

APPLICATION FOR THE SCHOOL NURSE CERTIFICATION PROGRAM

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

RUID: _____

BSN/BA DEGREE DATE AND SCHOOL *School:* _____ *Year:* _____

SCHOOL(S) and/or COLLEGE(S) YOU HAVE ATTENDED OR ARE ATTENDING PRESENTLY	YEARS ATTENDED	NUMBER of CREDITS EARNED	GPA	M AJOR and/or DEGREE(S)
RUTGERS UNIVERSITY	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Student Advisement Form

Name: _____

Date: _____

Please indicate the grade you earned in each pre-requisite, the semester, and where you took the course (eg., *Microbiology, CCC, Fall 06, A*), or where you **WILL TAKE** it and **WHEN** (eg., *Sociology of Family, Rutgers, Spring 10, Summer 10*).

COURSE	PLACE WHERE TAKEN	SEMESTER & YEAR	GRADE
FOUNDATION COURSES			
Sociology of Childhood and Adolescence (3)			
Public Health Nursing – Nursing IV (6)			
Public Health Practicum– Nursing IV (4)			
Introduction to Psychology (3)			
Human Relations/ Intercultural Elective (3)			
GENERAL EDUCATION COURSES (must have 45 credits in 4 categories)			
Foreign Language			
Fine and Practical Arts			
Social Studies			
Mathematics			
Science			
Philosophy			
Psychology			
English			
CORE COURSES			
Principles of School Nursing (3)			
Methods and Issues in Health Education (3)			
Contemporary Issues in School Nursing (4)			
Contemporary Issues Practicum (6)			

Please return this completed application by April 15 to:

Sharon M. Conway, M SN, RN, CSN
sharon.conway@rutgers.edu
 Rutgers School of Nursing – Camden
 311 N. 5th Street – Armitage Hall – Rm 449
 Camden, NJ 08102-1405
 856-225-6040