



Bethune-Cookman University School of Nursing Application

Thank you for your interest in applying to the School of Nursing at Bethune-Cookman University. In response to your request, the following documents have been included in this packet, and will assist you in completing your application. These documents include:

1. Demographic Form
2. School of Nursing Application
3. Recommendation Form(s)
4. Health Assessment Form
5. Certificate of Immunization
6. Curriculum Requirements

The following admission requirements must be met before acceptance to the School of Nursing. Please review the following, prior to submitting your application:

1. Students must demonstrate appropriate communication and mathematical skills as part of the University's General Education competencies as described in the Bethune-Cookman University Academic Catalog. Transfer students who have satisfied current University exemptions or have an AA degree, will not be required to take RE260.
2. Completion of the Pre-Nursing Program requirements (lower division courses) with a minimum 2.80 overall, cumulative grade-point-average (GPA) and a minimum 2.50 GPA in support courses (totaling 30 semester credit hours) in the following areas:
 - a. Anatomy and Physiology
 - b. General Biology
 - c. Microbiology
 - d. Mathematics
 - e. Psychology (General and Developmental)
 - f. Nutrition
3. Courses designated as support and natural science courses may not be repeated more than once to achieve a minimum passing grade of "C".
4. No more than two (2) of the support courses may be repeated. Support courses are designated by asterisk in the Nursing Vertical Curriculum.
5. Students must take and pass a Test of Essential Academic Skills (TEAS). The student must achieve a passing score as designated by the Bethune-Cookman University School of Nursing. The TEAS will be administered as a proctored examination after initial screening evaluation of applicants completed admission packets. The fee for the examination is separate and students are responsible to pay for the exam. The approximate cost for this exam is \$50.00. Email Mr. Scott Compton to sign up and for further instructions for the TEAS exam at comptons@cookman.edu. Students will have two attempts to obtain the minimum passing score.

6. A physical examination is required from a qualified physician or advanced health care practitioner as defined in the School of Nursing Student Handbook. Proof of an up to date and complete immunization record must be submitted at the time of application.
7. Two letters of personal reference are required. Sources of references may include an employer, advisor teacher, professor, counselor or community leader.
8. Applicants must have a current Healthcare Provider Cardio-Pulmonary Resuscitation (CPR) card.
9. You will need to document and submit any course work, you have completed, from other academic institutions. Bethune-Cookman University, Office of Admissions requires this documentation in the form of an official high school or college transcript(s). Retain a copy of your transcripts for curriculum advisement with faculty of the Nursing Division.
10. Please include a recent photograph (passport size only) with your application and a 200 word essay on “Why I want to be a nurse.”

The Nursing Program formally begins in the spring and fall semesters; the prerequisites listed on the Curriculum requirement form must be completed prior to this time. Please complete all forms to the best of your knowledge. If you have any questions about the application process, please feel free to contact ‘The Great Bethune University School of Nursing’ at (386) 481- 2100.

640 Dr. Mary McLeod Bethune Blvd. Daytona Beach, FL 32114
Direct Line 386-481-2100 Fax 386-481-2220

Have you ever been arrested for, or convicted of, any criminal offense other than a traffic violation? _____

Have you ever been suspended because of academic deficiencies from an educational institution or from a particular program of study? _____

If you answered “yes” to any of the questions above, please explain the circumstances.

Please write a one-page statement about yourself and why you would like to pursue a Bachelor of Science Degree in Nursing at Bethune-Cookman University and include with application.

I certify that all the information I have given is true and complete to the best of my knowledge, and I understand that falsification of information on this application will lead to denial of admission or dismissal from Bethune Cookman University, School of Nursing Program. I will request all academic credentials such as transcripts and test scores be sent immediately to Bethune Cookman University, School of Nursing.

Applicant’s Signature _____ Date _____

**Please return completed packet to:
Bethune-Cookman University
School of Nursing
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, Florida 32114**

Incomplete Applications will not be reviewed by Admissions Committee.



School of Nursing
Demographic Form

NAME _____ College ID # _____

Mailing Address:

Telephone

(_____) _____ (home)

(_____) _____ (mobile)

Email Address

_____ (Bethune-Cookman University Account required after admission)

Emergency Contact

Person to contact in case of emergency:

Name _____ Relationship to you _____

Permanent Address

Telephone

(_____) _____



School of Nursing
Recommendation Form

Student Applicant:

Complete this section of the recommendation form and give it to your employer, counselor, pastor or teacher. Please sign in the space indicated to give person permission to fill out form.

Student's Legal Full Name:

_____SSN _____
First Middle Last

Permanent Address: _____
Number & Street City State Zip

Student's Home telephone# (_____) _____

Student's Signature _____ Date _____

Employer, Counselor, Pastor or Teacher of student applying to Bethune-Cookman University School of Nursing Program. Complete this section and mail it along with the student's official transcripts to the address below.

Name: _____ Telephone# _____

Name of School or Business _____ Title _____

Address: _____

How long have you know the applicant? _____ In what capacity? _____

Check the appropriate spaces that best describe the applicant.

Quality	Superior	Above Average	Average	Below Average	No opportunity to observe
Emotional Maturity					
Sense of Responsibility					
Tact and Courtesy					
Cooperation					
Leadership					
Drives and Motivation					

Comments: _____

_____ Date _____
Signature of person filling out recommendation

_____**Student is Recommended** _____**Student is Not Recommended**

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School of Nursing
Recommendation Form

Student Applicant:

Complete this section of the recommendation form and give it to your employer, counselor, pastor or teacher. Please sign in the space indicated to give person permission to fill out form.

Student's Legal Full Name:

First _____ Middle _____ Last _____ SSN _____

Permanent Address: _____
Number & Street _____ City _____ State _____ Zip _____

Student's Home telephone# (_____) _____

Student's Signature _____ Date _____

Employer, Counselor, Pastor or Teacher of student applying to Bethune-Cookman University School of Nursing Program. Complete this section and mail it along with the student's official transcripts to the address below.

Name: _____ Telephone# _____

Name of School or Business _____ Title _____

Address: _____

How long have you know the applicant? _____ In what capacity? _____

Check the appropriate spaces that best describe the applicant.

Quality	Superior	Above Average	Average	Below Average	No opportunity to observe
Emotional Maturity					
Sense of Responsibility					
Tact and Courtesy					
Cooperation					
Leadership					
Drives and Motivation					

Comments: _____

Signature of person filling out recommendation _____ Date _____

Student is Recommended

Student is Not Recommended

640 Dr. Mary McLeod Bethune Blvd. Daytona Beach, FL 32114
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School of Nursing
HEALTH ASSESMENT FORM

This form is to be completed by the student and physician.

To the student: Please complete this form carefully. Information supplied will become a part of your student's health record and will be held in strict confidence.

Please check appropriate boxes.

___ Dormitory Student ___ Off Campus Student ___ Married ___ Single

Report of Medical History

Please Print Clearly

Name _____ SSN _____

Address _____

DOB _____ Sex _____ Insurance Name & Number _____

Have you ever had?	Yes	No	Remarks
Diabetes			
Epilepsy			
Allergies			
Heart Disease			
Hernia			
Injuries of bones & joints			
Operations			
Mental or Nervous Disorders			
Syphilis			
Tuberculosis			
Urinary Disorders			
Gastro-intestinal Disorders			
Disorders of the Skin			
Other Chronic Illnesses			
Other Communicable Diseases			

Signature of Student _____ Date _____

Signature of Parent or Guardian (if student is not over 18)

TO BE COMPLETED BY PRIMARY CARE PROVIDER
(Please Review History)

Examination	Normal	Abnormal	Comments
Height _____ Weight _____			
Eyes, Ears, Nose, Throat Vision: R _____ L _____			
Teeth and Gum			
Neck (Thyroid)			
Heart (Size and Sound)			
Blood Pressure			
Pulse (rate and rhythm)			
Lungs			
Breasts			
Abdomen (Scars, Tenderness, Masses)			
T.B. Tine Test or Chest X-Ray			
Is there loss or serious 1.) Impairment of an organ: ___ Yes ___ No Explain:			
2.) Extremity ___ Yes ___ No Explain:			
Receiving treatment for any physical or emotional problem (Explain)			

Recommended for physical activities _____

Explain limitations _____

Primary Care Provider's Signature _____ Date _____

Print Name _____

Address _____

This form is to be mailed by primary care provider to:

Bethune-Cookman University
School of Nursing
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, Florida 32114
(386) 481-2100 phone
(386) 481-2220 fax

Please attach copies of lab
work with this form



School of Nursing
CERTIFICATE OF IMMUNIZATION

PART A – To be completed by student

NAME

Last	First	Middle
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Date of Birth _____ Social Security Number _____

Address

Street	City	State	Zip
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Expected term of enrollment in the School of Nursing

PART B – To be completed and signed by a health care provider. **Dates must include month and year.**

Required Immunizations:

1. For students born before 1957, Rubella immunity as in IV.
2. For all other students, either a) MMR immunity, as in I or b) measles, mumps and rubella immunity, as in II, III and

I. MMR (Measles, Mumps, Rubella) Note: Date must be after 1970

1. Dose 1 – immunized at 12 months of age or later and (MO/DAY/YR) ___/___/___
2. Dose 2 – immunized at least 30 days after Dose 1 (MO/DAY/YR) ___/___/___

II. MEASLES Note: Date must be after March 4, 1963

1. Had disease, confirmed by physician diagnosis in office record, OR (MO/DAY/YR) ___/___/___
2. Born before 1957 and therefore considered immune, OR (MO/DAY/YR) ___/___/___
3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
4. Immunized with live measles vaccine at 12 mos. Of age or later, AND (MO/DAY/YR) ___/___/___
5. Immunized with second dose of live measles vaccine at least 30 days after first dose. (MO/DAY/YR) ___/___/___

III. MUMPS Note: Date must be after April 22, 1971

1. Had disease, confirmed by physician diagnosis in office record, OR (MO/DAY/YR) ___/___/___
2. Born before 1957 and therefore considered immune, OR (MO/DAY/YR) ___/___/___
3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
4. Immunized with vaccine at 12 mos. Of age or later (MO/DAY/YR) ___/___/___

IV. RUBELLA Note: Date must be after June 9, 1969

1. Has laboratory evidence of immune titer (specify date of titer), OR (MO/DAY/YR) ___/___/___
2. Immunized with vaccine at 12 mos. Of age or later (MO/DAY/YR) ___/___/___

- Exemption on ground of permanent medical contraindication
- Exemption on ground of temporary medical contraindication
 - A) Pregnancy – expected date of confinement
 - B) other – anticipated date of end of contraindication

(MO/DAY/YR) ___/___/___
 (MO/DAY/YR) ___/___/___

V. CHICKEN POX/VARCELLA

Immunization status indicated above is certified by:

- 1. Had disease, confirmed by physician diagnosis in office record, OR
- 2. Born before 1957 and therefore considered immune, OR
- 3. Has laboratory evidence of immune titer (specify date of titer), OR
- 4. Immunized with vaccine at 12 mos. of age or later

(MO/DAY/YR) ___/___/___
 (MO/DAY/YR) ___/___/___
 (MO/DAY/YR) ___/___/___
 (MO/DAY/YR) ___/___/___

VI. HEPATITIS

- 1. Immunized with vaccine at 12 mos. of age or later

(MO/DAY/YR) ___/___/___
 (MO/DAY/YR) ___/___/___
 (MO/DAY/YR) ___/___/___

Immunization status indicated is certified by: _____
Signature of physician or health facility official
Date

Print Name and Address of physician or public health facility.

Bethune Cookman College Immunization Policy requires documentation of Immunization by Health Care Provider.
Please send to: Bethune Cookman College
School of Nursing
640 Dr. Mary M. Bethune Blvd.
Daytona Beach, FL 32114



Bethune-Cookman University School of Nursing
Pre Nursing Curriculum

Freshman Year					
First Semester			Second Semester		
EN 131	College English I	3	EN 132	College English II	3
MA 132	College Math	3	MAT 134	College Algebra	3
NU110	Freshman Seminar I	1	NU 111	Freshman Seminar II	1
BI 141	General Biology	3	BI 235	Anatomy Physiology I Anatomy Physiology Lab	4
PS 231	Introduction to Psychology	3	RE 260	Critical Reading	3
PE	Physical Education Activity	1			
	Total	14		Total	14

Sophomore Year					
First Semester			<u>Second Semester</u>		
SC 230	Introduction to Oral Communication	3	<u>Admission to the School of Nursing</u>		
BI 236	Anatomy Physiology II Anatomy Physiology II Lab	4			
PS 236	Human Growth and Development	3			
BI 244	Microbiology Microbiology Lab	4			
HU 230	Humanities	3			
	Total	17			



Bethune-Cookman University School of Nursing Major Curriculum
128 Credit Hours (total)

Sophomore Year Cohort Year One					
Fall Semester			Spring Semester		
NU279	Nutrition for Nursing	3	NU 284 NU284L	Care of the Emerging Family Care of the Emerging Family Lab	6
NU 281 NU281 L	Fundamentals of Nursing Fundamentals of Nursing Lab	6	NU 285	Pharmacology	3
NU282 NU282L	Health Assessment Health Assessment Lab	3			
NU 283	Nursing Concepts	3			
	Total	15		Total	9

Sophomore Year Cohort Year Two					
Spring Semester			Summer Semester		
NU279	Nutrition for Nursing	3	NU 284 NU 284L	Care of the Emerging Family Care of the Emerging Family Lab	6
NU281 NU281 L	Fundamentals of Nursing Fundamentals of Nursing Lab	6	NU 285	Pharmacology	3
NU282 NU822L	Health Assessment Health Assessment Skills Lab	3			
NU 283	Nursing Concepts	3			
	Total	15		Total	9



Bethune-Cookman University School of Nursing Major Curriculum
128 Credit Hours (total)

Junior Year Both Cohorts					
Fall Semester			Spring Semester		
NU 303 NU303L	Adult Health I Adult Health I Lab	6	NU305	Adult Health II Adult Health II Lab	6
BI 303	Pathophysiology I	3	BI 305	Pathophysiology II	3
RP 230	Ethics	3	HI 130	African American History	3
	Total	12		Total	12
Summer Semester					
NU 307 NU307L	Child Health Child Health Lab	6			
	Total	6			

Senior Year Both Cohorts					
Fall Semester			Spring Semester		
NU 403	Psychiatric and Mental Health Nursing Psychiatric and Mental Health Nursing Lab	6	NU 407	Adult Health III Adult Health III Lab	6
NU 405	Community Health Nursing Community Health Nursing Lab	6	NU 433	Leadership and Management	3
NU 406	Nursing Research	3	NU 499	Nursing Seminar	3
NU449	Comprehensive Review 1	1	NU 450	Comprehensive Review 2	1
	Total	16		Total	13



**Bethune-Cookman University: School of Nursing
Advisement Plan: Prior to Matriculation in the Nursing Program**

NAME: _____ SS: _____ ID: _____ PIN: _____ ADVISOR: _____

Student has Transfer Credits: # of Credits: _____ Institution(s): _____

Student has AA degree from: _____ Date Conferred _____

Student has AS degree from: _____ Date Conferred _____

Student has Baccalaureate degree from: _____ Date Conferred _____

GENERAL EDUCATION REQUIREMENTS										
EN 131 ENC 1101	EN 132 ENC1102	MA 131 MAC 1105	MA 132 or STA 2023	GE 110	GE 111	RE 260	SC 230 SPC 2600	PS 230* PSY 1012	PE 1	PE 2

(* Elective SO131, SS210-220,BA130,CJ131,HI131-132,POL130

NURSING PREREQUISITES					
BI 235 BSC 1085	BI 236 BSC 1086	BI 244 MCB 1010	PS236 DEP 2004	HM 251 HUN 1201	NU 280

GENERAL EDUCATION/NURSING PREREQUISITES AFTER ADMISSION			
HU 231	RP 120/130	HI 130	RP230

CLAST _____ Physical 1 _____ 2 _____ 3 _____ 4 _____
 Math 295 _____ References 1 _____ 2 _____
 RE 295 _____ Immunizations _____
 ENG 295 _____ CPR 1. _____ 2 _____
 ES 6 _____ FDLE 1. _____ 2. _____ 3. _____ 4. _____

GPA _____

FALL: Year _____			SPRING: Year _____			SUMMER: Year _____		
#	Course	CR	#	Course	CR	#	Course	CR
Total			Total			Total		

Student Signature: _____ Date: _____ Advisor: _____ Date: _____

Freshman College: _____ Date: _____

FALL: Year _____			SPRING: Year _____			SUMMER: Year _____		
#	Course	CR	#	Course	CR	#	Course	CR
Total			Total			Total		

Student Signature: _____ Date: _____ Advisor: _____ Date: _____

Freshman College: _____ Date: _____

Students are advised to follow this plan because financial aid and/or the ability to enter the School of Nursing maybe impacted.

**BETHUNE-COOKMAN UNIVERSITY
SCHOOL OF NURSING**

Telephone Number (386) 481-2100
Fax Number (386) 481 2220

Faculty E-Mail Addresses

		Telephone Numbers
Ms. Zenesha Barkley	barkleyz@cookman.edu	386-481-2394
Ms. Debbie Christeleit	christeleitd@cookman.edu	386-481-2387
Ms. Norma Cooper	coopern@cookman.edu	386-481-2108
Mrs. Sandra Gallagher	gallaghers@cookman.edu	386-481-2107
Mrs. Christine Robinson	robinsonc@cookman.edu	386-481-2114
Ms. Joann Goss	gossj@cookman.edu	386-481-2112
Ms. Patricia Harvey	harveyp@cookman.edu	386-481-2378
Ms. Keyma Henley	henleyk@cookman.edu	386-481-2382
Mrs. Willie Mae Session	sessionw@cookman.edu	386-481-2106
Ms. Shirley Thompson	thompsos@cookman.edu	386-481-2105
Dr. Maryann Thorhallsson	thorhallssonm@cookman.edu	386-481-2409

Staff Email Addresses

Telephone Numbers

Dean

Dr. Paula Pritchard	pritchardp@cookman.edu	386-481-2110
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Administrative Assistant

Ms. Sandra Ragsdale	ragsdales@cookman.edu	386-481-2109
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Receptionist

Sonya Rawlins	rawlinss@cookman.edu	386-481-2100
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Learning Resource Center Director

Mr. Scott Compton	comptons@cookman.edu	386-481-2103
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