

**SCHOOL NURSE SERVICES CREDENTIAL PROGRAM
APPLICATION FOR ADMISSION**

Last Name	First	MI	Maiden	Soc. Sec.. #
Street		City	State	Zip
Home Phone		Work Phone	E-mail	

NOTE: All Students Must Have An Active Email Account And Internet Access

CURRENT LICENSES, CREDENTIALS, CERTIFICATES

LICENSE, ETC.	NUMBER	EXPIRATION DATE
1. CA. RN License	_____	_____
2. Preliminary Health Services Credential	_____	_____
3. Public Health Nurse Certificate	_____	_____
4. School Audiometrist Certificate	_____	_____
5. Other	_____	_____

CSU Campus where you will take Distance Education Classes: _____

PERSONAL AND PROFESSIONAL FITNESS

Have you ever been convicted or pleaded nolo contendere for any violation of the law other than minor traffic offenses? (If either of these events has occurred, the question must be answered "yes". If any of the above events has occurred with subsequent court action sealing the juvenile record under Penal Code Section 1203.45, this question may be answered "no".)

Yes

No

If you answered "yes" to the above question, please contact:

California Commission on Teacher Credentialing
Professional Practices Division

Phone: 916.445.0234

List all institutions attended including California State University, Fresno, if applicable. One official (sealed) transcript must be submitted from each college or university.

School Name	Location	Enrolled		# of Units Completed	Degree
		From	To		

Previous Degree Dates:

BS Nursing _____ MS Nursing _____ Other, specify _____

Previous Experience:

List your nursing experience starting with the most recent.

<u>Institution</u>	<u>Location</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that it is my responsibility to submit all required materials to the Department of Nursing and that my file must be completed before a formal evaluation can be done.

I further verify that all information on this application is true and accurate.

Signature of Applicant _____ Date _____

Return this application by March 1 to:

Coordinator, School Nurse Services Credential Program
 2345 E. San Ramon Avenue, M/S MH25, Fresno, CA 93740-8031

Write a brief essay describing your reasons for electing to pursue a School Nurse Services Credential.

Signature: _____

SUBMIT THIS PAGE WITH YOUR APPLICATION.
CALIFORNIA STATE UNIVERSITY, FRESNO
School of Nursing

School Nurse Services Credential Program
APPLICANT RECOMMENDATION FORM

The candidate named below is applying for admission to the School Nurse Services Credential Program for preparation as a school nurse. Your evaluation of the applicant will assist us in the selection process.

This form will be placed in the student's open file. Please return the form directly to:

Coordinator
School Nurse Services Credential Program
School of Nursing
2345 E. San Ramon Ave. M/S MH25
Fresno, CA 93740-8031

APPLICANT _____

In what relationship have you known the applicant? _____

Please rate the individual on the following abilities and characteristics:
(A rating of 1 is poor and 5 is outstanding).

Ethical Behavior	1	2	3	4	5
Interpersonal Relationships	1	2	3	4	5
Written Expression	1	2	3	4	5
Creativity	1	2	3	4	5
Reliability	1	2	3	4	5
Knowledge Base	1	2	3	4	5
Working with Children	1	2	3	4	5
Working Under Stress	1	2	3	4	5
Independence	1	2	3	4	5
Judgment	1	2	3	4	5
Leadership	1	2	3	4	5
Decision-making	1	2	3	4	5
Professional Image	1	2	3	4	5

