New Mexico State University  
ROADRUNNER  
Masters Entry to Nursing Practice Option for  
2nd Baccalaureate Degree-Seeking Students

General Information

The Roadrunner Masters Entry to Nursing Practice is a nursing program option that leads to a generic Masters in Nursing (MSN). Graduates of this program are prepared to assume positions of leadership in a diversity of health care service areas including acute care, clinical education, research, health promotion, health promotion and disease management, case management, rehabilitation and outpatient services. The degree plan is designed to be completed in about 2½ years. Students who complete this program option will receive both a BSN and an MSN, so successful graduates are eligible to apply to take the national licensing exam (NCLEX) for RN licensure in New Mexico.

Requirements for the Roadrunner Masters Entry Program

1. Obtain admission to NMSU as a second bachelor’s degree seeking student.
2. Have a minimum 3.00 GPA on a 4.00 scale in the first bachelor’s degree.

3. PREREQUISITES: Have a minimum of a 3.00 (“B” or better) on a 4.00 scale in the required prerequisites
   - Anatomy and Physiology or A & P I AND A & P II (8 credits)
   - Pathophysiology (3-4 credits)
   - Pharmacology (3-4 credits)
   - One additional science course in Biology, Microbiology, Chemistry or Physics (3 credits)
   - Statistics *(Has to be within the last FIVE years)

These courses will be part of the ranking process. Prerequisite courses over 7 years old must be repeated or the student may challenge the course by taking and passing a specific content exam through the School of Nursing. Costs associated with updating coursework through testing are the responsibility of the student. Prerequisite courses completed online from a regionally accredited college, university or junior college will be acceptable, including laboratory components. It is the applicant’s responsibility to make certain that regional accreditation has been awarded and that these courses are approved by the CHSS Nursing Academic Advisor.

4. Health Education Systems, Inc. (HESI) exam - All applicants to the NMSU pre-licensure program must complete admissions testing. Applicants are required to obtain a minimum satisfactory score on admissions testing prior to applying. Failure to obtain a minimum score will result in rejection of the application.

5. Three references from education mentors and/or employment supervisors. Use the reference form in this packet. A current resume documenting prior education and work experience should also be included.

6. Full admission to the program is contingent upon completion of all clinical clearance requirements, including drug testing, immunizations, a criminal background check and admissions testing as required by the School of Nursing.

7. A positive drug test or prior criminal offenses found during the background check will result in rejection of the student’s application to the nursing program and/or disenrollment. Costs associated with these applicant screening procedures are the responsibility of the applicant. The results of prior drug screening or criminal background check procedures obtained for other purposes are not acceptable for this application process.

8. Students accepted for this program must be eligible for admission to the NMSU Graduate School.
Application Procedure

For Application to New Mexico State University:

Apply and be admitted to New Mexico State University (NMSU) as a 2nd degree seeking student. Request official transcripts from all colleges or other post-secondary educational institutions to be mailed directly to:

Office of Admissions, MSC 3A
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

For Application to the School of Nursing:

Give each person providing a reference a copy of the reference form included with this application. Complete the top of the reference form with your name, address and social security number. Ask the person to place the reference form in an envelope and sign the envelope across the seal.

Application packets to the CHSS School of Nursing Academic Advisor should include the following:

1) An official copy of all previous college/university transcripts

2) Proof of successful completion of required pre-requisites A&P I and A&P II or Anatomy and Physiology courses, Pathophysiology, Pharmacology and the third Science course and Statistics

3) TEST: HESI admission assessment test with a score of 78% or better

4) Current Resume

5) A completed application (attached)

6) Three (3) signed and sealed letters of reference

Send these in one packet to:

CHSS/School of Nursing Academic Advisor
MSC 3185
New Mexico State University
P. O. Box 30001
Las Cruces, NM 88003-8001
New Mexico State University
College of Health and Social Services

ROADRUNNER Option for
2nd Baccalaureate Degree-Seeking Students

APPLICATION FOR ADMISSION

Name: ________________________________________________

First Middle Last

Address: ________________________________________________

Number & Street

City State Zip

Telephone Home: ___________ Wk: ___________ Cell: ___________

E-mail(s): ______________________________________________

NMSU ID #: ___________ Social Security #: ________________________

Male Female Date of Birth: ______________________

Bachelor Degree Subject Institution Name

Date Degree Conferred ______________________ Graduating GPA _______

Signature ___________________________ Date ___________
<table>
<thead>
<tr>
<th>COURSE</th>
<th>Semester Taken</th>
<th>Semester Completed</th>
<th>Where Completed</th>
<th>Grade</th>
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<tbody>
<tr>
<td>A&amp;P I</td>
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<tr>
<td>A&amp;P II</td>
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<tr>
<td>Anatomy</td>
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<td>Physiology</td>
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<td>Pathophysiology</td>
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<td>Pharmacology</td>
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<td>Science Specify</td>
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<tr>
<td>Statistics</td>
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**Anatomy and Physiology are generally offered as BIOL courses. A&PI and A&P II are generally offered at 2-yr or Community Colleges. APPLICANTS must have the grouping of A & P I AND II or Anatomy, AND (separate course) Physiology.**

The following information is optional and will be used for departmental demographic data only:

Race:

- _____African American
- _____Asian American
- _____White
- _____Hispanic
- _____American Indian
- _____Other
- _____Alaska Native American
- _____Hawaiian/Pacific Islander

Ethnicity: _____ Hispanic _____ Not Hispanic

Citizenship: ___________________________ VISA#

Military Status:

- _____ not applicable
- _____Active Duty*
- _____National Guard
- _____Active Duty (Ret)
- _____Child of Active Duty Member
- _____Military Reservist
- _____Spouse of Active Duty Member

If you selected “Active Duty”, please describe your duty assignment for the next two years:

______________________________________________________________________________

________________________________________________________
Have you previously attended another nursing program? ___ YES ___ NO

If yes, complete the following:

_______________________________
Nursing School attended From (mo. & year) To (mo. & year)

Reason for leaving: ____________________________________________________________

Please initial one of the following:

___________ YES, you may contact the above listed nursing program(s)

___________ NO, you may NOT contact the above listed nursing program(s)

Do you possess a professional license in any other field of health care? ______ Yes ________ No

Have you ever possessed a professional license in any other field of health care? __Yes ___ No

If yes please disclose the state(s) you were/are licensed in______________________________________

I certify all the above information is correct      Signature______________________________

CLINICAL COMPETENCIES & BLOOD BORNE VIRUSES

Essential Eligibility Requirements for Participation in the School of Nursing

The following essential eligibility requirements for participation in the School of Nursing and examples of necessary activities (not all inclusive) should be used to assist each applicant/student in determining whether accommodations or modifications are necessary.

<table>
<thead>
<tr>
<th>ESSENTIAL FUNCTIONS</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking abilities sufficient for clinical judgment.</td>
<td>Identify cause/effect relationships in clinical situation; develop nursing care plans.</td>
</tr>
<tr>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Establish rapport with patients/families and colleagues.</td>
</tr>
<tr>
<td>Communication abilities sufficient for interactions with others in verbal and written form.</td>
<td>Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.</td>
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<tr>
<td>Abilities sufficient to move from room to room and to maneuver in small places.</td>
<td>Move around in patients' rooms, work spaces, and treatment areas, and administer cardio-pulmonary resuscitation.</td>
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<tr>
<td>Abilities sufficient to provide safe and effective nursing care.</td>
<td>Calibrate and use equipment; position patients/clients. Safely lift and move clients/patients.</td>
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<tr>
<td>Abilities sufficient to monitor and assess health needs.</td>
<td>Hear monitor alarms, emergency signals, auscultory sounds, and cries for help.</td>
</tr>
<tr>
<td>Abilities sufficient for physical assessment.</td>
<td>Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter.</td>
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</tbody>
</table>
ADA Guidelines apply to all qualified persons. If you have a diagnosed disability that needs specific consideration, see the Department of Nursing Chairman prior to accepting placement in the nursing program to discuss your needs.

A person with a diagnosed disability is a person who is otherwise qualified with reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a public entity and must be able to perform the “essential functions” of the position with reasonable accommodations. Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the appropriate program chair as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from their physician and the NMSU Disabilities Office.

Initial

_________ I do not need accommodations to participate in the School of Nursing program.

_________ I will need accommodations to participate in the School of Nursing program.

_________________________ _________________________
Signature Date

Students with Blood Borne Viruses (Hepatitis B, HIV Positive Test, ARC, AIDS, Etc)

Students with documented Hepatitis B, Hepatitis C, HIV, ARC and AIDS, etc. may care for patients when cleared by their physicians and the relevant health care facility has been notified in writing and accepted the student. A physician's clearance must be on file prior to acceptance or as soon as identified for each student who has one of the above stated conditions. Students with carrier state or chronic Hepatitis B, HIV positive test, ARC, or AIDS must do the following when assigned to clinical areas:

1. Adhere to the existing policies of the institution regarding infection control at all times.
2. Use good hand washing technique and gloves when working with clients/patients.
3. Do not work in patient/client care areas if they have exudative lesions or weeping dermatitis.
4. Do not assign to renal dialysis units.

Students cannot work in care areas where they could transmit disease to its clients or co-workers. Risk of transmission would exist where there is trauma to the patient that would provide a portal of entry for the virus such as during invasive procedures, surgery or treatment of open wounds when a needle stick, scalpel wound or open lesion in the infected student could result in transfer of blood or serous fluid to the open tissue of the patient.
Review, Initial and Sign

_______ I certify that the information provided in this application is complete and accurate and I understand that submission of false or incomplete information is grounds for rejection of the application and possible dismissal from the School of Nursing.

_______ I understand that it is my responsibility to ensure accurate and updated information in terms of mailing address, current phone number, and email address.

__________________________________________________  ______________________
Signature                                                                 Date
New Mexico State University

BACHELOR OF SCIENCE IN NURSING

2nd Degree BSN

REFERENCE LETTER

Name_________________________________________________________
   Last    First    Middle

NMSU Banner I.D. Number: ___________________________________________

_____I waive my right to see this reference    _____I do not waive my right to see this reference

________________________________________________________
Signature of Applicant

To the person completing this form:

The person named above is applying for admission to the 2nd degree BSN nursing education option at the New Mexico State University School of Nursing. It is designed for students who are able to meet the challenges of an academically rigorous education program. Your assessment of the applicant’s ability to succeed in this intense environment would be helpful. Please complete the following form and sign across the sealed flap of the envelope provided to you by applicant. Return letter to applicant to include in application packet.
Rate the applicant relative to other students/employees with whom you have had contact on each of the following characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N/A Unable to rate</th>
<th>5 Outstanding (Top 5%)</th>
<th>4 Superior</th>
<th>3 Above Average</th>
<th>2 Average</th>
<th>1 Below Average</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Maturity and Stability</td>
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<td>Self-reliance and Independence</td>
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<td>Critical Thinking</td>
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<td>Oral Communication Skills</td>
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<td>Written Communication Skills</td>
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<td>Motivation and Drive</td>
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<td>Leadership Ability</td>
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</table>

1. Describe your relationship to the applicant and how long you have known her/him.

2. Do you know of any special circumstances in the applicant’s employment, social or academic background or emotional makeup that should be considered in the evaluation of this applicant?

3. Would you recommend this applicant for academic nursing studies? Yes No

Name and Title (please print) ___________________________________________________________

Signature _____________________________________________ Date_________________________