Failure to submit all documents will result in an INCOMPLETE application.

FAMU SCHOOL OF NURSING PROFESSIONAL LEVEL APPLICATION CHECKLIST

For admission to the Professional Nursing Program, applications are only accepted October 1st-15th for SPRING ***and*** *May 1st-15th for FALL.*

GENERAL INFORMATION

- □ Submit a completed application for admission to Florida A & M University http://www.famu.edu/index.cfm?a=admissions
  - A completed application for admission to the University must be submitted prior to acceptance to the nursing program.
- □ Submit a completed application packet to the Professional Nursing Program (*scroll down*).

REQUIRED DOCUMENTS

- □ A completed Annual Medical Examination (AME) form. The AME should be dated during the month prior to the application deadline *(September 1st - October 14th for* ***SPRING****, April 1st – May 14th for* ***FALL****).*

- □ Proof of current (within 1 year) Tuberculin PPD or skin test administration. If PPD result is positive a negative chest x-ray is required.

- □ Proof of Immunizations by **Vaccination or Blood Titer** is required. Provide proof of the following: MMR, Diphteria-Tetanus Toxoid (within the last 10 years), Hepatitis B and Varicella. Chicken pox disease cannot be used as proof of varicella. If a student has had chicken pox, the student must submit a positive varicella titer result. If the titer is not positive, two varicella vaccines are needed. Hepatitis B Vaccination is a total of 3 vaccines. ***(If you have not completed the series or have a negative titer– do not apply).*** *Series may take up to 9 months and the last vaccine should* ***not*** *be dated after the application deadline.* **If the titer is negative, the series much be repeated.**

- □ Foreign Language completion (Proof of 2 years of one foreign language in high school or eight sequential semester hours of college course credits)**. Proof must be an official high school or college transcript.** ***If this is not completed – do not apply.***

- □ Sealed Official Transcripts from **all** universities/colleges attended including dual enrollment. **Each individual transcript must be submitted even if transfer credits are recorded on other transcripts.**

- □ **Three** letters of recommendation (2 letters must be from university/college instructors and 1 from a recent employer or mentor).

- □ Successful completion of all pre-nursing course requirements with at least a grade of "C" and a minimum of **3.1 cumulative GPA** in all course work attempted. ***If the overall GPA is not a 3.1 or higher at the time of application–do not apply.***

All information should be completed and turned in together in one envelope addressed to:

Attn: Director of Student Affairs
FAMU School of Nursing
334 W. Palmer Avenue Rm. 103 Ware-Rhaney Building
Tallahassee, FL 32307

We will **not** accept applications **prior** to October 1st for **SPRING**, and May 1st for **FALL**. All information should be received by 5:00 p.m. on the deadline date – **NO EXCEPTIONS!!!**

PLEASE REMEMBER THAT WE ARE A LIMITED ACCESS PROGRAM

AND SELECTION IS A HIGHLY COMPETITIVE PROCESS. MEETING ALL THE REQUIREMENTS ABOVE DOES NOT GUARANTEE ADMISSION. If you are currently enrolled in courses, **please turn your grades in as soon as they are posted** (hand deliver or fax to 850.599.3508).

FLORIDA A&M UNIVERSITY
SCHOOL OF NURSING
103 WARE/RHANEY BUILDING
TALLAHASSEE, FLORIDA 32307-3500

Applicants to the above-named institution are selected in accordance with nondiscriminatory practices.

You are urged to give careful consideration to each question on this form. Please complete this application in its entirety and return it along with all other relevant materials promptly to the Director of Student Affairs office at the School of Nursing.

APPLICATION DEADLINE DATES: FALL – MAY 15th SPRING – OCTOBER 15th

Print or type all information below:

Date: _____20__ FAMU Student ID:_____ Cell Phone: _____
(Area Code) (Number)

Name: _____ Home Phone: _____
(Last), (First), (Middle Initial) (Area Code) (Number)

Home address:_____
(Number and Street)

_____ Email:_____
(City) (State) (Zip Code)

U.S. citizen: ☐ Yes ☐ No **_____**

Person to be notified in case of emergency:

Name: _____ Relationship:_____

Address:_____ Telephone number:_____
(Number and Street) (Are Code) (Number)

_____
(City) (State) (Zip Code)

List all high schools.

Dates		Name of School	City and State	Diploma Received
From	To			

Post-Secondary Education: List all forms of education beyond high school.

Dates		Name of Institution	City and State	Major	Credential Earned (diploma, Certificate, Degree, No of Credits)
From	To				

Indicate which nursing prerequisites you have completed or plan to complete prior to admission. *THIS SECTION AND THESE COURSES MUST BE COMPLETED PRIOR TO ADMISSION TO THE SCHOOL OF NURSING*. If you are currently enrolled in any courses, you must immediately submit proof of completion as soon as grades are posted. You may hand-deliver or fax an unofficial transcript print-out to 850.599.3508. This should be immediately followed by the submission of another Sealed Official Transcript.

COURSE	COURSE NUMBER (S)	CREDITS & GRADE (S)	DATE (When Taken)	SCHOOL
CHM 1030 (3 Credits) Intro. to Chemistry Lecture				
*** BSC 1005 (4 Credits)** Biological Science Lecture & Lab				
BSC 2093 (4 Credits) Anatomy & Physiology I Lecture & Lab				
BSC 2094 (4 Credits) Anatomy & Physiology II Lecture & Lab				
HUN 2401 (3 Credits) Nutrition				
MCB 3005c (4 Credits) Microbiology Lecture & Lab				
STA 2023 (3 Credits) Intro. to Probability & Statistics I				
PSY 2012 (3 Credits) Introduction to Psychology				
DEP 2004 (3 Credits) Human Growth & Development				
SYG 2000 (3 Credits) Introduction to Sociology				
ENC 1101 (3 Credits) Freshman Commuicative Skills I				
ENC 1102 (3 Credits) Freshman Commuicative Skills II				
MAC 1105 (3 Credits) College Algebra				
*** AMH 2091 or AFA 3104 (3 Credits)** Intro. to African American History or Experience				
1st HUMANITIES (3 Credits) Historical Survey I * (or humanities substitute)				
2nd HUMANITIES (3 Credits) PHI 2101 Introduction to Logic (Recommended)				
SLS 1101 (2 Credits) First Year Experience (elective)				
ELECTIVE (3 Credits) HSC 3531 Medical Terminology (Recommended)				
ELECTIVE (3 Credits)				

Students with an AA degree from a Florida Community College are exempted from the following courses: BSC 1005 Lecture & Lab and AMH 2091 or AFA 3104.

The University also awards credit for certain introductory courses by successful Examination scores (AP, CLEP, IB etc).

Please closely read and verify all of the following: Failure to check & fulfill any of the requirements listed below will result in an INCOMPLETE application.

___ I have enclosed Sealed Official Transcripts from all Universities/Colleges attended
___ I have a minimal OVERALL cumulative GPA of 3.1 or above. I understand this Nursing Program is highly competitive and attainment of the minimal GPA does not guarantee admission.
___ I have indicated my completion or progress toward completion of nursing prerequisite requirements. *I understand that all prerequisites must be completed before being admitted into the Professional Level Nursing program*.
A grade of "C" or better is required in all courses.

Have you previously applied for admission to this School of Nursing? ☐ Yes ☐ No Date: _____

Are you prepared to meet the expenses of the program in this school? ☐ Yes ☐ No
***Note – Initial orientation fees are about $750, and are not payable from your financial aid.**

Do you have any responsibilities that might interrupt or interfere with this program? ☐ Yes ☐ No

Identify: _____

When do you desire to enter this school? _____ / _____
Semester Year

ESSAY (The essay must be 250 words or less and must be included in the application packet)

On a separate sheet of paper describe and discuss in an essay: (1) yourself and your outlook on education; (2) your plan for successfully completing this nursing program within the required time; (3) things you have accomplished that have given you the greatest satisfaction; (4) your reasons for selecting nursing as a career; (5) any special reasons for desiring to enter this school; and (6) your plans and aspirations after graduation.

Include a passport photograph of yourself.

Sign your name on the back of the print and indicate date the photograph was taken.

Passport Photograph

I HAVE READ AND UNDERSTAND THE ITEMS ABOVE AND HAVE COMPLETED ALL SECTIONS. I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS ALL REQUIRED MATERIALS ARE COMPLETED AND PROVIDED TOGETHER IN 1 PACKET BY THE DEADLINE.

Signature: _____ Date: _____

Annual Medical Examination

Florida A&M University
School of Nursing
103 Ware/Rhaney Building
Tallahassee, Florida 32307-3500

The below named applicant is a candidate for admission to the School of Nursing. Your cooperation in performing the Pre-entrance Medical Examination and completing this form will assist both the applicant and the School of Nursing.

Name of Applicant: _____
(Last Name) (First Name) (Middle Name)

Local Address: _____
(Number and Street)

_____
(City) (State) (Zip code + 4)

Permanent Address: _____
(Number and Street

_____
(City) (State) (Zip code + 4)

Phone: _____ **Email:** _____

r)

PERSONAL HISTORY

Do you have or have you had?

	Yes	No		Yes	No
1. Measles			25. Anemia		
2. German Measles			26. Abnormal bleeding		
3. Mumps			27. Varicose veins		
4. Chicken Pox			28. Menstrual problems		
5. Malaria			29. Phlebitis		
6. Hepatitis			30. Arthritis		
7. Pneumonia			31. Chronic ear infection		
8. Tuberculosis			32. Eye problems		
9. Asthma			33. Insomnia		
10. Hayfever			34. Emotional problems		
11. Hives			35. Other significant disease		
12. Type 2 Diabetes			.36. Major fracture		
13. Diabetes mellitus			37. Major dislocations		
14. High blood pressure			38. Trick knee		
15. Frequent headaches			39. Back injury		
16. Migraine			40. Been knocked out		
17. Convulsions			41. Other major injury		
18. Chronic cough			42. Tonsillectomy		
19. Chronic bronchitis			43. Appendectomy		
20. Shortness of breath			44. Hernia repair		
21. Heart disease			45. Other major surgery		
22. Indigestion			46. Drug allergy		
23. Constipation			47. Learning disability		
24. Urinary infection					
49. Do you have adjustment problems, family or social					
50. Are you on long term medication?					
51. Is your general health good?					
52. a. Do you smoke? /Smoked?					
b. Do you drink alcoholic beverages?					
c. Are you on birth control pills?					
d. Did you ever take birth control pills?					
53. 1st day of last menstrual period. Date:					

COMMENTS ON ALL YES ANSWERS

FAMILY HISTORY

54. Allergy			59. Heart disease		
55. Cancer			60. High blood pressure		
56. Convulsions			61. Obesity		
57. Diabetes mellitus			62. Tuberculosis		
58. Emotional illness			63. Other		

Signature of Applicant

_____

Date: _____

To be completed by the Examiner

Vital Signs

Height	
Weight	
Temperature	
Pulse	
Respirations	
Blood Press.	

IMMUNIZATIONS and TUBERCULOSIS SCREENING – Medical Professionals must complete the Tallahassee Memorial Healthcare Student Health Assessment Form, sign and date it.

- **Remember** - Chicken pox disease cannot be used as proof of varicella. If a student has had chicken pox, the student must complete and have a positive varicella titer result. If the titer is not positive, two varicella vaccines are needed.

Overall Evaluation	Yes	No
Has sensitivities to medication		
Is on long term medication		
Requires follow-up medical care		
Has limitations of physical activities		

Comments

Examiner's Name _____ **MD**____ **PA** _____ **ARNP** ____ **Other** ____

Signature _____ **Date** _____

Address _____

_____

_____

All forms must be completed signed and dated by medical professionals to avoid incomplete application.

Please keep a copy of all medical paperwork before you submit them with your application.

Tallahassee Memorial Healthcare
STUDENT HEALTH ASSESSMENT FORM

Student Name: _____ D.O.B: _____

Requirement 1 (TB Skin Test)

Tuberculosis Test Results: Date Taken: _____
Positive _____ Negative _____

Note: A 2 step PPD may be required if no documentation of annual PPD's

Chest X-ray, if required, results of positive PPD: Date Taken: _____
Positive _____ Negative_____

Requirement 2 (Immunization Records)

MMR ***(needs proof of two MMR vaccines or one mumps, two measles and one rubella vaccine)***
Date of Immunization #1_____ Date of Immunization #2_____

OR

Antibody Titers for:
Mumps Titer Date _____ Results_____ Rubella Titer Date_____ Results_____
Rubeola Titer Date_____ Results_____

OR

Any person born **before** 1/1/57 will need proof of Rubella immunization or positive titer

Tentanus

Records must reflect a Diphteria-Tetnaus Toxoid Booster within the last ten years
Tetanus/DT _____
Last Date Given

Hepatitis B _____ _____ _____
Date for Series 1 Date for Series 2 Date for Series 3

Hep B Titer Date _____ Results _____

Varicella

Have you had chicken pox? Yes _____ No _____ Date of Disease _____
date of varicella titer _____ Results_____. If results are negative, will need varivax vaccine (2 doses, 8 weeks apart). Date of 1st dose_____ 2nd dose_____

VERIFICATION OF DOCUMENTATION

Verified by: _____ _____
Name of Physician's Office/School Official Date

_____ _____
Signature Title