



# California State University, Chico

## School of Nursing

### International Nurse Remediation Program Course Application

#### Application Directions:

1. Please review the admission requirements prior to applying (<https://www.csuchico.edu/nurs/programs/international/index.shtml>)
2. Submit a 1-page typed essay describing your background in nursing, your professional strengths and what you hope to gain from this experience.
3. Send unofficial transcripts.
4. Return completed application and \$100.00 non-refundable application fee to:  
**School of Nursing - 200 , CSU Chico 400 W 1st ST, Chico, CA 95929-0200.** Make cashier's checks payable to **The CSU Chico Research Foundation.** Include with your application a copy of the letter from the California Board of Registered Nursing indicating what course(s) you are required to take for RN licensure.

#### Courses Needed:

Check all that apply.

- Medical/Surgical Nursing     Psychiatric Nursing     Obstetric Nursing     Pediatric Nursing

#### Personal Information

Name (Last, First):		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address (Mailing Address):		
City:		
State:		
Zip:		
Email Address:		
Mobile Phone Number:		
Alternate Phone Number:		
Date of Birth:		
Country of Birth:		
Are you a citizen or permanent resident of the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, what country?		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, explain on a separate sheet.		

#### Emergency Contact Information

Emergency Contact Name:	
Emergency Contact Cell Phone:	
Emergency Contact Work Phone:	

**Educational Information**

Name of the college or university where you received your nursing education:	
Country this college or university is located?	
What year did you graduate?	
Please list any special trainings or continuing education you have received since you graduated.	

**Work Experience**

Are you a Registered Nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, in what country?				
If you are a Registered Nurse in the United States, please indicate state(s) of licensure:				
In your country of origin or in any country, has any state board ever restricted, suspended or revoked your license to practice nursing? If no, explain on a separate sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many year(s) of work experience have you had as a Registered Nurse?	<input type="checkbox"/> None	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 7-10 years
Please indicate the month and year that you last worked as a registered nurse? What setting did you practice in? (acute care, skilled nursing, medical office, etc)	Month ____ Year ____ Setting: _____			

**Optional Information**

*The following information will not be used in the admission decision. It will be used for statistical purposes and planning.*

Q1. Do you consider yourself to be of Hispanic/Latino origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q2. Which of the following best describes your race if you do not identify as Hispanic/Latino origin? Please check one or more races.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White	

**Signature**

*I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of this application.*

Signature:	
Date:	