@uwosh.edu

Current healthcare employer(s): _____

City: _____ State: _____

Position in healthcare facility: _____

The City and State you will reside while you complete the Accelerated BSN Option if offered admission:

City: _____ State: _____

The City/Area in which you intend to seek employment as a nurse upon graduation: _____

ACADEMIC BACKGROUND

1. Have you taken courses in the past that transferred to UWO? Yes No, If yes, list below.

Name of College/University	Dates Attended

2. Have you attended or currently attending a clinical nursing program or the clinical portion of another healthcare major and did not finish? ____Yes ____No. If **Yes**, Please list all institutions where you attended a clinical program (nursing or other health care major). *You must submit a letter with your application, written by the Dean of the Department on college letterhead indicating you left in “good standing” in both academics and conduct.

Name of College/University	Dates Attended

3. In Progress Course(s): Are you currently taking a required Science course? ____Yes__No If **Yes**, list course(s) and campus below and provide proof of enrollment with application.

Name of College/University	Course #/Name	Anticipated Completion Date

PLEASE NOTE: It is imperative that UW Oshkosh and transfer students taking courses elsewhere ensure that grades/transcripts are sent to UW Oshkosh on time to be considered toward College of Nursing clinical admission. Please verify necessary documents have been received and posted on UWO transcript with the appropriate office (Admission Office if transfer student or Registrar if UWO student). Course grades included on the GPA calculation form but not found on the UW Oshkosh transcript will be eliminated.

HEALTH RELATED EXPERIENCE

My Nursing Assistant status is:

- Certified Nursing Assistant **with** experience (Please complete TABLE 1 below)
- Certified Nursing Assistant **without** experience.
- Licensed Practical Nurse (Please complete TABLE 1 below)

*Include printout of proof of CNA or LPN certification with application materials

I. HEALTH RELATED EXPERIENCE

TABLE 1 – CNA/LPN EMPLOYMENT

Employer/Location	TOTAL Hrs. Worked	Full/Part Time	Reference Name	Reference Phone Number

II. OTHER CREDENTIALS

Do you have a credential or license in another health field (EMT, Medical Assistant, Medic, etc.)

- Yes No If **yes**, complete Table 2 below and include a copy of credential and year received.

*For other credentialed experience to be considered as CNA/LPN equivalent experience, you need to submit an appeal with your application materials.

TABLE 2 – OTHER HEALTHCARE EMPLOYMENT

Type of credential/ license	Employer/Location	TOTAL Hrs. Worked	Full/Part Time	Reference Name and Phone Number

III. ACTIVITIES REFLECTING A SERVICE ORIENTATION (VOLUNTEER WORK)

If you are/were a collegiate athlete or you were involved in a service trip, include it here. Please be specific. Indicate the time commitment - approximate TOTAL hours and approximate date of service.

Agency Name/Location	TOTAL Hours worked	Date of Service mm/yyyy or mm/yyyy - mm/yyyy	Name of Contact	Email or Phone Number

For each of the following areas, follow these guidelines:

- One page limit for each item (A – E)
- Double space with one inch margins
- Use a 12 pt. Times New Roman
- Include your full name and essay title on top of each page, see example below:
Ex. John Smith
 Personal Statement

A. Personal Statement

The vision of the College of Nursing is to develop caring and scholarly nurse leaders who positively impact contemporary and future health care. With this in mind, why do you want to be a professional nurse and what gifts/talents will you bring to the profession?

B. Activities Reflecting a Service Orientation [volunteer work]

Describe the impact that your volunteer work (family, campus, community, or country) had on your life. If you are/were a collegiate athlete or military experience include it here. If you were involved in a service trip, include it here.

C. Experience with Diversity

Describe the impact that your experience working with diverse groups or individuals had on your life. Diverse people may include race/ethnicity, sexual orientation/identity, economic disparity and generational factors, veteran's status, or non-traditional students with diverse life experience.

D. Diversity and Overcoming Challenges

Please give an example of a personal experience with overcoming a challenge or barrier.

E. Optional Information

Please tell us anything else you think we need to know about you and consider in the admission process. If you have any positive findings on your background check, criminal record, policy violations, or conduct cases from Oshkosh, other cities or municipalities, or University Police, Dean of Student's Office, Residence Life, etc. please add an explanation for the Academic Standing Committee. This will, along with the rest of the application, remain confidential.