Accelerated Online Bachelor’s to BSN Option
Application Information and Forms

- Please read this entire application packet before completing the application.
- To apply, please submit the required application forms/materials as noted on the SUMMARY OF APPLICATION MATERIALS page of this packet.
- Please mail to Accelerated Nursing (completed applications cannot be accepted via e-mail or fax):
  
  UW Oshkosh College of Nursing
  Accelerated Nursing, Room CF112
  800 Algoma Blvd.
  Oshkosh, WI 54901

  **Please Note:** The admission process to the Accelerated Option is a two-step process:
  
  **Step 1. Applicants must be accepted for admission to the University of Wisconsin Oshkosh.**
  
  **Step 2. Applicants must be accepted for admission to the Accelerated Online BSN Option.**

  It is preferred that you are accepted to the University of Wisconsin Oshkosh prior to applying to the Accelerated Option; however, you may apply to the University and to the Accelerated Option simultaneously. Please understand, you must be admitted to the University before your Accelerated Option application can be considered. If you submit your Accelerated Option application before admission to the University, it is essential that you notify on@uwosh.edu of your UW Oshkosh student ID number and email address when you receive the information.

- If you are not currently a University of Wisconsin Oshkosh student, please immediately apply to the University: [https://apply.wisconsin.edu/](https://apply.wisconsin.edu/) The following information may help you with the application:
  
  - Apply as: “transfer student” / “2nd undergraduate degree”
  - Undergraduate degree sought: “B.S.N.”
  - Intended major: “Accelerated Nursing”
  - Semester/Term: Spring or Fall; dependent on desired cohort
  - Official transcripts from all colleges and universities attended must be sent to the University of Wisconsin Oshkosh Admissions Office (address provided on the UW Oshkosh application). Please do not send transcripts to the Accelerated Nursing office as this will delay the process

  Upon acceptance to the University you will receive an email from Undergraduate Admissions with a link to the Titan Transfer Web Page. Instructions are included to help you set up your UW Oshkosh email address, known as TitanApps. Please use only TitanApps when corresponding with Accelerated Nursing. We cannot be responsible for missed communication due to use of other email accounts (i.e. Hotmail, Yahoo, Gmail, etc.) Contact the UW Oshkosh Admissions Office if you are having problems activating your TitanApps/email account: 920-424-3164. Please check your TitanApps email account every day during the entire application process.

  Upon acceptance to the University, the Admissions Office will send an email requesting a $100.00 tuition deposit. If you will not be completing any prerequisite courses through UW Oshkosh, you may reply requesting that the deposit be waived. If you will be completing prerequisite coursework at UW Oshkosh, please pay the tuition deposit.

  For questions regarding the application process to the University of Wisconsin Oshkosh please contact Undergraduate Admissions at (920) 424-3164.
QUALIFICATIONS FOR ADMISSION TO THE ACCELERATED ONLINE BACHELOR’S TO BSN OPTION

REQUIRED CRITERIA:
- Admission to the University of Wisconsin Oshkosh
- Prior completion of non-nursing bachelor’s degree from accredited college or university with a minimum GPA of 2.5.
- Minimum of 3.0 GPA on the completed College of Nursing prerequisites.
- Completion of standardized nursing entrance test (cost assumed by applicant) through a specified site [including UW Oshkosh sites] as stated in the application information on the website; the adjusted individual total score must be at or above the national mean. Please note the testing company adjusts means periodically.
- Results of criminal background checks comply with standards required for clinical placement. Criminal background check completed through service specified in application (cost assumed by applicant).
- Current Certified Nursing Assistant (CNA) certification (all states’ certifications are accepted for admission purposes).
- Proof of residence is required in one or more of the Approved States listed on the CON website http://con.uwosh.edu/accelerated-bsn/, while completing both theory and clinical components of the program. (Please note, the Accel option staff must be able to secure clinical rotations for the student in his/her community identified on the admission application).

PREFERRED CRITERIA:
- Prerequisite GPA of 3.25 or above
- Standardized nursing entrance test: the adjusted individual total score at or above the BSN program mean.
- CNA work experience or other direct patient care experience
- Activities reflecting service orientation [community volunteer]
- Experience with diverse populations (i.e. varying age groups, developmentally disabled, ethnic groups, individuals with special needs, etc.).
- All prerequisite coursework and bachelor’s degree completed.

INTERVIEWS:
- Eligible applicants are contacted via UW Oshkosh email to schedule an interview.

REQUIRED COURSE WORK: Prospective applicants are required to contact the Accel Advisor prior to submitting their application for an unofficial transcript evaluation.
Please note all courses must be completed with a minimum “C” grade (CD or C- are not acceptable grades).
- **Pre-Nursing Coursework:** These courses must be included in Nursing GPA for application.
  - **4 out of the 6 required science courses (all include lecture and laboratory):**
    - Biological Concepts: Bio-105 or 230
    - Anatomy: Bio-211
    - Physiology: Bio-212 or 319
    - Microbial Survey: Bio-233 or 309
    - Chemistry: Chem-101 or 105
    - Biochemistry: Chem-102 or 106
    - English Composition: Eng 101, 102, 188, 300, 310, or 312
    - Growth and Development: Nursing 200, Psych 391, or Ed Foundation 377
    - Psychology: Psych-101 or 102
  - *General Ed or Electives: 6 credits*
  - *General education/elective courses do NOT include the pre-requisites courses listed above.*

- **Pre-Nursing GPA:**
  A student’s admission GPA will be calculated on the above courses (3.00 minimum). If more than 4 science courses are completed, the GPA will be calculated on the best 4 grades. The GPA is calculated to three decimal points. **All science courses must be completed 60 days prior to the start of the cohort which student is admitted.**

- **Additional Pre-Nursing courses:**
  These courses must also be completed.
Speech  Comm-111 or an equivalent course or experience
Math  Math 104 or higher and meets the general education requirement

ADDITIONAL REQUIREMENTS:

Computer Competencies/Technology Requirements
Students accepted to the Accelerated Option must have a strong working knowledge of computer technology. Accelerated Option utilizes state-of-the-art technology to provide unique immersion learning experiences. All theory courses are delivered online. Students participate in online discussions, exercising their clinical knowledge in virtual classrooms, laboratory settings and in appropriate healthcare settings.

Cable, broadband, or satellite internet access is imperative. Slower internet connections will impede downloading of course materials and timely exam completion. Laptop computers, a handheld device and other computer accessories are required, details and specifications will be provided upon admission.

Health, CPR, and Criminal Background Check Requirements
College of Nursing students and faculty are “guests” of healthcare agencies while completing clinical rotations. Each agency has specific health, CPR, and background check requirements which must be met by students; instructions for submitting such documentation will be emailed to admitted students. New requirements may be added without prior notice. All health and CPR requirements are mandatory for eligibility to attend clinical courses. Fees for immunizations, titers, TB tests, CPR certification and background checks are the responsibility of the student.

The following requirements must be met prior to beginning of the Adult Health I clinical course (“Boot Camp”). Documentation must be submitted by the specified deadline; failure to do so will preclude the student from participating in Boot Camp:

1. Immunizations
   Health requirements, policy, and deadlines are sent via email to accepted students.

   Acceptable documentation of immunizations/immunity include one of the following: copy of the Wisconsin Immunization Registry (https://www.dhfswir.org/PR/logoff.do); any other state immunization registry; other immunization tracking service employed by student’s healthcare provider (must include clinic and provider name and address); medical record from a healthcare provider if submitted with a cover page including the clinic name/address/name of provider.

   Documentation from a health care provider must be supplied as evidence of immunity, to include: 2 (two) MMR (measles, mumps and rubella) immunizations or titers which prove immunity; 2 (two) varicella (chicken pox) immunizations or titer; hepatitis B series or titer (minimum of 2 hepatitis B immunizations required by the beginning of the AHI Clinical with completion of the three shot series six months after the 2nd shot in the series); annual current year influenza immunization; tetanus-diphtheria (Tdap within the last 9 years). If the most recent Tdap was more than ten years ago, documentation of a Td booster within the last 10 years is required.

   Local students may obtain immunizations and titers through the UW Oshkosh Student Health Center (920-424-2424).

2. CPR/TB Testing
   CPR: CPR certifications must be from the American Heart Association BLS (Basic Life Support) for the Healthcare Provider course (good for two years). CPR certification cannot expire during the program.

   TB Testing: Students will be notified via email of the specific weeks during which TB testing must be accomplished; do not complete early.

3. Criminal Background Check
   In compliance with the State of Wisconsin Caregiver Law, each applicant must complete and submit, along with the application, a criminal history disclosure form and a signed release form authorizing the university to conduct a criminal background check on the applicant. The cost of criminal background checks is the responsibility of the applicant.
Results of criminal background checks are reviewed by the College of Nursing Academic Standing Committee. The provisions of the Wisconsin Caregiver Law that impact licensed health care facilities are considered by admissions staff relative to applicants with criminal findings on their background check results. Certain criminal violations may prohibit individuals from working in healthcare facilities. Information about crimes that constitute a bar to employment under the Wisconsin Caregiver Law, and the effect of criminal history on licensure requirements, is available through the College of Nursing. See also, the College of Nursing Policy on Criminal History Search. This policy is subject to revision without prior notice. This requirement is mandatory for eligibility to attend clinical courses.

4. Additional Screenings
Random drug and alcohol screening and/or physical examination of students may be required by some clinical agencies or the College of Nursing. If required, the cost of the screening or exam is the responsibility of the student.

Time Commitment
The Accelerated Option is a mode of delivery of the Undergraduate Nursing Program which enables students with prior bachelor’s degrees to earn their BSN in 12 months. Courses are completed at the rate of one credit hour per week with few scheduled breaks throughout the year. Clinical rotations are completed via the preceptor model; students complete clinical experience under the direct supervision of a registered nurse preceptor who is an employee of a healthcare agency. Students work the same schedule as their nurse preceptors which may include days, evenings, nights, weekends, and/or holidays. Due to the compressed format of the curriculum, students need to be available 24/7 to work their preceptors' hours. The rapid pace and the flexibility required for precepted clinical experiences require a full-time commitment. Therefore, it is suggested that students forgo all employment while completing the Accelerated Option. Students are also advised to limit other non-student commitments during the year. Most importantly, work or other commitments cannot interfere with any clinical or theory course requirements.

Costs
Nursing is a professional discipline and admitted students must anticipate additional costs beyond tuition, including, but not limited to: uniforms, textbooks; nursing resource software; standardized tests; criminal background checks (and associated costs if court documents are needed); CPR certification; health requirements, including exams, immunizations, and titers; transportation associated with clinical experience; transportation, lodging and meals during campus residencies. In addition to the costs indicated above, students are expected to have a stethoscope, watch with seconds indicated, nametag, penlight, and pocket scissors.

Above requirements subject to change. For further information, please visit the College of Nursing, Accelerated Option website.
OVERVIEW OF APPLICATION REVIEW PROCESS

Applications for admission are considered on a rolling admission basis until the cohort fills. Applications will be considered active for one calendar year. *Processing of applications does not begin until after all required materials are received.*

Due to the number of applications received, it is not possible to ascertain that an application is complete upon phone or email request of an applicant; this is not ascertained until the application is actually processed and materials are retrieved from the different sources. **It is the applicant’s responsibility to ensure all materials are submitted.** We strongly recommend requesting a delivery option that provides proof of postmark or proof of delivery when mailing your application.

Please refer to the SUMMARY OF APPLICATION MATERIALS checklist provided in this packet to ensure all steps in the application process have been completed. Items within the applicant’s control (application forms, resume, background check, TEAS test) must be received or the application is ineligible. Some flexibility is given for items not within the applicant’s control (transcripts).

Applications are processed on a first come, first served basis. Applications are not processed until we receive the applicant’s TEAS score. Also, the offer of admission to UW Oshkosh is a very important step in the application process; the College of Nursing cannot consider an applicant until fully admitted to UW Oshkosh. All official college transcripts must be submitted to the Undergraduate Admissions Office before the applicant can be admitted to UW Oshkosh. Therefore, ensuring all transcripts are submitted is helpful to the process. To confirm transcripts have been received, please call Admissions at 920-424-3164 with your student ID number.

After the initial application processing is completed, the applicant’s UW Oshkosh transcript (including transfer courses) is reviewed to ensure all prerequisites are completed. Proof of enrollment in any remaining prerequisites is required for any outstanding prerequisites.

Selected applicants are contacted by email to begin the interview process. Accelerated Option generally begins interviews with applicants who have CNA work experience and will then determine whether to expand the interview process to applicants without experience. To ensure consistent communication during the application process, it is imperative to check the Titan Apps email account at least every day until admissions decisions are made.

Given the number of applications received, the entire admissions process takes several months.

**Re-Applicants (if indicated)**

If unable to offer admission into one of the two upcoming open cohorts, you will be asked to submit a new application and all the following: formal written request indicating that you are a re-applicant, , an updated resume, copy of current CNA certification, a new Castle Branch background check. (*contact [ona@uwosh.edu](mailto:ona@uwosh.edu) for a Castle Branch recheck code: for renewal of background check). TEAS scores can be reused.

Admission to UW Oshkosh is “current” for three consecutive terms. Please contact the Admissions at 920-424-3164 to see if a new application to the University is required, or if the intended term of enrollment can be changed without submitting a new application. Any transcripts for coursework completed after the last application process must be submitted to the Admissions Office.

Thank you for your application to the Accelerated Online BSN Option!
Castle Branch INFORMATION/INSTRUCTIONS

About Castle Branch.com

Castle Branch is a secure platform that allows you to order your background check online. Your background check must be ordered simultaneously with the application. Once you have placed your order, you may use your login to access additional features of Castle Branch, including document storage, portfolio builders and reference tools. **Please note:**

- *The University of Wisconsin Oshkosh Accelerated Nursing will only accept background checks from Castle Branch; background checks from other agencies/services will not be accepted*

- *Even if you have had a previous Castle Branch Background, you must order a new one using the package code below. This gives us access to your results and also ensures the specific background check required by the College of Nursing is ordered*

- *If accepted to a future cohort, you may be required to submit an updated background check (cost assumed by applicant)*

Order Summary

- Required Personal Information
  - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address

- Payment Information
  - At the end of the online order process, you will be prompted to enter your Visa or MasterCard information. Money orders are also accepted but will result in an additional $10 fee and longer turn-around-time

Place your Order

- Go to: [www.castlebranch.com](http://www.castlebranch.com) and click on “Students” then enter package code: **UE23**.

- You will then be directed to set up your Castle Branch account

View Your Results

Your results will be posted directly to your Castle Branch account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school’s administrator can also securely view your results online with their unique username and password.

**Background check results will only be accepted directly from Castle Branch. Accelerated Nursing will access results on the Castle Branch site; please do not submit results with your application.**

If you have questions, please contact Student Support at 888-914-7279
Standardized Nursing Entrance Test

The Test of Essential Academic Skills (TEAS) is an admissions test designed for pre-nursing students. Applicants must have a minimum of 70.4% on the Adjusted Individual Total Score to be eligible to apply for admission. For general information about the TEAS, please see: https://www.atitesting.com/home.aspx

The TEAS must be completed and your results submitted before we will review your application.

Register for the TEAS Assessment at PSI. Mozilla is the most compatible browser (Firefox, Internet Explorer, and Safari are not supported).

1. Go to www.atitesting.com
2. Click on “create an account” *If you already have an account with ATI, sign in and click on “edit account”
3. When creating an account, complete the information in blue. *When editing a current account, change the Institution as indicated below.
   a. Institution: select U of WI Oshkosh Accelerated
   b. Student/Employee ID: insert “xxxx” (this is the last field you need to complete on this page)
4. Click on “Register”
5. Click on “Online Store” (upper right)
6. Click on “Register for ... TEAS at PSI”
7. Click on "Learn More", read directions, then click on "Register"
8. At the "MEMBER SIGN-IN" page, use the login for the ATI account you created and follow the online payment process

Upon registration and payment of the registration fee, a receipt is sent via e-mail. This e-mail includes the ID # required by PSI to schedule the test.

You may schedule online at www.psiexams.com or call PSI at 800-733-9267 24 hours after registration to schedule the time and location nearest you to take the TEAS. PSI will require the ID # from the e-mail receipt.

In the event you need to reschedule your exam, you must contact PSI two days before your scheduled exam date/time. There is a No Refund Policy on TEAS Registration.

After scheduling the TEAS with PSI, you will receive an e-mail confirmation with the test center location and directions. *Please print the confirmation and bring with you to the testing site.

Please be sure to have your exam results sent directly from ATI/PSI to Accelerated Nursing. Results cannot be accepted directly from applicant.

PSI testing centers are generally the most convenient place to take the exam. However, if you wish to take the exam at a college or university, this is acceptable as long as you request the score be released to “U of WI Oshkosh Accelerated.”

If you have any questions about registering for TEAS, please contact ATI Help Desk: 800-667-7531 or visit the website at https://www.atitesting.com/About/CanWeHelpYou.aspx
TRANSFER STUDENT DISCLOSURE FORM REQUEST

Top Portion to be completed by Student and brought to the attending/previosly attended school for completion by the Dean of Students Office or equivalent.

STUDENT'S AUTHORIZATION TO DISCLOSE INFORMATION IN EDUCATION RECORDS PURSUANT TO FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED.

I ____________________________________________________________________________________________ Student ID# ____________________________________________________________________________________________

Give my permission for ____________________________________________________________________________________________

(name of institution)

to release information regarding my student records to UW Oshkosh College of Nursing. This release is to stay in effect until I am no longer enrolled at UW Oshkosh.

Form must be returned to UW Oshkosh College of Nursing.

__________________________________________________________________________________________

Student signature                                                     Date

To be completed by College/School/Institution attended by above named student:

As the appropriate representative of ____________________________________________________________________________________________ (name of institution) I acknowledges that the above name student is/was a student in good-standing (academic and conduct) while attending our facility

☐ Yes ☐ No        If No, please explain with attached supporting documentation:

__________________________________________________________________________________________

Signature: ____________________________________________________________________________________________ Date: ____________________________________________________________________________________________

Place School Seal Here or enclose your school business card.

Please return this completed form by the above selected deadline date and mail to:

Tracie Schlaak
University of Wisconsin Oshkosh
College of Nursing
800 Algoma Blvd
Oshkosh, WI 54901 -8660
SUMMARY OF APPLICATION MATERIALS

The following must be received in hardcopy (not via email or fax):

- PERSONAL INFORMATION AND PREREQUISITE FORM (3 pages)
- BACKGROUND INFORMATION DISCLOSURE (2 pages)
- CURRENT RESUME (2 pages maximum length)
- COMPLETED GPA CALCULATION FORM
- TRANSFER STUDENT DISCLOSURE FORM - (please print one for each academic institution attended)
- COPY OF CNA CERTIFICATE – or online license verification from your state board Nurse Aide Registry
  - CNA work experience is highly recommended
- IF YOU HAVE EVER ATTENDED, BUT DID NOT COMPLETE, ANOTHER PROFESSIONAL HEALTH CARE PROGRAM, a letter from the program director or dean stating you left in good standing will be required before the your application can be reviewed
- IF YOU WERE REQUIRED TO FILE AN APPEAL WITH UNDERGRADUATE ACADEMIC STANDING, THE APPROVED APPEAL MUST ACCOMPANY YOUR ACCELERATED NURSING APPLICATION

The following must be received directly from the source by the deadline specified:

- CASTLEBRANCH BACKGROUND CHECK - Order your background simultaneously with this application.
  - *Accelerated Nursing will access results directly through CastleBranch - do not submit hard copy.
- TEAS Score - Submitted directly by ATI - *do not submit hard copy. Applications are not reviewed until the TEAS is completed.

- Selection of eligible applicants will be made on the following basis:
  - Application Forms
  - CastleBranch Background
  - Grade point average based upon prerequisite coursework
  - TEAS scores
  - CNA status and work experience
  - Current resume (2 pages maximum length)
  - Telephone and Online interviews of selected applicants
  - Any additional criteria deemed appropriate

- Applicants can expect email notification of an admission decision from the Accelerated Online Bachelor’s to BSN Option within two months after the interview process.

- Tuition is $41,500. The tuition will include a laptop computer, headphones, required software, handheld device, and other printed materials required for the Boot Camp Clinical.

- A non-refundable tuition deposit of $2,500.00 will be due within two weeks of notification of acceptance into the Accelerated Online Bachelor’s to BSN Option. Please note that the $2,500.00 deposit is due before any Financial Aid can be awarded.
ACCELERATED NURSING
PERSONAL INFORMATION AND PREREQUISITE FORM

Return completed form to the Accelerated Online BSN Office

PLEASE PRINT OR TYPE

Name: ___________________________  ___________________________  ___________________________

Last  First  Middle

UW Oshkosh I.D. Number: ___________________________

Personal E-mail Address: ____________________________________________________________

UW Oshkosh E-mail Address: _______________________________________________________

Home Address: ____________________________________________________________

__________________________________________________________

Phone: ___________________________  Cell Phone: ___________________________

Permanent Address (if different from above): __________________________________________

__________________________________________________________

Permanent Phone (if different from above): __________________________________________

Gender: _______________________

Have you ever served in the Military?   Y  or  N  (circle one)

Have you ever applied to the Accelerated Program?   Y  or  N  (circle one)  When? ___________
The following must be completed: (please circle one)

1. Received admission to the University of Wisconsin Oshkosh?  Y or N
2. Unofficial transcripts evaluated by online pre-nursing advisor?  Y or N
3. Completed the prerequisite courses by the time of application?  Y or N
4. No less than a “C” in each of the prerequisite courses?  Y or N
5. No more than two of the prerequisite courses repeated?  Y or N
6. Completed four of the six science prerequisites by the application deadline?  Y or N
   (two months prior to the start of the cohort)
7. Completed Bachelor’s degree?  Y or N
8. Completed CNA certification?  Y or N
9. Ordered Castle Branch Background Check?  Y or N
10. Completed TEAS test?  Y or N
Please list all of the colleges and universities you have attended. Include the city and state for any colleges and universities outside the State of Wisconsin.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you have any in-progress natural science prerequisite courses which you are currently taking, please list the course names and attach proof of enrollment in all listed courses (must be completed two months prior to the start of the cohort). Proof of enrollment shall include your name, name of the course, name of the school, and dates of the course.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*Proof of registration including the course completion date must be sent for all courses not yet completed.

**Official transcripts for all courses must be sent from your institution to the UW Oshkosh Undergraduate Admissions Office immediately after grades are posted on your transcript.

***Please only list required prerequisite courses, not other courses you are taking
The community in which I will reside while I complete the Accelerated Online Bachelor’s to BSN Option:

______________________________________________________________________________________________

In the event clinical placements are not available in your geographical location, you are required to provide other location(s) you could reside during the Accel Option.

______________________________________________________________________________________________

The city/area in which I intend to seek employment as a nurse upon graduation:

______________________________________________________________________________________________

_The Admissions Committee expects that, if admitted, you will complete the option in the community you are identifying on this application. It is your responsibility to notify the committee if residence changes._

The information provided herein is accurate to the best of my knowledge.

Signature  ________________________________

Print Name  ________________________________

Date  ________________________________
The CON policy allows a maximum of 2 repeated courses, only 1 can be a science.

1. If course was repeated due to a grade of C- or below, indicate this with an “x” in right hand column.
2. If course was repeated only to improve GPA standing, indicate this with a “+” in the right hand column.

If you have questions regarding calculating your GPA, please contact Katie Bloesl at ona@uwosh.edu

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<tr>
<th>Course Name</th>
<th>YR/Sem Taken Or YR/Sem will be taking</th>
<th>Grade for Admission Calculation</th>
<th>Credit</th>
<th>Grade Points</th>
<th>Course taken at: (i.e. UWO, FVTC)</th>
<th>Repeat*</th>
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<td>1 English-101, 110 Honors, 188 WBIS, 202, 300, or 312</td>
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<td>2 Psychology 101, 102, or 104 Honors</td>
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<td>3 Nursing 200, Psych 391 or Ed Foundations 377</td>
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<td>4 Science (Biological Concepts) Biology 105, 108 Honors, or 230</td>
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<td>5 Science (Anatomy) Biology 211</td>
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<td>6 Science (Physiology) Biology 212 or 319</td>
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<td>7 Science (Microbial Survey) Biology 233 or 309</td>
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<td>8 Science (Chemistry) Chemistry 101 or 105</td>
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<td>9 Science (Biochemistry) Chemistry 102 or 106</td>
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<td>10 GE Credits (ONLY 6 credits total) Please see instructions for any questions.</td>
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| GE Course Name: | |
| GE Course Name: | |
| GE Course Name: | |

**TOTALS:**
<table>
<thead>
<tr>
<th>Credit total</th>
<th>Grade Point Total</th>
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Grade Point total divided by Credit Total = GPA

Prenursing GPA =

**Basic Grading Scale PER CREDIT** (i.e., a 3-credit course with a grade of AB is configured as $3.5 \times \frac{3}{10.5}$)

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<thead>
<tr>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>A</td>
<td>4</td>
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<tr>
<td>A-</td>
<td>3.67</td>
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<tr>
<td>AB</td>
<td>3.5</td>
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<tr>
<td>B+</td>
<td>3.33</td>
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<td>B</td>
<td>3</td>
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<td>B-</td>
<td>2.67</td>
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<tr>
<td>BC</td>
<td>2.5</td>
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<td>C+</td>
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<td>C-</td>
<td>1.67</td>
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<td>CD</td>
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<td>D</td>
<td>1</td>
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<td>D-</td>
<td>0.67</td>
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DO NOT SEND OFFICIAL TRANSCRIPTS ALONG WITH APPLICATION. THESE MUST BE MAILED DIRECTLY TO THE ADMISSION OFFICE FOR PROCESSING.

Previous Bachelor Degree Cumulative GPA =
GPA CALCULATION INSTRUCTIONS

How do I calculate my GPA?

List the prerequisite courses from your UWO STAR Report or transcript on the GPA calculation form. Highlight the courses used and attach a copy. If the STAR/transcript is not yet available, please attach a note that your UWO application is in progress.

If you have more than the four sciences complete, place a line through the course(s) you do not wish to use. You must still list grade and credits even though you will not be using the course for GPA configuration.

If you have a waiver for a course, place the word “waiver” across the space where the grades are to be listed.

If you have a course in-progress (IP), place the letters IP in the grade/credit/grade points column. Up to 2 of the 6 science courses may be IP.

If more than one course is listed for possible use, i.e. English 101, 110, 188, or 202, circle the course which you are using to calculate your GPA. All courses to be used to calculate the GPA must be indicated by using UW Oshkosh course numbers.

Even though there are three spaces for general education on the calculation form, only put in six credits. For example, if you have two 3 credit courses, leave the last space blank. Another example would be: Comm 111 for 3 cr A = 12, PE 105 for a 2 cr A = 8, Soc 101 (3 cr AB) use 1 cr AB = 3.5. You cannot use more than six credits. You cannot use less than six credits. You cannot use any of the other required courses listed on the calculation sheet.

Once the courses are listed, add the numbers from the credits column to be used in calculation and put the total at the bottom. Add the numbers from the grade points column to be used in calculation and put the total at the bottom. Divide the total grade points by the total credits and put the GPA calculation in the grade column at the bottom.

What courses can be included in the general education and nursing elective portion of the nursing GPA?

Six credits of general education courses are needed. Courses may include HU, XC, ES, SS, XS, NW, GC, PE, MA, GE, NS, EN, or any Nursing elective course. The acronyms will be on your STAR report or UWO unofficial transcript.

No course can be used twice for grade point calculation.

What is the formula to calculate my GPA? Grade Point total ÷ Credit Total = GPA Calculation

<table>
<thead>
<tr>
<th>Basic Grading Scale per credit:</th>
<th>Numerical Scale &amp; International Transcripts per credit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = 4</td>
<td>1-1.25 = Excellent = A = 4.0</td>
</tr>
<tr>
<td>A- = 3.67</td>
<td>1.5-1.75 = Very Good = AB = 3.5</td>
</tr>
<tr>
<td>AB = 3.5</td>
<td>2.0-2.5 = Good = B = 3.0</td>
</tr>
<tr>
<td>B+ = 3.33</td>
<td>2.75 = Fair = BC = 2.5</td>
</tr>
<tr>
<td>B = 3</td>
<td>3.00 = Passed = C = 2.0</td>
</tr>
<tr>
<td>B- = 2.67</td>
<td>4.00 – Conditioned = D = 1.0</td>
</tr>
<tr>
<td>BC = 2.5</td>
<td>5.0 = Failed = F = 0</td>
</tr>
<tr>
<td>C+ = 2.33</td>
<td></td>
</tr>
<tr>
<td>C = 2</td>
<td></td>
</tr>
<tr>
<td>C- = 1.67</td>
<td></td>
</tr>
<tr>
<td>CD = 1.5</td>
<td></td>
</tr>
<tr>
<td>D+ = 1.33</td>
<td></td>
</tr>
<tr>
<td>D = 1</td>
<td></td>
</tr>
<tr>
<td>D- = .67</td>
<td></td>
</tr>
</tbody>
</table>
BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at http://DHS.wisconsin.gov/caregiver/StatutesINDEX.HTM.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as “Entities”):

<table>
<thead>
<tr>
<th>Programs Regulated under Chapter 48, Wis. Stats.</th>
<th>Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.</td>
<td>Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.</td>
</tr>
<tr>
<td>Others</td>
<td>Child Care Providers contracted through Local School Boards</td>
</tr>
</tbody>
</table>

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin’s Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services’ Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client’s property.
BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

☐ Employee / Contractor (including new applicant) ☐ Household member / lives on premises - but not a client
☐ Applicant for a license or certification or registration (including continuation or renewal) ☐ Other – Specify: Student Nurse

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

<table>
<thead>
<tr>
<th>Name – (First and Middle)</th>
<th>Name – (Last)</th>
<th>Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any Other Names By Which You Have Been Known (Including Maiden Name)</th>
<th>Birth Date</th>
<th>Gender (M / F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Social Security Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ American Indian or Alaskan Native</td>
<td>☐ Black</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander</td>
<td>☐ White</td>
</tr>
<tr>
<td>☒ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Business Name and Address - Employer or Care Provider (Entity)

<table>
<thead>
<tr>
<th>SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>➢ If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

| 2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) | ☐️ | ☐️ |
| ➢ If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents. | ☐️ | ☐️ |

| 3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: | ☐️ | ☐️ |
| ➢ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) | ☐️ | ☐️ |
| ➢ If Yes, explain, including when and where it happened. | ☐️ | ☐️ |

| 4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? | ☐️ | ☐️ |
| ➢ If Yes, explain, including when and where it happened. | ☐️ | ☐️ |
**SECTION A (continued)**

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?
   - If Yes, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?
   - If Yes, explain, including when and where it happened.

7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?
   - If Yes, explain, including credential name, limitations or restrictions, and time period.

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**SECTION B – OTHER REQUIRED INFORMATION**

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?
   - If Yes, explain, including when and where it happened.

2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?
   - If Yes, explain, including when and where it happened and the reason.

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?
   - If yes, indicate the year of discharge: _______
   - Attach a copy of your DD214 if you were discharged within the last 3 years.

4. Have you resided outside of Wisconsin in the last 3 years?
   - If Yes, list each state and the dates you lived there.

5. Have you had a caregiver background check done within the last 4 years?
   - If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe?
   - If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.

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A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to $1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<table>
<thead>
<tr>
<th>PRINT NAME – Required Individual</th>
<th>Date Submitted</th>
</tr>
</thead>
</table>