



**REQUEST TO COMPLETE THE BACHELOR OF SCIENCE IN NURSING (BSN)–
RN TO BSN MOBILITY OPTION**

STUDENT DATA (PLEASE PRINT):

_____ 10-digit, IU Student ID # _____

Last Name _____ First _____ Middle _____

Mailing address

City _____ State _____ Zip code _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address

▶ I wish to begin: Fall 20 ___. Spring 20 ___. Summer Session 20 ___. ◀

OPTIONAL DATA (FOR STATISTICAL PURPOSES ONLY):

Date of Birth _____ . Gender: _____ Male _____ Female
Month Day Year

Ethnic background (check one): _____ Asian or Pacific Islander _____ Black or African American _____ Hispanic
_____ White or Caucasian _____ American or Alaskan Native _____ Other

PROFESSIONAL INFORMATION:

Current RN license # _____ State _____ Expiration date _____

Current place of employment _____

Job Title _____ Number of years in current position _____

EDUCATION (NURSING AND NON-NURSING):

University, College and/or Diploma School Name and Location	Major	Degree or Diploma Earned	Date

EMERGENCY CONTACT INFORMATION (USED ONLY IN CASE OF EMERGENCY):

Primary physician _____ phone _____ Emergency contact _____ phone _____

The information submitted on this form and on the accompanying mandatory documents (see page 2) is accurate and complete to the best of my knowledge.

Signature _____ **Date** _____

Note: Please notify the Division of Nursing and the IUPUC Registrar's Office of changes to the above information.

4 STEPS FOR ENROLLING IN THE RN-BSN PROGRAM:

1. University Admission:

- I have not attended an IU campus: an application for university admission is available at <http://www.iupuc.edu/admissions/howtoapply.asp>. You must be admitted to the university to enroll in nursing courses.
- I have attended an IU campus previously: If IUPUC was not your previous IU campus, submit the brief, online Intercampus Transfer Request located at <https://www.iupui.edu/~moveiu>

If IUPUC was your previous IU campus, contact the IUPUC Office of the Registrar to be term-activated for registration, **812-348-7287**, registrar@iupuc.edu.

2. Transcripts. Submit transcripts of any coursework completed at another college or university to:

IU School of Nursing at IUPUC
Attn: Susan Adler
4601 Central Avenue
Columbus, IN 47203-1769

3. Mandatory Documents. To be eligible to enroll in BSN-level nursing courses, these mandatory documents must be submitted to IU School of Nursing at IUPUC:

- ✓ Photocopy of your current RN license
- ✓ Photocopy of your current CPR card
- ✓ Computing Abilities Policy ([attachment 1](#))
- ✓ OSHA Training – complete annually at http://www.ehs.iupui.edu/BBP2004/BBP_home.asp. (Note: you need to be admitted to the university before completing online OSHA Training.)
- ✓ Proof of Health Insurance form and copy of Health Insurance card annually ([attachment 2](#))
- ✓ Student Health Services form ([attachment 3](#) [2 pages])
- ✓ Student Handbook and Essential Abilities form ([attachment 4](#))
- ✓ Criminal Background check provided through CertifiedBackground.com ([attachment 5](#))
- ✓ Obtain your IU School of Nursing Student Photo ID (directions on [attachment 6](#)).

(Note: You need to be admitted to the university and receive your 10-digit student identification number before obtaining a photo ID.)

You may mail, fax, and/or hand-carry your documents to the Division of Nursing. For assistance with forms and/or OSHA website, contact Jeanette Barker.

Address:	IU School of Nursing at IUPUC	Email:	nursing@iupuc.edu
	Attn: Jeanette Barker	Fax:	812.348.7243
	4601 Central Avenue, Room 251	Phone:	812.348.7250
	Columbus, IN 47203-1769		

4. Enrollment in RN-BSN Program. Schedule an appointment to meet with the Nursing Advisor, Susan Adler, to determine your RN-BSN plan of study and to receive authorization to enroll in RN-BSN classes. Appointments may be arranged by calling **812-348-7250**, or emailing nursing@iupuc.edu. If you prefer an online appointment, email smadler@iupuc.edu.

Attachment 1

IU School of Nursing at IUPUC Computing Abilities Policy

Students enrolling in the Indiana University School of Nursing's RN-BSN program are expected to have the ability to use computer technologies including accessing, retrieving, receiving, and communicating information. Your signature verifies that you have these skills.

Name (please print)

Signature

Date

- Computer resources

At IUPUC, the Center for Teaching and Learning (www.columbusctl.com) offers classes on word processing (example: Microsoft Word), spreadsheet (example: Microsoft Excel), and presentation (example: PowerPoint) software, electronic mail, and Oncourse CL (online learning environment). Please take advantage of these opportunities.

The following listed "minimum" versions ensure that you can securely and reliably use learning environments such as Oncourse CL. IU students can obtain these resources **free of charge** from [IUware](#).

- Windows XP Professional and Vista (Enterprise or Ultimate) [NOTE: Vista users may experience some compatibility issues.]
- Mac OS X version 10.4 or greater
- The use of older versions of Windows and Mac operating systems is strongly discouraged for security reasons.

- Browser Information:

Browsers use plug-ins (software components that are installed within the browser itself) to enable richer Web experiences. The plug-ins listed below are the more common ones used by Web sites. Most browsers already have these installed. To upgrade versions, visit the Web site by clicking the name of the application in the list below.

- [Adobe Acrobat Reader](#), version 9
- [Adobe Flash](#), version 10
- [Adobe Shockwave](#), version 11
- [Apple Quick Time Video](#), version 7.6
- [Java](#), version 6
- [RealPlayer](#)
- [Windows Media Player](#), version 10

In order to access Oncourse CL, your browser must have both [cookies](#) and [Javascript](#) enabled, which are default settings in the browsers.

NOTE: If your computer is running the Norton Internet Security or other personal firewall product and you experience problems accessing Oncourse CL's Course or Web Content tool, you may temporarily disable the security application (NOT your virus protection software) while working within the course or configure it to allow all cookies from "iupui.edu".

Please sign above and return form to:

Address: IU School of Nursing at IUPUC
Attn: Jeanette Barker
4601 Central Avenue, Room 251
Columbus, IN 47203-1769

Email: nursing@iupuc.edu
Fax: 812.348.7243
Phone: 812.348.7250

Attachment 2

**IU School of Nursing at IUPUC
Student Health Insurance Identification Form**

Name: _____ Student ID Number _____

Academic Year: _____

IUPUI PLAN offered through Aetna Student Health. For information please call 1-877-375-4243.

Copy of application and proof of payment to the university approved plan must be attached.

Print Name:

Signature:

Effective Date:

OTHER COMPREHENSIVE HEALTH INSURANCE

Copy of student's health insurance card should be attached.

Name of Company:

Policy Number:

Print Name:

Signature:

Effective Date:

Please return form and required attachment to:

Address: IU School of Nursing at IUPUC
Attn: Jeanette Barker
4601 Central Avenue, Room 251
Columbus, IN 47203-1769

Email: nursing@iupuc.edu
Fax: 812.348.7243
Phone: 812.348.7250

Attachment 3

**IU School of Nursing at IUPUC
Health Services Form**

Name: _____ Student ID: _____

1. **Rubella (German Measles)**
Must provide evidence of immunization
or a positive titre.
Immunization Date: _____
Titre Results: _____
Date of Titre: _____
2. **Rubeola (measles)**
Must provide evidence of two doses of vaccine
or a positive titre
Immunization #1: Date _____
Immunization #2: Date _____
Titre Results: _____
Date of Titre: _____
3. **Mumps**
Must provide evidence of immunization
or a positive titre
Immunization: Date: _____
Titre Results: _____
Date of Titre: _____
4. **PPD Screening – MUST have a Two-Step
Tuberculin Skin Test when starting the program
and an annual PPD thereafter.**
*If there is a past history of a positive PPD,
a chest x-ray will be required.*
Step 1 Date Read: _____ Reading: _____
Step 1 Date Read: _____ Reading: _____
X-Ray: _____
5. **Hepatitis B Vaccine**
*Hepatitis B surface Antibody Titre
highly recommended 4-6 weeks after
completing Hepatitis B series*
Dose 1: Date: _____
Dose 2: Date: _____
Dose 3: Date: _____
HbsAV Results: _____
Date: _____
6. **Tetanus** – within past 10 years
Date: _____
7. **Chicken Pox** – must have had the disease
or provide evidence of a positive titre
or have had 2 doses of Varicella vaccine.
History of disease: (circle one)
YES NO Date: _____
Vaccine #1: _____
Vaccine #2: _____
Titre: _____ Date: _____

Signature of authorized practitioner (e.g. Physician, Nurse Practitioner, etc.) _____ Title _____ Date _____

Please return the completed form to:

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Attn: Jeanette Barker
4601 Central Avenue, room 250
Columbus, IN 47203-1769

Email: nursing@iupuc.edu
Fax: 812.348.7243
Phone: 812.348.7250

Attachment 4

IU School of Nursing at IUPUC Student Handbook and Essential Abilities Policy

The IU School of Nursing's **Student Handbook** is a comprehensive guide to student and school rights and responsibilities. Please review the handbook, paying special attention to the **Essential Abilities Policy** contained on pages 3 and 4.

In accordance with the American Disabilities Act, the School of Nursing faculty has specified the essential abilities (technical standards) critical to the success of students in IU Nursing programs. Please let us know if you feel you may have difficulty in demonstrating any of the specified abilities.

The IU SON Student Handbook is located at <http://nursing.iupui.edu/academics/documents/2008-2009Handbook.pdf>. The Essential Abilities criteria are listed on pages 3 and 4.

After reading the Student Handbook and Essential Abilities Policy, please sign below and return this confirmation to the Division of Nursing office.

I have read the IU SON **Student Handbook** including the **Essential Abilities Policy**.

Name

Date

Please return form to:

Address: IU School of Nursing at IUPUC
Attn: Jeanette Barker
4601 Central Avenue, Room 251
Columbus, IN 47203-1769

Email: nursing@iupuc.edu
Fax: 812.348.7243
Phone: 812.348.7250

Attachment 5

Here are the directions provided by CertifiedBackground.com

CertifiedBackground.com

Student Instructions

Background Check

Indiana University – School of Nursing Program

The above organization has chosen CertifiedBackground.com as an approved source for background checks.

About CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check form CertifiedBackground.com, please follow the instructions below.

Instructions

1. Go to www.CertifiedBackground.com and click on “Students.”
2. In the Package Code box, enter package code : **IN77**
3. Select a method of payment: Visa, MasterCard or money order.

Once your order is submitted, you will receive a password via email to view the results of your background check. The results will be available in approximately 48-72 hours.

Notes

If any additional residences are found within the previous 7 years (from your residency history), additional county criminal searches will be searched.

www.CertifiedBackground.com

Phone: (888) 666-7788

Info@certifiedbackground.com

IU School of Nursing at IUPUC Student Photo ID

RN-BSN students must have an IU School of Nursing Student Photo ID in order to participate in practicum experiences. Our clinical partners expect IU School of Nursing students to display a Photo ID while on their premises. In addition to serving as your student identification card, the IUPUC Student photo ID also allows you to:

- print from university printers;
- check out books from the library;
- sell your used textbooks back to the bookstore;
- use the copy machine; and
- make use of other campus resources.

You can have your photo taken at either of the following locations:

Columbus campus – IUPUC

The IUPUC Student Photo ID Card is free to all first-time students. To obtain your IUPUC Student Photo ID Card – or replace a lost or damaged card for a fee – visit the Office of the Registrar in Room CC 156M. **Be sure to inform them that you are an RN-BSN student so that your card will identify you as an IU School of Nursing student.**

Indianapolis campus - IUPUI

Visit the main Campus Card Services office located at Campus Center, Suite 217. **Please note that if you are obtaining your photo ID at IUPUI, you must be registered for classes. You are required to bring proof of class registration and a valid picture ID.** Your first ID card is FREE of charge but a replacement card will cost \$25.

If you go to IUPUI for your photo, be sure to email Jeanette Barker at jmbarker@iupuc.edu so that she can have the IUPUC Registrar's Office retrieve your photo and create the appropriate Student ID card.

Once your Student Photo ID card is created, we will mail you the card and a holder. This will serve as your official Photo ID badge for practicum experiences.