New Mexico State University
BACHELOR OF SCIENCE IN NURSING
2nd Baccalaureate Degree-Seeking Students

General Information

This is an alternate entry to the 2 ½ year (PATHWAY) or 19 Month (ROADRUNNER) BSN program that is designed for students with an undergraduate degree in another field who wish to pursue a Baccalaureate degree in Nursing. Students from diverse academic backgrounds who seek a rigorous education in professional nursing will complete approximately 67 undergraduate credits. Successful graduates of the BSN program option would be eligible to take the National Council of State Boards of Nursing Exam (NCLEX) for licensure as a registered nurse (RN). All prerequisite and requisite course work taken at other institutions will be evaluated for admission to the 2nd Degree alternate route BSN program option. The ROADRUNNER program is only offered at the NMSU Las Cruces Campus.

Requirements for Admission to the 2nd degree BSN

1. Obtain admission to NMSU as a second bachelor’s degree seeking student.
2. Have a minimum 3.00 GPA on a 4.00 scale in the first bachelor’s degree.

3. PREREQUISITES: Have a minimum of a 3.00 (“B” or better) on a 4.00 scale in the required
   - Anatomy and Physiology or A & P I AND A & P II (8 credits)
   - One additional science course in Biology, Microbiology, Chemistry or Physics (3 credits)
   - Pathophysiology ROADRUNNER ONLY
   - Statistics
   (Repeated or substitution classes for failing grades must be completed prior to application.)

These courses will be part of the ranking process. Prerequisite courses over 7 years old must be repeated or the student may challenge the course by taking and passing a specific content exam through a testing center approved by the School of Nursing.

Prerequisite courses completed online from a regionally accredited college, university or junior college will be acceptable, including laboratory components. It is the applicant’s responsibility to make certain that regional accreditation has been awarded and that these courses are approved by the CHSS Nursing Academic Advisor.

4. Admission exam - All applicants to the NMSU pre-licensure program must complete admissions testing. Applicants are required to obtain a minimum satisfactory score on admissions testing and include with application. Failure to obtain a minimum score will result in rejection of the application.

5. Three references from education mentors and/or employment supervisors. Use the reference form in this packet. A current resume documenting prior education and work experience should also be included.

6. Full admission to the program is contingent upon completion of all clinical clearance requirements, including drug testing, immunizations, a criminal background check and admissions testing as required by the School of Nursing.

7. A positive drug test or prior criminal offenses found during the background check will result in rejection of the student’s application to the nursing program or disenrollment. Costs associated with these applicant screening procedures are the responsibility of the applicant. The results of prior drug screening or criminal background check procedures obtained for other purposes are not acceptable for this application process.
Application Procedure

For Application to New Mexico State University

Apply and be admitted to New Mexico State University (NMSU) as a 2nd degree seeking student. Request official transcripts from all colleges or other post-secondary educational institutions to be mailed directly to:

Office of Admissions, MSC 3A
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

For Application to the School of Nursing:

Give each person providing a reference a copy of the reference form included with this application. Complete the top of the reference form with your name, address and Banner I.D. number. Ask the person to place the reference form in an envelope and sign the envelope across the seal.

Application packets to the CHSS School of Nursing Advising Coordinator should include the following:

1) An official copy of all your previous college/university transcripts
2) Proof of successful completion of required pre-requisites
3) TEST: Admission assessment test with a qualifying score
4) Current Resume
5) A completed application (attached)
6) Three (3) signed and sealed letters of reference

Send these in one packet to:

CHSS/School of Nursing Advising Coordinator
MSC 3185
New Mexico State University
P. O. Box 30001
Las Cruces, NM 88003-8001
**Timeline and check sheet**

Admissions to the 2\textsuperscript{nd} degree BSN option

**August** (NMSU Fall Semester)
\textbf{MAY ROADRUNNER} (NMSU Summer Semester)
**January** (NMSU Spring Semester)

The application deadline for fall semester is \textbf{February 1}
and
The application deadline for spring semester is \textbf{September 1}.

**February 1 OR September 1**

___ Application to NMSU Admissions Office must be complete.

___ Application packet for the 2\textsuperscript{nd} degree BSN option must be completed and on file in the CHSS/School of Nursing Advising Coordinator’s office.

___ Admission test score must be available from Prometric

Acceptance to the 2\textsuperscript{nd} degree BSN option is contingent upon passing drug testing and background checks.

Clinical clearance requirements must be complete prior to full admission to this program.
New Mexico State University
College of Health and Social Services

2nd Degree-Seeking Students

APPLICATION FOR ADMISSION

I would like to be considered for: Spring _____ Summer _____ Fall ________

Name: ___________________________________________________________________________
First      Middle          Last

Address: _________________________________________________________________________
Number & Street

___________________________________________________________
City     State                                                        Zip

Telephone Home: ___________________ Wk: ____________________ Cell: ____________________
E-mail(s): _________________________________________________________________________

NMSU ID#: _________________________ Social Security # ________________________________

________Male_________Female                Date of Birth:___________________________________

___________________________________________________________
Bachelor Degree                                 Subject                                  Institution Name

Date of Degree Conferred ___________________________ Graduating GPA ____________________

Signature__________________________________________________________Date____________

The following information is optional and will be used for departmental demographic data only:
Race:
______African American                ______Asian American                    ______White
______Hispanic                                ______American Indian                  ______Other
______Alaska Native American    ______Hawaiian/Pacific Islander

Ethnicity: ________  Hispanic______ Not Hispanic______

Citizenship: ____________________________VISA#__________________________________

Military Status_______ not applicable  Branch__________
_______Active Duty*        _______National Guard
_______Active Duty (Ret)    _______Child of Active Duty Member
_______Military Reservist  _______Spouse of Active Duty Member

If you selected “Active Duty”, please describe your duty assignment for the next two years:

__________________________________________________________________________

PREREQUISITES FOR ADMISSION TO THE BSN NURSING PROGRAM:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>Course name</th>
<th>Semester Completed</th>
<th>Where Completed</th>
<th>Grade</th>
</tr>
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<tbody>
<tr>
<td>A&amp;P I</td>
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<td>&amp;</td>
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<tr>
<td>A&amp;P II</td>
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<tr>
<td>Anatomy</td>
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<tr>
<td>Physiology</td>
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<tr>
<td>Pathophysiology</td>
<td>RR ONLY</td>
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<tr>
<td>3rd Science Specify:</td>
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<tr>
<td>STATISTICS</td>
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</tbody>
</table>

**Anatomy and Physiology are generally offered as BIOL courses. A&PI and A&PII are generally offered at 2-yr or Community Colleges. APPLICANTS must have the grouping of A & P I AND II or Anatomy, AND (separate course) Physiology.

I certify the above information is correct. Signature______________________________________
Have you previously attended another nursing program?  ____ YES  ____ NO
If yes, complete the following:

______________________________  ________________________________
Nursing School Attended          FROM (mo. & year)   TO (mo. & year)

Reason for leaving: __________________________________________________

Please initial one of the following:

___________ YES, you may contact the above listed nursing program(s)

___________ NO, you may NOT contact the above listed nursing program(s)

Have you ever been licensed in another professional field?   Yes_____No________
If yes, where was the license issued?__________________________________________

Have you ever had an action taken against this license by the relevant licensing board?
Yes__No__

CLINICAL COMPETENCIES & BLOOD BORNE VIRUSES

Essential Eligibility Requirements for Participation in the School of Nursing

The following essential eligibility requirements for participation in the School of Nursing and examples of necessary activities (not all inclusive) should be used to assist each applicant/student in determining whether accommodations or modifications are necessary.

<table>
<thead>
<tr>
<th>ESSENTIAL FUNCTIONS</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking abilities sufficient for clinical judgment.</td>
<td>Identify cause/effect relationships in clinical situation; develop nursing care plans.</td>
</tr>
<tr>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Establish rapport with patients/families and colleagues.</td>
</tr>
<tr>
<td>Communication abilities sufficient for interactions with others in verbal and written form.</td>
<td>Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.</td>
</tr>
<tr>
<td>Abilities sufficient to move from room to room and to maneuver in small places.</td>
<td>Move around in patients' rooms, work spaces, and treatment areas, and administer cardio-pulmonary resuscitation.</td>
</tr>
<tr>
<td>Abilities sufficient to provide safe and effective nursing care.</td>
<td>Calibrate and use equipment; position patients/clients. Safely lift and move clients/patients.</td>
</tr>
<tr>
<td>Abilities sufficient to monitor and assess health needs.</td>
<td>Hear monitor alarms, emergency signals, auscultory sounds, and cries for help.</td>
</tr>
<tr>
<td>Abilities sufficient for physical assessment.</td>
<td>Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter.</td>
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</tbody>
</table>
ADA Guidelines apply to all qualified persons. If you have a diagnosed disability that needs specific consideration, see the Department of Nursing Chairman prior to accepting placement in the nursing program to discuss your needs.

A person with a diagnosed disability is a person who is otherwise qualified with reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a public entity and must be able to perform the "essential functions" of the position with reasonable accommodations. Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the appropriate program chair as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from their physician and the NMSU Disabilities Office.

Initial

________ I do not need accommodations to participate in the School of Nursing program.

________ I will need accommodations to participate in the School of Nursing program.

__________________________________________________  _______________________
Signature         Date

Students with Blood Borne Viruses (Hepatitis B, HIV Positive Test, ARC, AIDS, Etc)

Students with documented Hepatitis B, Hepatitis C, HIV, ARC and AIDS, etc. may care for patients when cleared by their physicians and the relevant health care facility has been notified in writing and accepted the student. A physician's clearance must be on file prior to acceptance or as soon as identified for each student who has one of the above stated conditions. Students with carrier state or chronic Hepatitis B, HIV positive test, ARC, or AIDS must do the following when assigned to clinical areas:

1. Adhere to the existing policies of the institution regarding infection control at all times.
2. Use good hand washing technique and gloves when working with clients/patients.
3. Do not work in patient/client care areas if they have exudative lesions or weeping dermatitis.
4. Do not assign to renal dialysis units.

Students cannot work in care areas where they could transmit disease to its clients or co-workers. Risk of transmission would exist where there is trauma to the patient that would provide a portal of entry for the virus such as during invasive procedures, surgery or treatment of open wounds when a needle stick, scalpel wound or open lesion in the infected student could result in transfer of blood or serous fluid to the open tissue of the patient.

Review, Initial and Sign

________ I certify that the information provided in this application is complete and accurate and I understand that submission of false or incomplete information is grounds for rejection of the application and possible dismissal from the School of Nursing.

________ I understand that it is my responsibility to ensure accurate and updated information in terms of mailing address, current phone number, and email address.

__________________________________________________  _______________________
Signature         Date
New Mexico State University

BACHELOR OF SCIENCE IN NURSING

2nd Degree BSN

REFERENCE LETTER

Name______________________________________________________________________________

Last                                                      First                                                   Middle

NMSU BANNER ID #: _______________________________________________________________

_______I waive my right to see this reference   _____I do not waive my right to see this reference

__________________________________________________________________________________

Signature of Applicant

To the person completing this form:

The person named above is applying for admission to the 2nd degree BSN nursing education option at the New Mexico State University School of Nursing. It is designed for students who are able to meet the challenges of an academically rigorous education program. Your assessment of the applicant’s ability to succeed in this intense environment would be helpful. Please complete the following form and sign across the sealed flap of the envelope provided to you by applicant. Return letter to applicant to include in application packet.
Rate the applicant relative to other students/employees with whom you have had contact on each of the following characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N/A Unable to rate</th>
<th>5 Outstanding (Top 5%)</th>
<th>4 Superior</th>
<th>3 Above Average</th>
<th>2 Average</th>
<th>1 Below Average</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Maturity and Stability</td>
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<td>Self-reliance and Independence</td>
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<td>Critical Thinking</td>
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<td>Oral Communication Skills</td>
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<td>Written Communication Skills</td>
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<td>Motivation and Drive</td>
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<td>Leadership Ability</td>
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</table>

1. Describe your relationship to the applicant and how long you have known her/him.

2. Do you know of any special circumstances in the applicant’s employment, social or academic background or emotional makeup that should be considered in the evaluation of this applicant?

3. Would you recommend this applicant for academic nursing studies?  Yes_________ No_______

Name and Title (please print) ________________________________________________________________

Signature __________________________________________ Date ___________________________