

**STEP 1: APPLICATION FOR ADMISSION TO  
THE RN MOBILITY TRACK/SCHOOL OF  
NURSING**

**(PLEASE PRINT)**

\_\_\_\_\_  
Last Name                      First Name                      MI                      Student ID or Social Security Number

Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Montgomery \_\_\_\_\_ Phenix City \_\_\_\_\_ Troy \_\_\_\_\_ Dothan

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of ADN or Diploma Nursing Program: \_\_\_\_\_

Location of ADN or Diploma Nursing Program: City: \_\_\_\_\_ State: \_\_\_\_\_

ASN \_\_\_\_\_ Diploma \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Name and Location of Work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How did you learn about the RN Mobility track? \_\_\_\_\_

**EDUCATION EXPERIENCE (List all universities/colleges attended including TROY):**

NAME of College or University	CITY AND STATE	YEAR (S) ATTENDED
<b>Example:</b> Troy Univ.	Troy, Alabama	2005 - 2006

**STEP 1: ADMISSION to the RN Mobility Track/School of Nursing** To be eligible for admission into the School of Nursing and the RN Mobility Track the registered nurse must:

1. Submit Application for Admission to Undergraduate Study with a \$30.00 university application fee.
2. Submit Step 1 Application for Admission to the RN Mobility Track/School of Nursing with a \$20.00 application fee. (Required for all students enrolling in nursing programs)
3. Official transcripts from all colleges attended must be submitted directly from the institution of attendance to Troy University.
4. Submit two letters of professional reference using the RN Mobility Track forms.
5. Overall GPA for all college work attempted of at least 2.5 on a 4.0 scale.
6. ADN or Diploma graduate of an accredited nursing program.
7. Proof of current, unencumbered RN license in state of clinical practice.
8. Ability to perform core performance standards for admission and progression.
9. Official Academic Evaluation from the Office of Admissions and Records
10. **All required documentation listed above must be on file** in the Office of Admissions and Records no later than February 1, April 1, July 1, September 1 or November 1. It is the student's responsibility to verify that all documentation is on file with the Office of Admissions and Records.
11. Students will be notified of admission status by March 1, May 15, July 25, October 1 or December 10.
12. Incomplete files **will not** be evaluated by the School of Nursing for admission.

I have read the above admission criteria, and hereby apply for admission into the School of Nursing/RN Mobility Track. I further understand that I must complete **Step 2 Request for Progression to the Clinical Nursing Sequence requirements** before I can progress to the Clinical Nursing Sequence of the RN Mobility Track which begins each Fall Semester. I understand that admission to Step 2 is conditional upon verification of a clear certified criminal background check using the School of Nursing policy and procedure as part of the progression criteria for Step 2. I understand that a negative certified drug screen using the School of Nursing policy and procedure is required for enrollment in a clinical nursing course. See Step 2 Request for Progression to the Clinical Nursing Sequence requirements.

I hereby affirm that all information supplied in these blanks is **complete and accurate**. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. As a condition of admission, I further agree to comply with all policies and procedures relative to assessment and evaluation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Step 2: Request for Progression to the Clinical Nursing Sequence requirements:

1. Submit Request for Progression to the Clinical Nursing Sequence Form to academic advisor by April 1 for early admission or July 1 for late admission. Progression criteria requirements include the following:
  - i. General Studies course requirements with a grade of 'C' or better in specified courses. [Courses marked \* on the current RN Mobility Track Brochure]
  - ii. Up-to-date Official Academic Evaluation with overall cumulative GPA for all college work attempted of at least 2.5 on a 4.0 scale.
  - iii. Students may have a maximum of 9 hours of general studies courses that are lacking prior to beginning the clinical nursing sequence that begins in the Fall Semester. These 9 hours of general studies courses are limited to the following courses: Literature, TROY 1101, Fine Arts, Humanities, History, or Ethics. Note: All general studies requirements must be completed prior to entering the following courses: NSG 4430, NSG 4431, NSG 4440 or NSG 6691. Note: students may take NSG 3380, Pathophysiology with NSG 4430, NSG 4431, and NSG 4440 or NSG 6691.
  - iv. Proof of current, unencumbered RN license in state of clinical practice.
  - v. Progression is conditional upon verification of a clear certified background check using School of Nursing policy and procedure. This requirement is met prior to enrolling in Step 2 clinical nursing classes
- All required documentation listed above for the Request for Progression to the Clinical Nursing Sequence must be on file in the Academic Advisors Office no later than April 1 for early admission or July 1 for late admission. It is the student's responsibility to verify that all documentation is on file in the Academic Advisor's Office.
- **NOTE: The Clinical Nursing Sequence (Step 2) begins once a year in Fall Semester.**

### Clinical Requirements:

All students enrolling in a clinical course (NSG 4411 or NSG 4431) must have current, written documentation of the following clinical requirements on file in the School of Nursing:

- Professional Liability insurance (provided through Troy University School of Nursing.)
- Proof of certification of BLS/CPR for healthcare provider
- Proof of current personal health insurance
- Proof of annual physical examination with TB skin test results on School of Nursing form
- Proof of OSHA and HIPAA training
- Drug Screen Policy
- Electronic Device Policy
- Release of Information
- Troy Student ID
- State Driver's License

- Proof of Flu shot/ Influenza Form
  - Results of serum titers for measles, mumps, rubella, and varicella zoster and evidence of immunity to Hepatitis B or proof of beginning Hepatitis B vaccinations series.
  - Completed Hepatitis B Vaccine form
  - Negative results on the certified Drug Screening using School of Nursing policy and procedure.
  - Completed Disclosure of Legal Convictions and Arrest statement
  - Clear certified background check that is verified using School of Nursing policy and procedure.
  - Copy of unencumbered RN license in state of clinical practice
  - Ability to perform Core Performance Standards for admission and progression
- Clinical requirements may vary for the flexible option student.
- **Submit all required university and RN Mobility admission documents to:**

<b><u>Montgomery Campus Applicants</u></b>	<b><u>Troy Campus Applicants</u></b>	<b><u>Phenix City Campus Applicants</u></b>	<b><u>Dothan Campus Applicants</u></b>
Troy University School of Nursing Office of Admissions & Records RN Mobility 340 Montgomery Street Montgomery, AL 36104	Troy University School of Nursing RN Mobility Track 400 Pell Avenue Troy, AL 36082	Troy University School of Nursing RN Mobility Track 1510 Whitewater Ave Phenix City, AL 36867	Troy University School of Nursing RN Mobility Track PO Box 8363 Dothan, AL 36304

**CHECK WITH OFFICE OF ADMISSIONS AND RECORDS REGARDING COMPLETED STUDENT FILE. SCHOOL OF NURSING APPLICATIONS ARE NOT COMPLETE UNLESS STUDENT FILE IS COMPLETE IN THE OFFICE OF ADMISSIONS AND RECORDS.**

Revised: 2/10/2009; 9/1/2009; 8/29/2013; 8/28/18

## **Appendix C - Core Performance Standards**

**(Abilities needed by the nursing student to meet program objectives and requirements)**

<b>Issue</b>	<b>Standard</b>
Critical Thinking	Critical thinking ability sufficient for clinical judgment.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
Communication	Communication abilities sufficient for interaction with others in verbal and written form. Proficiency in use of English language is sufficient for written and oral communication. (Consistent with Alabama Board of Nursing procedure for administration of the NCLEX-RN exam, no special accommodations are provided by the School of Nursing.)
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.
Hearing	Auditory ability sufficient to monitor and assess health needs.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.
Tactile	Tactile ability sufficient for physical assessment.

The above statement of criteria is not intended as a complete listing of nursing practice behaviors, but is a sampling of the types of abilities needed by the nursing student to meet program objectives and requirements. The School of Nursing or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The School of Nursing reserves the right to amend this listing based on the identification of additional standards or criteria for nursing students.

If you are unable to fully meet any criterion, you will need to make an appointment with the Director of your program.

I have read and I understand the above Core Performance Standards. To the best of my knowledge, I am able to fully meet all these criteria.

\_\_\_\_\_  
Date                      Signature of Student                      Social Security Number

\_\_\_\_\_  
Date                      Signature of Witness

TROY UNIVERSITY  
COLLEGE OF HEALTH AND HUMAN SERVICES

Letter of Recommendation to Undergraduate/Graduate School of Nursing

To the Applicant: This form should be given to a professor or supervisor under whom you have studied or worked, who is able to comment on your qualifications for undergraduate/graduate study. Type or print the first five lines yourself.

Your Name: \_\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Last First Middle

Your Address: \_\_\_\_\_  
Street City State Zip

Name of person who will complete this form: \_\_\_\_\_

\_\_\_\_\_  
(Title) (Institution)

Should you be admitted to Troy University, you would have the right as a student to review your permanent record, including this recommendation form, on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. Therefore, Troy University is affording you the opportunity to waive your right of subsequent access to their reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

I do  I do not  waive my right of subsequent access to this recommendation form.

\_\_\_\_\_  
Student Signature Date

To the Respondent: Please rate the applicant with others of the same academic level. It is important to the candidate that you give a percentage rating here as well as a written evaluation on the reverse side.

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not Able to Judge
Intellectual Ability						
Motivation						
Potential for Leadership						
Current Clinical Competence						
Professional Judgment in Clinical Practice						
Therapeutic Relationship with Patients						

\_\_\_\_\_  
Respondent's Signature Date

**\*Please make written comments on the reverse side as it relates to the applicant.**

TROY UNIVERSITY  
COLLEGE OF HEALTH AND HUMAN SERVICES

Letter of Recommendation to Undergraduate/Graduate School of Nursing

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Your Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Your Address: \_\_\_\_\_  
Street City State Zip

Name of person who will complete this form: \_\_\_\_\_

\_\_\_\_\_  
(Title) (Institution)

Should you be admitted to Troy University, you would have the right as a student to review your permanent record, including this recommendation form, on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. Therefore, Troy University is affording you the opportunity to waive your right of subsequent access to their reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

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Intellectual Ability						
Motivation						
Potential for Leadership						
Current Clinical Competence						
Professional Judgment in Clinical Practice						
Therapeutic Relationship with Patients						

\_\_\_\_\_  
Respondent's Signature Date

**\*Please make written comments on the reverse side as it relates to the applicant.**