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## General Information

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### *Pacific Union College is:*

- A Christian liberal arts college
- A fully accredited four-year college
- Ranked among the top ten western regional liberal arts colleges in the *U.S. News and World Report*
- A 200-acre campus that overlooks the beautiful Napa Valley

Pacific Union College has been educating nursing students since 1958 when it first established the Associate of Science degree in Nursing. The RN-to-BSN program began in 1981 at the Los Angeles Campus at the White Memorial Medical Center. The AS degree prelicensure program is approved by the California Board of Registered Nursing, and both the AS and BSN programs are accredited by the National League for Nursing Accrediting Commission.

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## The RN-to-BSN Program

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**Curriculum:** A description of the RN to BSN program, degree requirements, and curriculum is available at: <http://www.puc.edu/academics/degrees-programs> - select document NURS-03. Students select courses in consultation with a nursing faculty advisor.

### *Campus Locations and Resources:*

- Pacific Union College Campus, Angwin, CA - Full-time or part-time options
- Queen of The Valley Medical Center, Napa - Part-time, cohort option
- Travis Air Force Base, Fairfield - Recruiting office only

**Program designed for the working nurse:** The RN to BSN Program at Pacific Union College is designed for the registered nurse who has an associate degree in nursing. The program has been developed to meet the needs of the individual who must work while pursuing an education. Full-time and part-time options are available.

Classes are developed on adult learning principles and tailored for interactive learning experiences. On the Angwin campus, classes are scheduled in concentrated core week sessions during the 1<sup>st</sup> and 6<sup>th</sup> week of each quarter. Students schedule their clinical hours for the two courses requiring practicums during the four weeks following each core week, for a total of eight clinical weeks each quarter. With pre-approval, clinical experiences may be arranged at local agencies. On the Napa campus, classes are scheduled one night a week, and taken consecutively; the classes with a co-requisite practicum class are taken concurrently.

**Full-time:** This option is available at the Angwin campus, and open to students with an RN license who have completed all AS cognates and most of the required BSN general education requirements (lacking no more than 8 units). Students will attend 5-6 days of class every five weeks each quarter for one academic school year. Additional days are scheduled to complete exams. Students must complete 180 clinical hours (90 hours for each of 2 clinical courses). At this full-time pace of 17 units per quarter, BSN requirements may be fulfilled in 3 quarters or one academic year.

**Part-time:** This option is open to students eligible for RN licensure who does not meet the criteria for full-time enrollment, or who prefer a part-time schedule. On the Angwin campus, students attend 2-4 days of class every five weeks during each quarter. Additional days are scheduled to complete exams. Clinical hours are usually completed the second year. At a part-time pace, BSN and general education requirements can be completed in two academic years and a summer. Students participating in the part-time program in Napa attend class one evening a week.

**Several starting dates per year:** New students may be admitted to the program at the beginning of each of the three quarters that make up the academic year: September, January, March/April. The Napa program operates in cohorts that begin approximately every 18 months.

### Application Deadlines

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For all programs, applications are considered following the due date for each enrollment date and considered on a space available basis thereafter.

- For fall quarter enrollment, applications are due May 15
- For winter quarter enrollment, applications are due October 15
- For spring quarter enrollment, applications are due January 15
- For the Napa cohort, applications are considered as received, and each cohort is confirmed 2 months in advance of the projected start date (assuming enrollment minimums have been met)

### Admissions Process

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- \_\_\_A. Apply to the Department of Nursing (see application form to follow)
- \_\_\_B. Submit all high school and/or college transcripts to the Nursing Department. Transcripts must document the successful completion of an AS degree in nursing and required cognates. Records department staff review transcripts to determine appropriate credit (see Transcript Analysis).
- \_\_\_C. Submit two professional recommendations (if not a continuing PUC nursing student).  
<http://www.puc.edu/academics/departments/nursing/degrees-programs> - Recommendation Form

**Notification of admissions committee decision will be in writing from the nursing department.**

### Clinical Clearance Requirements for BSN Degree Nursing Students (Initial and Ongoing)

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The following items are required of all BSN Degree Nursing Students in order to obtain clinical clearance

1. **Health Clearance from PUC Health Services:** (see - *Health Clearance Requirements for all Nursing Students*) at:  
[www.puc.edu/academics/departments/nursing/degrees-programs](http://www.puc.edu/academics/departments/nursing/degrees-programs).
2. **HealthStream Educational Modules:** Purchase and complete the required HealthStream modules prior to the start of the first clinical course and annually thereafter.
3. **CPR for Healthcare Professionals:** Provide the Department of Nursing with a card issued by the American Heart Association (<http://www.americanheart.org/>) verifying completion of a, *Basic Life Support Healthcare Provider (BLS HP) course*.
4. **Background Check and Drug Screen:** A clear background check and clear drug screen are required of all students entering the program. See below for more information.
5. Provide the Department of Nursing with a copies of the following with visible activation/expiration dates:
  - a. \_\_\_ California RN license
  - b. \_\_\_ Professional liability insurance
  - c. \_\_\_ Driver's license.
  - d. \_\_\_ Auto insurance (required for Community Health Nursing only)

*Please Note: Health Clearance Documents are accepted ONLY at Health Services*

### Criminal Background Check and Drug Screen

All students are required to undergo a criminal background check and drug screen prior to participating in required clinical experiences.<sup>1</sup> Both the criminal background check and the drug screen must be completed satisfactorily as determined by the Department of Nursing prior to beginning any clinical experience. Students are responsible for all costs associated with criminal background check and drug screening. Students must further agree that all results are available to the program and the clinical sites associated with the program.

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<sup>1</sup> Further information about obtaining the required background check and urine screening is provided upon admission to the designated program.

Should a clinical agency refuse to place a student based on the outcome of either the background check or the drug screen, the program has no responsibility for arranging alternate clinical placements.

**Criminal Background Check:** Students must clear a criminal background check before finalizing admission to the nursing program. Failure to undergo the background check will result in dismissal from the program. If the background check indicates criminal behavior the student may be dismissed from the program. Students may appeal the decision and will have the opportunity to present information to dispute the background check. Determination by the Department of Nursing that a student has passed the criminal background check does not guarantee that every clinical facility will accept this assessment and allow the student to participate in clinical experiences. A student who has a gap in continuous enrollment in the program may be required to undergo another criminal background check prior to readmission into the program.

**Drug Screen:** Students must clear a urine drug test before finalizing admission to the nursing program. Failure to undergo the drug test will result in dismissal from the program. If the student fails the test, the student will not be admitted to the program. If a student contests the results of a test, the student has the right to request that the sample be retested at a second location (provided that the request is made and the second drug test is completed within seven (7) days after the results of the failed test).

**Readmission:** Should the Department obtain evidence of criminal behavior and/or drug use after a student has been cleared for admission into the program, the student may be dismissed from the program. Readmission into the program may be considered in the sole discretion of the Department if a subsequent background check shows a clear record, or the student follows a treatment plan developed in collaboration with Student Health Services and the Counseling Center and clears subsequent random urine drug testing.

### Transcript Analysis

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The graduation analyst evaluates transcripts to determine appropriate credit for courses already completed.

A maximum of 108 quarter-units with up to 57 credits in nursing may be transferred from a community college. Any credits exceeding 108 must be taken at PUC or other four-year college or university. PUC places no time restriction on courses previously completed.

Pacific Union College is on the quarter system with three quarters during the academic year. Two semester units of credit are equivalent to three quarter units. For questions regarding transfer credit or graduation requirements, contact the graduation analyst in the Records Office (1-800-862-7080, opt 2) or (707)965-6678.

### Financial Information

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#### *How can I meet the cost of the BSN program?*

- Employer reimbursement
  - Many hospitals have educational benefits. PUC will assist you in documenting enrollment for reimbursement purposes.
- Financial aid options
  - FAFSA - Free Application for Federal Student Aid
  - Apply on line at <http://www.fafsa.ed.gov>
- Grants/Loans - based on completed FAFSA
  - Cal Grant
  - Pell Grant
  - Federal Stafford Loan
- Other loan programs - non PUC
  - No FAFSA required
  - Alternative Loans (credit based)

#### *What happens to my PUC financial package if I fail or withdraw from a class?*

- Stay in close communication with your financial advisor with any changes in your plans once you have started the program.
- Any failures (less than passing grade) in courses are not covered by loans.
- A passing grade for all BSN program coursework is a C-.

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The Department of Nursing reserves the right to add, amend, or cancel any of its programs, policies, and procedures, in whole or in part, at such time as it may choose and for any reason.

Every effort has been made to insure the accuracy of the information in our publications. Applicants should be advised, however, that such information is subject to change without notice, and that they should consult with the Admissions Coordinator and/or their Academic Advisor for current information. Information in this document does not constitute a contract between the Department of Nursing and a student or an applicant for admission.

**Pacific Union College**  
**Department of Nursing**

One Angwin Avenue  
Angwin, CA 94508

Phone: (707) 965-7262  
Fax: (707) 965-6499  
E-Mail: [nursing@puc.edu](mailto:nursing@puc.edu)  
Web: [www.puc.edu/nursing](http://www.puc.edu/nursing)

PUC Department of Nursing  
Bachelor of Science Degree in Nursing Program  
APPLICATION FORM - Part A

Preferred Campus ☐ Angwin ☐ Napa  
 Anticipated Enrollment Date ☐ Fall ☐ Winter ☐ Spring  
 Preferred Enrollment Status ☐ Full-time ☐ Part-time (*see guidelines for FT vs PT admission*)

PLEASE TYPE OR PRINT ALL INFORMATION

PUC Student ID# \_\_\_\_\_

Last Name		First Name	Middle Name	Previous Names (including Maiden)	Religious Affiliation
Sex	Marital Status	Date of Birth	RN License Number	Social Security Number	
M F	S M				
Home/Permanent Mailing Address			School Mailing Address (if living away from home)		
Street			Street		
City, State, ZIP			City, State, ZIP		
Telephone (including Area Code) <input type="checkbox"/> Residence <input type="checkbox"/> Mobile			Telephone (including Area Code) <input type="checkbox"/> Residence <input type="checkbox"/> Mobile		
Email Address			PUC Email Address -required		
Ethnic and Race Group (used for statistical purposes only) Please mark at least one in each group					
<b>Ethnicity (select one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Race (select one or more)</b> <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Educational Background					
School Name, Location			Dates Attended and Degree Received		
Academy/High School					
College					
College					
College					
College					

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

PUC Department of Nursing  
Bachelor of Science Degree in Nursing Program  
APPLICATION FORM - Part B

PLEASE TYPE OR PRINT ALL INFORMATION

Name \_\_\_\_\_  
PUC Student ID# \_\_\_\_\_

**Anticipated Location for Completion of Clinical Practicums (required information)**

\_\_\_\_ Napa County, Lake County, Sonoma and/or Solano counties (circle only those that apply)  
\_\_\_\_ Bay Area (include county and facility) \_\_\_\_\_  
\_\_\_\_ Loma Linda /San Bernardino area (include facility) \_\_\_\_\_  
\_\_\_\_ Los Angeles area (include facility) \_\_\_\_\_  
\_\_\_\_ Other (include county and facility) \_\_\_\_\_

**Professional Experience/Professional Recommendations**

Are you employed as a nurse? Yes \_\_\_\_ No \_\_\_\_ Name of Facility \_\_\_\_\_

If not, do you plan to work as a nurse while in the BSN program? \_\_\_\_\_

Please attach a resume or provide your professional work experience history on the attached page.

Please provide two professional references (not required for continuing PUC nursing students).

**EMPLOYMENT STATUS AND PRACTICUM COMPLETION**

The clinical practicums for the RN to BSN Program at PUC are designed for the working nurse. While employment as a nurse is not a requirement, be advised that you will be the central person in planning your practicums. Advisers and teachers will work with you to establish mentor relationships, however your own clinical base and/or network may impact mentorship selection and confirmation.

**RELOCATING WHILE IN BSN PROGRAM**

Moving to a new area is not advised unless you have a pre-existing network established that will enable you to connect with potential mentors.

**ATTACH THE FOLLOWING CURRENT DOCUMENTS:**

- \_\_\_\_ California RN license (and/or current license for state in which practicum will be completed)
- \_\_\_\_ CPR certification (either AHA BLS Healthcare Provider or ARC Professional Rescuer)
- \_\_\_\_ Professional liability insurance
- \_\_\_\_ Driver's license.
- \_\_\_\_ Auto insurance (required for CHN only)

Send document updates to the attention of the Nursing Office Manager via FAX at 707-965-6499 or via email at [nursingoffice@puc.edu](mailto:nursingoffice@puc.edu) or by mail to Department of Nursing, One Angwin Avenue, Angwin, CA 94508. All required documents must be submitted before participating in any clinical experiences.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PUC Department of Nursing  
Bachelor of Science Degree in Nursing Program  
APPLICATION FORM - Part B (cont)

PLEASE TYPE OR PRINT ALL INFORMATION

Name \_\_\_\_\_  
PUC Student ID# \_\_\_\_\_

Professional Experience/Work Experience (list most current first)

1.	_____	_____	_____
	Facility	Address	Telephone
	_____	_____	_____
	Position		Dates
2.	_____	_____	_____
	Facility	Address	Telephone
	_____	_____	_____
	Position		Dates
3.	_____	_____	_____
	Facility	Address	Telephone
	_____	_____	_____
	Position		Dates

**Recommendation Form**Select Program: ☐ AS ☐ LVN/MT to RN ☐ RN to BSN

Applicant's Name (Please Type or Print)

Today's Date

**APPLICANT:** Please have a professional individual, such as a teacher, physician, pastor, nurse, residence hall dean, or work supervisor who knows your capabilities, complete this reference form. Family member references will not be accepted. Recommendations must be mailed by the recommender. Recommendations written by relatives and those presented directly to the Nursing department by the students themselves are not acceptable. Recommendations should be returned directly to:

Pacific Union College  
Nursing Department  
One Angwin Ave  
Angwin, CA 94508

I understand that this form will be used in the admission process for the PUC Nursing Program only. Please understand that Federal legislation (Family Rights and Privacy Act of 1974 and its amendments) allows an individual to have the option of having either a confidential file or a file open to their (the applicant) inspection.

- ☐ I waive my right to review a copy of this recommendation form at any time in the future.  
☐ I do NOT waive my right to review a copy of this recommendation form at any time in the future.

Applicant's Signature \_\_\_\_\_

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**RECOMMENDER:** You have been requested by the above applicant to complete this form. Your frank, prompt appraisal will assist the Nursing Admissions Committee in evaluating the applicant's qualifications. Thank you for your cooperation.

1. In what capacity and for how long have you known the applicant?
2. Please describe any personality, physical, or emotional characteristics that you feel may be important to the applicant's success in the Nursing Program.



3. Please rate the applicant as follows:

	Above Average	Average	Below Average	Not Applicable
Quality of work				
Interactions with others				
Reliability				
Honesty				
Motivation				
Academic Ability				
Emotional Stability				
Cooperation				
Nursing Performance (RN-BSN Only)				

4. Comments:

5. ☐ Highly Recommend  
☐ Recommend  
☐ Recommend With Reservations  
☐ Not Recommended

Recommender's Printed Name \_\_\_\_\_

Recommender's Position/Title \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

**Recommendation Form**Select Program: ☐ AS ☐ LVN/MT to RN ☐ RN to BSN

Applicant's Name (Please Type or Print)

Today's Date

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Interactions with others				
Reliability				
Honesty				
Motivation				
Academic Ability				
Emotional Stability				
Cooperation				
Nursing Performance (RN-BSN Only)				

4. Comments:

5. ☐ Highly Recommend  
☐ Recommend  
☐ Recommend With Reservations  
☐ Not Recommended

Recommender's Printed Name \_\_\_\_\_

Recommender's Position/Title \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Recommender's Signature \_\_\_\_\_