1. Transcripts:

In order to be considered for admission to the RN-BSN program, all students must meet the requirements for formal admission to Great Basin College. College level courses of equivalent semester hour credit and content may be transferred by direct credit from other regionally accredited institutions.

To be considered eligible for admission into Great Basin College’s RN-BSN Program, applicants must show evidence of completion of an ACEN accredited and State Board of Nursing approved nursing program from a regionally accredited college, or equivalent program. Transcripts should reflect a cumulative grade point average equal to or greater than 3.0 as calculated by Great Basin College formulas with no final grade of less than a C (not a C-) in any required AAS program course and/or any course being considered for transfer credit. (Note: students who have a 2.5-3.0 GPA may be admitted provisionally. Provisional admission means that a student must maintain a cumulative GPA of 3.0 or better during their first semester in the program in order to continue in the program).

Transcript evaluation might be necessary and may require supporting information such as course syllabi and books.

For colleges and/or universities you attended (other than GBC), request (in writing) that an official copy of transcripts from each institution be sent to:

Great Basin College
Admission and Records
Attn: BSN Program
1500 College Parkway
Elko, NV  89801

Important: For institutions other than GBC, allow at least four to six weeks for transcripts to be received and articulated. Incomplete files will not be considered in the selection process.

2. Minimum Criteria:

Students applying for the RN-BSN Program must meet the following minimum criteria:

A. Graduated with an Associate Degree in Nursing from an ACEN accredited and state Board of Nursing approved program at a regionally accredited college.

B. Possess an active RN license in the state where you currently practice by the time coursework begins.

C. Cumulative GPA of 3.0 or higher on a 4-point scale.
3. **Advisement with RN-BSN Program Advisor**

Prior to submitting an application for Great Basin College’s RN-BSN Program, it is strongly recommended that all students schedule an advisement meeting with a BSN Advisor. Unofficial copies of college transcripts and application criteria are reviewed at this time. To arrange an appointment, call 775-753-2301. An advisement form is included to help you plan your course sequencing.

4. **Admission Evaluation Criteria Form**

5. **Other Information:**

   Each applicant is responsible for ensuring that his/her application package is complete. Applicants will not be notified if items are missing from their file. Incomplete application packages will not be considered in the selection process.

   Students will be notified of their admission status to the RN-BSN program once all application documents have been received and reviewed. All application materials must be received by the deadline in order to allow for timely review. A maximum of 25 students will be accepted to the GBC RN-BSN Program. When there are more qualified applicants than there are available spaces in the program, preference will be given to those with the highest points. Meeting minimum application criteria does not guarantee admission to the RN-BSN Program. Those students who meet or exceed the minimum criteria but are not admitted may re-apply in future semesters.

   **ALL APPLICATION DOCUMENTS SHOULD BE SENT TO:**

   Great Basin College  
   Attn: BSN Program  
   1500 College Parkway  
   Elko, NV 89801

   **ALL APPLICATION DOCUMENTS MUST BE RECEIVED BY GREAT BASIN COLLEGE NO LATER THAN 5:00 PM JULY 3rd FOR CONSIDERATION FOR FALL 2017 ADMISSION.**
GREAT BASIN COLLEGE
BACHELOR OF SCIENCE IN NURSING
(RN-BSN Program)

APPLICATION FOR ADMISSION – FALL 2017
APPLICATION PACKAGE TO INCLUDE

1. RN-BSN Advisement Form

2. Completed Application for Admission to GBC. (This can be done online at http://www.gbcnv.edu and must be done prior to receipt of transcripts.)

3. Program Application. (This is a separate process from admission to the college.)

4. Good Standing Student Statement

5. Student Health Form

6. Current Vitae/Resume
   An up-to-date resume that minimally includes information related to: a) education and training, b) certifications, c) work experience, d) professional achievements, and e) professional organizations/affiliations.

7. Essay
   An essay of no less than 200 words and no more than 300 words (double-spaced, APA format) addressing your career goals and the importance of the BSN degree to the nursing profession.

8. Letters of Recommendation (2)
   Two letters of reference: From a work supervisor, a former or current nursing faculty member, OR a former or current non-nursing faculty member that specifically address your ability to succeed academically in the RN-BSN Program. Letters of recommendation are waived for current students of the GBC ADN program.

ALL APPLICATION DOCUMENTS SHOULD BE SENT TO:
Great Basin College
Attn: BSN Program
1500 College Parkway
Elko, NV 89801

ALL APPLICATION DOCUMENTS MUST BE RECEIVED BY GREAT BASIN COLLEGE NO LATER THAN 5:00 PM JULY 3rd FOR CONSIDERATION FOR FALL 2017 ADMISSION.
Great Basin College Health Science and Human Services Department
Advisement Checklist for RN-BSN Program

Student Name: ______________________ Anticipated Entry into BSN Program: ________
Student ID: ______________________ Anticipated Graduation Date: ________________
Student Phone: _______________ Student Email: ________________________________

Previous Bachelor Degree? Yes ☐ No ☐ If Yes, From: ______________________________

<table>
<thead>
<tr>
<th>Courses for Degree</th>
<th>Completed (GBC/Transfer)</th>
<th>Credits Received</th>
<th>Courses to be taken</th>
<th>Anticipated enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM 101, THTR 221, or THTR 102</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG 102</td>
<td>(3 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INT 339</td>
<td>(3 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Arts</td>
<td>(3 credits)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>US/NV Constitution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program Requirements</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEM 100</td>
<td>(3 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAT 152</td>
<td>(3 credits)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Nursing Curriculum</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>1st Semester Fall</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 326</td>
<td>(5 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 420</td>
<td>(3 credits)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>2nd Semester Spring</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 429</td>
<td>(4 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 436</td>
<td>(4 credits)</td>
<td></td>
<td></td>
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<tr>
<td>NURS 437</td>
<td>(3 credits)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>3rd Semester Fall</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>NURS 443</td>
<td>(4 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 417</td>
<td>(4 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4th Semester Spring</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 449</td>
<td>(4 credits)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>NURS 456</td>
<td>(5 credits)</td>
<td></td>
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</tbody>
</table>

**One Elective Course Required:**

| NURS 312          | (Spring) |
| NURS 337          | (Fall)   |
| NURS 417          | (Summer) |
| NURS 437          | (Summer) |
| NURS 490          | (Special Topics) (3 credits) |

Waivers

ADVISOR: ___________________________ DATE: ___________________________
Contact Information: Phone ______________________ Email _______________________
Comments: ___________________________
BACHELOR OF SCIENCE DEGREE IN NURSING (RN-BSN Program)  
APPLICATION FOR ADMISSION  
GREAT BASIN COLLEGE  
1500 COLLEGE PARKWAY  
ELKO, NV  89801

Desired Date of Admission:  Fall ________________

NAME:  __________________________________________

PREVIOUS NAMES: _________________________________

ASSOCIATE DEGREE NURSING PROGRAM ATTENDED: _________________________

YEAR GRADUATED: __________________

ACEN ACCREDITED/ BOARD OF NURSING APPROVED/ REGIONALLY ACCREDITED COLLEGE: __________________________

(Note: Evidence of accreditations/approval must accompany this application).  (Date)

RN LICENSE #: ____________________________  STATE ISSUED: ______________________

(Note: a copy of your RN license must accompany this application)

MAILING ADDRESS __________________________________________

(Street Address)  (City)  (State)  (Zip)

PHONE:  HOME: ____________________________  WORK: __________________________

EMAIL ADDRESS: ____________________________  FAX: __________________________

1. Has your nursing license ever been revoked or restricted?  No_____  Yes* _____

2. Have you ever been convicted of a gross misdemeanor or felony?  No_____  Yes* _____

*If you answered yes to either of these questions, please attached a detailed explanation along with any related documentation.
BACHELOR OF SCIENCE DEGREE IN NURSING (RN-BSN Program)

EDUCATIONAL EXPERIENCE: IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT, LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED SINCE HIGH SCHOOL.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>LOCATION</th>
<th>DATES</th>
<th>DEGREE RECEIVED/CREDITS COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

WORK EXPERIENCE: IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT, LIST ALL REGISTERED NURSE WORK EXPERIENCE

<table>
<thead>
<tr>
<th>EMPLOYER NAME AND ADDRESS</th>
<th>DATES (From-To)</th>
<th>POSITION HELD</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

I understand and acknowledge that the Health Science and Human Services Department Admission and Progression Committee may at any time request information from the Administrative Officer of Great Basin College to determine whether I have ever violated NSHE (Nevada System of Higher Education) Code. I also understand that the Committee may deny admission to the RN-BSN Program to any candidate who, in the judgment of the committee, does not meet the professional and/or ethical standards of the Program.

I do hereby certify that the statements in this application are true and complete to the best of my knowledge. I understand that omitting or falsifying information will result in disqualification of my application.

______________________________
Signature

______________________________
Date
GOOD STANDING STATEMENT

Students admitted to Great Basin College and the RN-BSN Program must maintain their status as students in good standing based upon the following:

a. Current (active status) Registered Nurse licensure in the state where you currently practice
b. Current health care provider CPR certification status
c. Annual proof of a negative TB skin test or chest x-ray
d. Individual professional liability insurance and CPR certification while enrolled in nursing courses.
e. Overall 2.7 GPA in program coursework, with no grade less than “B-” in a nursing course.

Note: It is the student’s responsibility to immediately notify the BSN Program Director in writing of any changes in licensure, insurance, certification and/or health status. Failure to do so could result in dismissal from the program.

I have read and understand the information regarding maintaining good standing.

_______________________________________
Signature                                      Date

Nondiscrimination for Disability

Great Basin College is committed to providing equal educational opportunities to qualified students with disabilities in accordance with state and federal laws and regulations, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. A qualified student must furnish current verification of disability. The Students with Disabilities Office, located in Berg Hall, will assist qualified students with disabilities in securing the appropriate and reasonable accommodations, auxiliary aids, and services. For more information or further assistance, please call 775.753.2271.
GREAT BASIN COLLEGE  
ASSOCIATE AND BACCALAUREATE DEGREE NURSING PROGRAMS  
STUDENT HEALTH FORM  

*To Be Completed by Student:*  

NAME _______________________________  
DOB ___________________  

ADDRESS _______________________________  

CITY _______________________________  
STATE __________  ZIP ___________  

If you answer ‘yes’ to any of the following, please give an explanation.

<table>
<thead>
<tr>
<th>DO YOU NOW OR HAVE YOU EVER HAD:</th>
<th>NO</th>
<th>YES</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism or drug dependency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic headaches or migraines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicable disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension or hypotension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric illness or mental health issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking habit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis or positive skin test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I consider my general health status to be  

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  

STUDENT’S SIGNATURE: _______________________________
This section to be completed by Applicant (check one):

___ I hereby waive my right of access and review to letters and statements of recommendation in my applicant file or in my educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended. I understand that the contents of these letters and statements will not be available to me now or at any time, except that this waiver is void if the following statements and recommendations are used for a purpose other than originally intended.

___ I do not waive my right of access and review to letters and statements of recommendation in my applicant file or in my educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended.

Signature of Applicant ___________________________ Date ___________________
GREAT BASIN COLLEGE
BACHELOR OF SCIENCE IN NURSING (RN-BSN PROGRAM)
REQUEST FOR REFERENCE

This section to be completed by Applicant (check one):

___ I hereby waive my right of access and review to letters and statements of recommendation in my applicant file or in my educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended. I understand that the contents of these letters and statements will not be available to me now or at any time, except that this waiver is void if the following statements and recommendations are used for a purpose other than originally intended.

___ I do not waive my right of access and review to letters and statements of recommendation in my applicant file or in my educational records, as provided by the Family Education Rights and Privacy Act of 1974, as amended.

Signature of Applicant __________________________ Date ______________

is applying for admission to the Bachelor of Science Nursing Program at Great Basin College. The purpose of this reference form is to help the Admissions Committee assess the applicant’s potential for success in a bachelors program in nursing. Therefore, this form is to be completed by an individual who has had sufficient contact with the applicant to be able to attest to the applicant’s past performance and potential for upper division coursework study. Please return the form at your earliest convenience as it is required before action can be taken on the application. If you are unable to complete this form, please notify the Office of Student Affairs by calling 775-753-2273.

1. How long have you known the applicant? From __________________ To __________________

2. How well do you know the applicant?
   [ ] Better than I know most students (employees)
   [ ] As well as I know most students (employees)
   [ ] Not very well

3. What was your professional relationship with the applicant?
   [ ] Teacher
   [ ] Employer
   [ ] Major Advisor
   [ ] Supervisor
   [ ] Other __________________________

4. Please rank the applicant’s past performance in comparison with other students you have taught or other nurses you have supervised, regarding the following:

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Adequate</th>
<th>Below Average</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Conceptual ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Written communication skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Verbal communication skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Research interest and ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Goal motivation and perseverance</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Creative ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Please rank applicant as to capability of undertaking a bachelors program:
   [ ] Definitely capable
   [ ] Capable
   [ ] Questionable
   [ ] Not capable

6. Additional comments would be appreciated. Please attach additional typed comments to this form.

Signature: __________________________ Date: __________________________

Name: __________________________ Address: __________________________

Title: __________________________ (printed or typed)

Please return this form to:
Great Basin College
Health Science and Human Services Dept.
1500 College Parkway
Elko, NV 89801

Rev. 1/07
# ADMISSION EVALUATION CRITERIA FORM

## GPA (overall)

<table>
<thead>
<tr>
<th>GPA</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>6 Points</td>
</tr>
<tr>
<td>3.01 - 3.25</td>
<td>7 Points</td>
</tr>
<tr>
<td>3.26 - 3.50</td>
<td>8 Points</td>
</tr>
<tr>
<td>3.51 - 3.75</td>
<td>9 Points</td>
</tr>
<tr>
<td>3.76 - 4.00</td>
<td>10 Points</td>
</tr>
</tbody>
</table>

## GBC AAS-RN DEGREE GRADUATE POINTS:

- NO = 0
- YES = 1

## RESUME

(Graded in each area and average of score = Points awarded)

<table>
<thead>
<tr>
<th>Area</th>
<th>Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education/Training</td>
<td>Absent = 0, Unclear = 1, Generally clear = 2, Clear, precise, well-organized = 3</td>
</tr>
<tr>
<td>Certifications</td>
<td></td>
</tr>
<tr>
<td>Work Experience</td>
<td></td>
</tr>
<tr>
<td>Professional Achievements</td>
<td></td>
</tr>
<tr>
<td>Professional Organizations/Affiliations</td>
<td></td>
</tr>
</tbody>
</table>

## ESSAY

(Graded in each area and average of score = Points awarded)

<table>
<thead>
<tr>
<th>Points:</th>
<th>Unacceptable = 0, Weak = 1, Adequate = 2, Good = 3, Excellent = 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The essay used the conventions of standard edited English (spelling, punctuation, grammar, paragraphing, etc.).</td>
</tr>
<tr>
<td>2.</td>
<td>The essay completes the assignment specified by the application requirement.</td>
</tr>
<tr>
<td>3.</td>
<td>The essay’s main points are clear, persuasive, and not based on emotion-based statements.</td>
</tr>
<tr>
<td>4.</td>
<td>The essay demonstrates insight regarding purpose and importance of the BSN degree to the nursing profession.</td>
</tr>
<tr>
<td>5.</td>
<td>The essay is well-organized, focused, and unified with an effective beginning, middle and end. Transitions between paragraphs and sections are clear.</td>
</tr>
<tr>
<td>6.</td>
<td>The essay uses appropriate language and tone.</td>
</tr>
<tr>
<td>7.</td>
<td>The essay is typed, double-spaced and uses APA format.</td>
</tr>
</tbody>
</table>

## REFERENCE LETTERS

- Work supervisor’s letter addresses the ability of the applicant to succeed in the program
- Former/current nursing faculty member or former/current non-nursing faculty member’s letter addresses the ability of the applicant to succeed in the program.

<table>
<thead>
<tr>
<th>Points –</th>
<th>No = 0, Yes = 1</th>
</tr>
</thead>
</table>

**TOTAL POINTS POSSIBLE:** 20