

**THE UNIVERSITY OF TEXAS  
RIO GRANDE VALLEY  
SCHOOL OF NURSING  
Accelerated MSN Programs**

APPLICATION FOR ADMISSION   
APPLICATION FOR READMISSION

Mark box corresponding to the program of application:  Full Time  Part-Time  
 Graduate Non-Degree Seeking  
 Accelerated Master of Science in Nursing Administration (MSN-Adm)  
 Accelerated Master of Science in Nursing Education (MSN-Ed)  
 Post-Master's Psychiatric Mental Health Nurse Practitioner (PMHNP)

**PLEASE TYPE OR USE BLACK INK. DO NOT USE NICKNAMES.  
FAILURE TO ANSWER ALL QUESTIONS COMPLETELY MAY DELAY PROCESSING OF YOUR APPLICATION.**

Date of Application: \_\_\_\_\_  
Mo. Day Yr. Student ID # \_\_\_\_\_

This application is for admission into the program beginning: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

Full legal name: \_\_\_\_\_  
Last First Middle

Maiden name: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Required)

Current mailing address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please give a number where you can be reached weekdays between 8 A.M. and 5 P.M.)

Permanent address: \_\_\_\_\_  
Street

**Note:** This address should be a constant one where you can be reached now and in future years.  
\_\_\_\_\_  
City State Zip  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RN Lic # - \_\_\_\_\_ State- \_\_\_\_\_

**PERSONAL INFORMATION**

Are you an International / Non United States Citizen applicant?  Yes  No  
If yes, see "Admission of International Student" in the Undergraduate Catalog for additional requirements.  
 Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm) (dd) (yyyy)  
Race/Ethnicity:  Hispanic  Black  Asian  White/Caucasian  American Indian/Alaskan  
 Puerto Rican  Other Spanish Surname  Pacific Islander

**INSTRUCTIONS FOR OBTAINING CRIMINAL BACKGROUND CHECK**

The MSN Program requires a pre-admission criminal background check. To complete this process:  
Visit the link [www.studentscreener.com](http://www.studentscreener.com) to initiate your background check. You will need to provide all required personal data and choose your school as Univ. of Texas Rio Grande Valley – UTRGV and program: GRAD/Masters

**STUDENT APPLICANT AUTHORIZATION**

I hereby authorize FirstPoint, Inc (“FirstPoint”) to perform a criminal records search on me and consent to undergo a drug test at the request of the School and/or University. I authorize the School and/or University to provide a copy of the report generated from the background check to any or all of the healthcare facilities with whom the School has contracted to provide its students clinical training and experience. I further authorize FirstPoint to verify my driving records.

Further, I authorize other organizations to provide such information to FirstPoint.

*New York employers and residents only:*

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

**CONSUMER DISCLOSURE**

I understand that a consumer report (Insight) may be obtained from the FirstPoint, Inc. for background screening purposes. **I understand that this Authorization and Disclosure form shall be in effect for the duration of my clinical training and experience and shall serve as ongoing authorization to procure a consumer report at any time during the course of my clinical training and experience.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**APPLICANT’S SIGNATURE** **DATE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**PARENT OR GUARIAN’S SIGNATURE** **DATE**

*California, Minnesota & Oklahoma residents online:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.

Yes  No

For office use only:

For GA Criminal Searches Only (Must Check One)  Employment w/ Mentally Disabled (Purpose Code M)  Employment w/ Elder Care (Purpose Code N)  Employment w/ Children (Purpose Code W)  None Apply

**School Name:** \_\_\_\_\_

## APPLICATION REQUIREMENTS CHECKLIST

1. SUBMIT THE FOLLOWING ITEMS TO THE NURSING OFFICE, LHSB 2.720, **BEFORE THE DEADLINE.**

- Completed and signed School of Nursing Application**
- Criminal Background Check**      **Date Initiated** \_\_\_\_\_

2. Students are encouraged to carry **health insurance**. Students must carry professional liability insurance. Professional liability insurance coverage in at least a minimum amount of \$1 million limit each claim and \$3 million aggregate is required. Cost for the professional liability insurance is included in the fees paid during each fall semester. The professional liability insurance is only applicable to students in their student role, not in their employment role.

**Note: All students must sign the following disclaimer question.**

I understand that the School of Nursing will not regard this application as "complete" until all supporting papers have been received; therefore, it is to my interest to see that these are submitted as promptly as possible.

If selected for admission to this program I will at all times conduct myself in accordance with the rules and regulations of the University, of the Nursing department and its clinical affiliates. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I certify that I can perform the essential eligibility requirements for participation in clinical nursing with or without reasonable modifications to rules, policies, or practices, the removal architectural, communication, or transportation barriers, or the provision of auxiliary aids and services as described in the information packet. I hereby grant permission to UTRGV to verify any and all information submitted/stated.

**I understand that my acceptance to any nursing program is only conditional, until such time as I have cleared a criminal background/security clearance screening.**

**All applicants must submit a complete application in order to be considered for admission.**

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Signature of Applicant

Date