

# NursingCAS

The Centralized Application Service for Nursing Programs

## The Applicant Experience

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## NursingCAS: The Applicant Experience

NursingCAS is the centralized application service for nursing. NursingCAS allows applicants to use a single online application and one set of materials to apply to multiple nursing programs at participating schools.

Schools should direct students to [www.nursingcas.org](http://www.nursingcas.org) so they can easily click on apply and access the NursingCAS application.

### NursingCAS Account Creation

Once they arrive to the [NursingCAS application portal website](#), they will be prompted to create an account or sign in (if they have previously created an account). There is also a “forgot username or password” option for applicants to use.

Note: there is no cost for account creation; applicants are not charged until they select programs and submit their application. When creating an account, they will be prompted to answer the following questions:

#### Your Name

- Title (type in, optional)
- First Name (type in)
- Middle Name (type in, optional)
- Last Name (type in)
- Suffix (type in, optional)
- Display Name (type in, optional)

#### Contact Information

- Email Address (type in)
  - o Type (select from drop down – Home, Work or School)
- Confirm Email Address (type in)
- Phone (type in)
  - o Type (select from drop down – Home, Cell, Work or School)

**Username and Password** *Your username must be at least 6 characters. Your password must be a minimum of 8 characters and contain at least one letter and one number or special character.*

- User Name (type in)
- Password (type in)
- Confirm Password (type in)
- Security Question (drop down)
- Security Answer (type in)
- I agree to the Terms of Use**

### NursingCAS Application

The application is divided into four sections:

1. **Personal Information** (centralized)
2. **Academic History** (centralized)

3. **Supporting Information** (*centralized*)
4. **Program Materials** (*customized*)

**NOTE:** The Personal Information, Academic History, and Supporting Information sections contain data elements and questions common among participating programs. These sections are the centralized, common elements of the application.

Each school and program is able to collect additional information from applicants if more information is needed for their applicant review process. This additional information is unique to each program and is displayed to applicants in the Program Materials section of the application.



## NursingCAS Fees

Applicants are charged a fee for each program they apply to via NursingCAS.

<b>Undergraduate Level Degree Types:</b>	<b>Graduate Level Degree Types:</b>
<ul style="list-style-type: none"> <li>○ \$50 for the 1<sup>st</sup> program selected</li> <li>○ \$35 for each additional program selected</li> </ul>	<ul style="list-style-type: none"> <li>○ \$70 for the 1<sup>st</sup> program selected</li> <li>○ \$40 for each additional program selected</li> </ul>

*Exceptions: RN to MSN and Master's Entry Program in Nursing (Entry-Level Master's for Non-Nurses) fees are priced at the undergraduate level since those programs often have the same applicants as RN to BSN and Accelerated BSN for Non-Nurses (Second Baccalaureate Degree)*

Note: schools can charge their own fee in addition to the NursingCAS fee. However, schools are responsible for processing any additional fees.

## Fee Assistance Program:

Beginning at the start of the 2017-2018 cycle, a limited number of fee waivers are provided to qualified applicants on a first-come, first-served basis. Each fee waiver covers only the initial application fee. More information about the Fee Assistance Program including qualification requirements can be found [here](#).

## Personal Information Section

This section contains questions about biographic, contact, citizenship, race and ethnicity, and other information; including language proficiency, military status, legal infractions, academic infractions, license/certification infractions, and social security number (if applicable). All questions asked and whether if it is required or optional are listed in the section below.

The screenshot displays the NursingCAS application dashboard. At the top, the logo for NursingCAS is visible, along with a 'Sign Out' button and a notification bell icon. Below the logo is a navigation bar with buttons for 'My Application', 'Add Program', 'Submit Application' (with a red notification badge), and 'Check Status'. The main content area is titled 'My Application' and includes a welcome message and a 'Latest Notifications' box with a 'Welcome Back to NursingCAS' message. The central focus is the 'Personal Information' section, which is marked as '7/7 Sections Completed'. A large green circular progress indicator with a checkmark and the number '7/7' is shown. Below this, a list of seven sections is displayed, each with a checkmark in a circle, indicating completion: Release Statement, Biographic Information, Contact Information, Citizenship Information, Family Information, Race & Ethnicity, and Other Information.

**NursingCAS**  
The Centralized Application Service for Nursing Programs

Sign Out

My Application Add Program Submit Application 1 Check Status

### My Application

This dashboard is your application home providing access to each part of the application you need to complete and a high level overview of your progress.

**Latest Notifications**

Welcome Back to NursingCAS Today

[View My Notifications](#)

## Personal Information

7/7 Sections Completed

- Release Statement ✓
- Biographic Information ✓
- Contact Information ✓
- Citizenship Information ✓
- Family Information ✓
- Race & Ethnicity ✓
- Other Information ✓

## Release Statements

<p><b>NursingCAS Release Statement (checkbox)</b></p> <p>I certify, as required in the application, that I have read and understand all application instructions, including the provisions which note that I am responsible for monitoring and ensuring the progress of my application. I certify that I have read and will abide by all program-specific instructions for my designated nursing programs. I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge. I certify that the information on my application represents my own work. I understand that withholding information requested on the NursingCAS application, or giving false information, may be grounds for a program participating in NursingCAS to withdraw my application from admissions consideration, denial of admissions, or expulsion from the institution after I have been admitted. I give permission to NursingCAS to release any information related to my nursing application to my designated programs and authorize the use of such information for research and statistical reports as described in the nursing privacy policy. I acknowledge and agree that my sole remedy in the event of any proven errors or omissions related to the handling or processing of my application by NursingCAS is to obtain a refund of my application fee. Indicate your understanding and acceptance of the terms described above by checking this box.</p> <p><input type="checkbox"/> Indicate your understanding and acceptance of the terms described above by checking this box.</p> <p><i>Your certification of this statement serves the same purpose as a legal signature, and is binding.</i></p>	<p>Required</p>
<p><b>Advisor Release (Yes/No)</b></p> <p>By answering Yes, you authorize Nursing CAS to release selected information regarding your Nursing CAS application and admission status to the health professions advisor and the health professions advisory committee of the post-secondary institution(s) that you have attended. By releasing your information, your advisor is better able to assist you in the admissions process, as well as better guide other students in the future. You cannot make changes to this item after you submit your application to Nursing CAS.</p>	<p>Required</p>

## Biographic Information

<p><b>Your Name</b> <i>(pre-populated based on account creation data)</i></p> <ul style="list-style-type: none"> <li>- First Name</li> <li>- Middle Initial</li> <li>- Last Name</li> <li>- Suffix</li> </ul> <p><b>Alternate Name</b></p> <ul style="list-style-type: none"> <li>- Do you have any materials under another name (for example a maiden name, middle name or nickname)?                  Answer options: Yes/No</li> </ul> <p>If Yes is selected, applicant is prompted to answer:</p> <ul style="list-style-type: none"> <li>- Alternate First Name</li> <li>- Alternate Middle Name</li> <li>- Alternate Last Name</li> <li>- Preferred Nickname</li> </ul>	Required
<p><b>Gender</b></p> <ul style="list-style-type: none"> <li>- What is your gender?                  ○ Answer options: male, female, or decline to state</li> </ul>	Required
<p><b>Birth Information</b></p> <ul style="list-style-type: none"> <li>- Date of Birth (select from date field MM/DD/YYYY)</li> <li>- Country (select from drop down list)</li> <li>- City (type in)</li> <li>- State (select from drop down list)</li> <li>- County (select from drop down list)</li> </ul>	Required

## Contact Information

<p><b>Current Address</b></p> <ul style="list-style-type: none"> <li>- Street Address 1 (type in)</li> <li>- Street Address 2 (optional)</li> <li>- City (type in)</li> <li>- Country/Territory (drop down list)</li> <li>- State/Province (drop down list)</li> <li>- Zip/Postal Code (type in)</li> <li>- Approximate Date through which your current address is valid (select from date field MM/DD/YYYY – optional)</li> </ul>	Required
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<p><b>Permanent Address</b></p> <ul style="list-style-type: none"> <li>- Is this your permanent address? Answer options: Yes/No</li> </ul> <p>If No is selected, applicant is prompted to answer:</p> <ul style="list-style-type: none"> <li>- Street Address 1 (type in)</li> <li>- Street Address 2 (optional)</li> <li>- City (type in)</li> <li>- Country/Territory (drop down list)</li> <li>- State/Province (drop down list)</li> <li>- Zip Code (type in)</li> </ul>	Required
<p><b>Phone</b></p> <ul style="list-style-type: none"> <li>- Preferred Phone (type in numeric) <ul style="list-style-type: none"> <li>o Type: Home/Cell/Work/School (drop down list)</li> </ul> </li> <li>- Alternate Phone Number (optional) <ul style="list-style-type: none"> <li>o Type: Home/Cell/Work/School (drop down list)</li> </ul> </li> </ul>	Required
<p><b>Email</b></p> <ul style="list-style-type: none"> <li>- Email (type in) <ul style="list-style-type: none"> <li>o Type: Home/Work/School (drop down list)</li> </ul> </li> </ul>	Required

## Citizenship Information

<p><b>United States Citizenship Details</b></p> <ul style="list-style-type: none"> <li>- US Citizenship Status (drop down list) Answer options: U.S Citizen, Permanent U.S. Resident, Temporary U.S. Resident or Non Resident</li> <li>- Country of Citizenship (drop down list)</li> <li>- Do you have dual citizenship? Answer options: Yes/No</li> </ul> <p>If Yes is selected, applicant is prompted to select from drop down:</p> <ul style="list-style-type: none"> <li>- Second Country of Citizenship</li> </ul>	Required
<p><b>Residency Details</b></p> <ul style="list-style-type: none"> <li>- Legal State of Residence (drop down list)</li> <li>- Legal County of Residence (drop down list)</li> <li>- How long have you been a resident of your state (drop down list) Answer options: Less than 1 year, 1-2 years, 2-3 years, 3-5 years, 5-10 years, or more than 10 years</li> </ul>	Required

<p><b>Visa Information</b></p> <ul style="list-style-type: none"> <li>- Do you have a US Visa? Answer options: Yes/No</li> </ul> <p>If Yes is selected, applicant is prompted to answer:</p> <ul style="list-style-type: none"> <li>- Visa Number (type in, optional)</li> <li>- What type of Visa? (drop down) <ul style="list-style-type: none"> <li>o Answer options: F-1 student, F-2 Spouses and children of F-1 Visa Holders, J-1 student, J-1 Teacher, Researcher or Trainee, J-2 Spouses and dependents of J-1 Visa Holders, HI-B Employee, B-1 Visitor, Visa Waiver WB, H-4 Spouses and dependents of H Visa Holders, Visa Waiver WT, I-551C Conditional permanent resident, Refugee, I-94 Refugee, I-94 Asylum Granted, I-94 Parolee, I-94 Victim of human trafficking, I-94 Cuban-Haitian Entrant, Other. Who Issued your Visa? (type in)</li> </ul> </li> <li>- Issued in City? (type in)</li> <li>- Country? (select from drop down)</li> <li>- Valid From (select from date field MM/DD/YYYY)</li> <li>- Valid Until (select from date field MM/DD/YYYY)</li> <li>- Visa Sponsor (type in, optional)</li> </ul>	Required
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## Family Information

<ul style="list-style-type: none"> <li>- <b>Relationship to Applicant</b> – drop down field             <ul style="list-style-type: none"> <li>○ Mother</li> <li>○ Father</li> <li>○ Stepmother</li> <li>○ Stepfather</li> <li>○ Foster parent</li> <li>○ Guardian</li> <li>○ Other</li> </ul> </li> <li>- <b>Living</b> - <i>if the applicant selects either No or Don't Know the remaining fields on the page are optional</i></li> <li>- <b>Parent Residency</b> <ul style="list-style-type: none"> <li>○ If United States, State and County fields appear as drop down fields</li> <li>○ If Canada, Province drop down field appears</li> <li>○ If Other, "Country" drop down field appears</li> </ul> </li> <li>- <b>Parent Occupation</b> <ul style="list-style-type: none"> <li>○ Drop down of standard U.S. Department of Labor list of occupations</li> </ul> </li> <li>- <b>Highest Education Level</b> – drop down field             <ul style="list-style-type: none"> <li>○ Less than high school</li> <li>○ High School Graduate (high school diploma or equivalent)</li> <li>○ Some college, but no degree</li> <li>○ Associates Degree (AS, AN, etc.)</li> <li>○ Bachelor Degree (BA, BS, etc.)</li> <li>○ Some graduate school, but no degree</li> <li>○ Masters Degree</li> <li>○ Doctorate or Professional Degree</li> <li>○ Don't know</li> </ul> </li> <li>- <b>Highest Education Level School</b> – drop down list of colleges</li> <li>- <b>Is this parent in your primary household?</b> (Yes/No)</li> <li>- <b>How many people other than your parent(s) lived in your primary household during the majority of your life from birth to age eighteen?</b> - dropdown 0-9</li> </ul>	Optional
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## Race and Ethnicity

<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>- Do you consider yourself to be of Hispanic/Latino Origin? Answer options: Yes/No</li> </ul> <p>If Yes is selected, applicant is prompted to check all that apply:</p> <ul style="list-style-type: none"> <li>- Cuban, Mexican/Mexican American/Chicano/Chicana, Puerto Rican, South or Central American, Other Spanish Culture or Origin</li> <li>- <i>If "Other Spanish Culture or Origin" is selected applicant is prompted to type in a response to "If Other, please specify"</i></li> </ul>	Optional
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<p><b>Race</b></p> <ul style="list-style-type: none"> <li>- Please select one or more of the following groups in which you consider yourself to be a member.</li> <li>Answer Options: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> American Indian or Alaska Native <i>If selected, applicant is prompted to type in a response to “Please specify the name of your enrolled or principal tribe”</i></li> <li><input checked="" type="checkbox"/> Asian <i>If selected, applicant is prompted to check all that apply:</i> <ul style="list-style-type: none"> <li>▪ Asian Indian</li> <li>▪ Cambodian</li> <li>▪ Chinese</li> <li>▪ Filipino</li> <li>▪ Japanese</li> <li>▪ Korean</li> <li>▪ Malaysian</li> <li>▪ Pakistani</li> <li>▪ Vietnamese</li> <li>▪ Other Asian (If other, please specify – type in)</li> </ul> </li> <li><input checked="" type="checkbox"/> Black or African-American</li> <li><input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>If selected applicant is prompted to check all that apply:</i> <ul style="list-style-type: none"> <li>▪ Guamanian or Chamorro</li> <li>▪ Native Hawaiian</li> <li>▪ Samoan</li> <li>▪ Other Pacific Islander (If other, please specify – type in)</li> </ul> </li> <li><input checked="" type="checkbox"/> White</li> </ul> </li> </ul>	Optional
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## Other Information

<p><b>Language Proficiency</b></p> <ul style="list-style-type: none"> <li>- What is your Native Language? (drop down list)</li> <li>- Applicants have the option to “Add Another Language”- if selected <ul style="list-style-type: none"> <li>○ Additional Language (drop down list)</li> <li>○ Proficiency Level (drop down list)</li> </ul> </li> </ul> <p>Answer options: Beginner, Intermediate, Advanced</p>	Required
<p><b>Military Status</b></p> <ul style="list-style-type: none"> <li>- Indicate your anticipated US Military status at the time you enroll <ul style="list-style-type: none"> <li>○ Answer options: On Active Duty, Veteran, Member of Reserve or National Guard, Military Dependent, Other, Not a member of the military</li> </ul> </li> <li>- Please specify branch of the United States Armed Forces <ul style="list-style-type: none"> <li>○ Answer options: Air Force, Army, Coast Guard, Marine Corps, Navy</li> </ul> </li> <li>- Service Began (type in date)</li> <li>- Are you still serving? <ul style="list-style-type: none"> <li>○ Answer options: Yes/No</li> </ul> </li> <li>- Service Ended (type in date)</li> </ul>	Optional

<p><b>Legal Infractions</b></p> <ul style="list-style-type: none"> <li>- Have you ever been convicted of a Misdemeanor? Answer options: Yes/No <ul style="list-style-type: none"> <li>○ If you answered "Yes" to the previous question, you must provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life. (essay box)</li> </ul> </li> <li>- Have you ever been convicted of a Felony? Answer options: Yes/No <ul style="list-style-type: none"> <li>○ If you answered "Yes" to the previous question, you must provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life. (essay box)</li> </ul> </li> </ul>	Required
<p><b>Academic Infractions</b></p> <ul style="list-style-type: none"> <li>- Have you ever been disciplined by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations? ○ Answer options: Yes/No</li> <li>- If you answered "Yes" to the previous question, you must provide an explanation. <ul style="list-style-type: none"> <li>○ Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life. (essay box)</li> </ul> </li> </ul>	Required
<p><b>License Infractions</b></p> <ul style="list-style-type: none"> <li>- Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality? Answer options: Yes/No <ul style="list-style-type: none"> <li>○ If you answered "Yes" to the previous question, you must provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life. (essay box)</li> </ul> </li> </ul>	Required

<p><b>Background Information</b></p> <ul style="list-style-type: none"> <li>- Check if any of the following apply to you: <ul style="list-style-type: none"> <li>○ I graduated from a high school from which a low percentage of seniors receive a high school diploma.</li> <li>○ I graduated from a high school at which many of the enrolled students are eligible for free or reduced price lunches.</li> <li>○ I am from a family that receives public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing) or I receive public assistance.</li> <li>○ I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area.</li> <li>○ I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program.</li> <li>○ I am a high-school drop-out who received AHS diploma or GED.</li> <li>○ I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.</li> <li>○ I am the first generation in my family to attend college (neither my mother nor my father attended college).</li> <li>○ English is not my primary language.</li> </ul> </li> </ul> <p>By designating any of the above, you are considered to have met the criteria for educationally/environmentally disadvantaged as defined by the above guidelines.</p> <p>To determine if you come from an economically disadvantaged background, you are asked to compare your parental family's size of household (number of exemptions listed on parent's Federal 1040 income tax forms) and adjusted gross income against the chart provided in the link below. The chart is based on 200 percent of Federal low-income poverty guidelines. You should use your parent's most recent tax forms regardless of age.</p> <p><a href="#">Please click here for guidelines</a></p> <ul style="list-style-type: none"> <li>- Your parent's family income falls within the table's guidelines and you are considered to have met the criteria for economically disadvantaged. <ul style="list-style-type: none"> <li>○ Answer options: Yes/No</li> </ul> </li> <li>- What is the type of geographic area where you were raised? <ul style="list-style-type: none"> <li>○ Answer options: Urban, Large City, Mid-Size City, Large Town, Small Town, Isolated Rural, Do Not Wish to Report</li> </ul> </li> </ul>	Optional
<p><b>Additional Questions</b></p> <ul style="list-style-type: none"> <li>- Are you related to a member of the Board of Regents of the institution you are applying to? (Yes/No - <i>required</i>)</li> <li>- Do you plan on applying for financial aid? (Yes/No - <i>optional</i>)</li> <li>- Have you ever matriculated in but not completed a nursing program (excluding pre-nursing)? (Yes/No - <i>required</i>)</li> <li>- Are you the first generation of your family to enroll in an institution of higher education? (Yes/No - <i>optional</i>)</li> <li>- Marital Status (optional) <ul style="list-style-type: none"> <li>○ Answer options: Single, Married, Separated, Divorced or Widowed, Other</li> </ul> </li> <li>- How did you hear about NursingCAS? (Drop down list – optional)</li> </ul>	Required

<p><b>Social Security Number</b></p> <ul style="list-style-type: none"> <li>- Your designated programs may require your SSN for institutional or federal financial aid forms <i>Please note: this data is stored in an encrypted format and only available to programs who have requested the data from applicants.</i> (Number field XXX-XX-XXXX, optional)</li> </ul>	Optional
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## Academic History Section

This section contains questions about biographic, contact, citizenship, race and ethnicity, and other information; including language proficiency, military status, legal infractions, academic infractions, license/certification infractions, and social security number (if applicable). All questions asked and whether if it is required or optional are listed in the section below.



### High Schools Attended

<p>Enter details from the high school where you received your degree below.</p> <ol style="list-style-type: none"> <li>1. What high school did you attend? (type in)</li> <li>2. City (type in)</li> <li>3. State (drop down list)</li> <li>4. Did you graduate from this high school? (yes/no) If yes is selected <ul style="list-style-type: none"> <li>o When did you graduate? (drop down Month &amp; Year)</li> </ul> </li> </ol>	Required
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<p><b>High School Transcripts</b></p> <p><i>Note: If at least one program the applicant selected requires a transcript, the Download Transcript Request form button will be displayed. Applicant will see program-level information about whether they need to submit a transcript.</i></p>	<p>Programs can customize</p>
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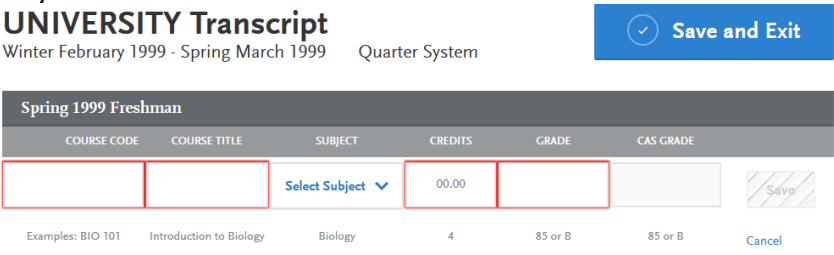
## Colleges Attended

<p><b>Colleges Attended</b></p> <p>Please add all undergraduate, graduate or professional institutions you attended or are currently attending. You may update the information in this section at any time prior to submission. Once you have submitted, you will be able to add more colleges, but you will not be able to update or delete completed colleges.</p> <p>1. What college did you attend? (type ahead – a drop down list will appear based on what applicant types in)</p>	<p>Required</p>
<p><b>Degrees Earned/Planned</b></p> <p>2. Did you obtain a degree from this college?          Answer options: Yes, No, or My degree is in progress          If “Yes” is selected” applicant is prompted to answer:</p> <ul style="list-style-type: none"> <li>○ What type of degree did you earn? (drop down list of degree types)</li> <li>○ When did you earn that degree (drop down month and year fields)</li> <li>○ What was your major (drop down list of majors)</li> <li>○ What was your minor? (drop down list of minors, <i>optional</i>)</li> <li>○ Check if you were a double major (select from drop down list of majors, <i>optional</i>)</li> <li>○ Option to add more degrees</li> <li>○ What type of term system does this college use? (Answer options: Quarter, Semester or Trimester)</li> <li>○ When did you attend this college? (<i>Select the first and last semesters that your transcript covers, even if there were breaks between semesters</i>)             <ul style="list-style-type: none"> <li>▪ First Semester (drop down list for term, month, and year)</li> <li>▪ Last Semester (drop down list for term, month, and year)</li> <li>▪ Check if you are still attending this college</li> </ul> </li> </ul>	<p>Required</p>

## College Transcripts

<p><i>Note: If at least one program the applicant selected requires an official transcript, the Download Transcript Request form button will be displayed. Applicants will see program-level information about whether or not they need to submit a transcript and if so, what type (official, unofficial or none)</i></p>	<p>Programs can customize</p>
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## Transcript Entry

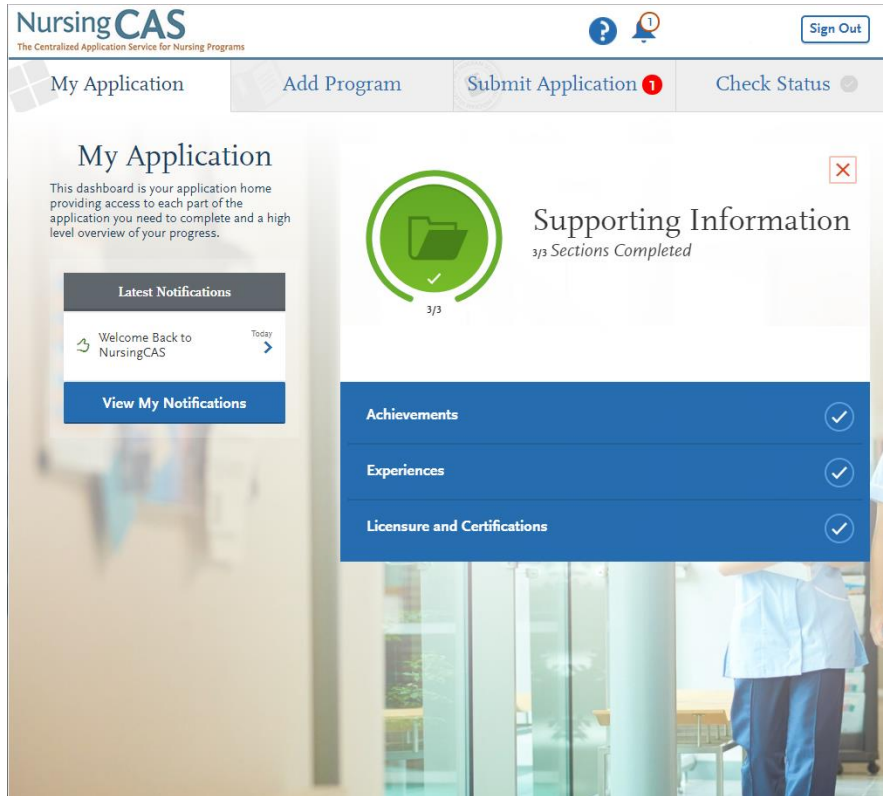
<p><b>Coursework Completed/Planned</b></p> <p>If the applicant selected any programs that required prerequisite or full coursework entry they will need to input the following information and any program selections with coursework requirements will display to them for guidance on what to input for prerequisite courses.</p> <p><b>Add a Course</b></p> <ul style="list-style-type: none"> <li>- Course Code (type in)</li> <li>- Course Title (type in)</li> <li>- Subject (select from drop down list)</li> <li>- Credits (type in, numeric field)</li> <li>- Grade (type in)</li> <li>- CAS Grade (automatically updated)</li> <li>- See example below, applicants will input this information for any courses they add</li> </ul> 	<p>Programs can customize</p>
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## Standardized Tests (Applicant Reported)

<p>Please provide information about the tests you have taken or plan to take. You may add or update this information at any time prior to submission. Once you have submitted, you will be able to add additional tests as well as update the ones marked "plan to take", but you will not be able to update or delete completed tests.</p> <p>Applicants can indicate if they have taken or plan to take the following tests. And can self-report test scores for the GRE, HESI, TEAS, and TOEFL tests.</p> <ul style="list-style-type: none"> <li>- ACT</li> <li>- ACCUPLACER</li> <li>- GRE</li> <li>- HESI</li> <li>- MAT</li> <li>- MCAT</li> <li>- NLN</li> <li>- SAT</li> <li>- TEAS</li> <li>- TOEFL</li> <li>- GRE Subject</li> </ul>	<p>Optional</p>
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## Supporting Materials Section

This section contains questions about references, experiences, achievements, licensure/certification, and release statements. All questions asked and whether if it is required or optional are listed in the section below.



## Achievements

<p><b>Awards and Honors</b></p> <ul style="list-style-type: none"> <li>- Select Achievement Type (drop down)             <ul style="list-style-type: none"> <li>o Answer options: Awards or Honors</li> </ul> </li> <li>- Name (type in)</li> <li>- Name of Presenting Organization (type in, optional)</li> <li>- Issued Date (date field, MM/DD/YYYY)</li> <li>- Brief Description (free type, essay box)</li> </ul>	<p>Optional</p>
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## Experiences

<p><b>Experience Type</b></p> <ul style="list-style-type: none"><li>- What type of experience do you want to add? (drop down)<ul style="list-style-type: none"><li>o Answer options: Employment, Patient/Healthcare Experience or Community Enrichment</li></ul></li></ul> <p><b>Organization</b></p> <ul style="list-style-type: none"><li>- Name (type in)</li><li>- Address (type in, optional)</li><li>- Address 2 (type in, optional)</li><li>- City (type in, optional)</li><li>- Country (drop down list)</li><li>- Zip Code (type in, optional)</li><li>- State (drop down list)</li></ul> <p><b>Supervisor</b></p> <ul style="list-style-type: none"><li>- First Name (free type, optional)</li><li>- Last Name (free type, optional)</li><li>- Title (free type, optional)</li><li>- Contact Phone (free type, optional)</li><li>- Contact Email (free type, optional)</li></ul> <p><b>Experience Dates</b></p> <ul style="list-style-type: none"><li>- Start Date (date field, MM/DD/YYYY)</li><li>- Current Experience (yes/no)</li><li>- End Date (date field, MM/DD/YYYY)</li><li>- Status (drop down)<ul style="list-style-type: none"><li>o Answer options: Full time, Part time, Temporary, Per Diem</li></ul></li></ul> <p><b>Experience Details</b></p> <ul style="list-style-type: none"><li>- Title (type in)</li><li>- Type of Recognition (multi-select)<ul style="list-style-type: none"><li>o Answer options: Compensated, Received Academic Credit, and/or Volunteer</li></ul></li><li>- Average Weekly Hours (number select)</li><li>- Number of Weeks (number select)</li><li>- Total Hours (number select)</li><li>- Description/Key Responsibilities (free type, essay box)</li><li>- Release Authorization (May we contact this organization?) (yes/no)</li></ul>	Optional
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## Licensure and Certifications

<p><b>Licensure</b></p> <ul style="list-style-type: none"> <li>• Type of License (drop down)             <ul style="list-style-type: none"> <li>○ Registered Nurse</li> <li>○ Licensed Practical Nurse (Licensed Vocational Nurse)</li> </ul> </li> <li>• Issuing Organization Name (type in)</li> <li>• Issued Date (date field, MM/DD/YYYY, optional)</li> <li>• Valid Until (date field, MM/DD/YYYY)</li> <li>• State (drop down)</li> <li>• Licensure status: Is your nursing license in good standing (i.e. not currently under any disciplinary action (Yes/No)</li> </ul>	Optional
<p><b>Certifications</b></p> <ul style="list-style-type: none"> <li>• Type/Name (type in)</li> <li>• Issuing Organization Name (type in, optional)</li> <li>• Valid Until (date field, MM/DD/YYYY, optional)</li> <li>• Brief Description (essay, optional)</li> </ul>	Optional

## Program Materials Section

### The Reference Writer's Experience

When an applicant submits an evaluation request through NursingCAS, the evaluation writer receives an automated email notification from NursingCAS with the request and the applicant's information and instructions on how to log in to submit the evaluation. NursingCAS provides the login and once the evaluation writer logs in they can click on the applicant's name and will be prompted to upload an evaluation and complete the following questions, evaluation grid, and summary evaluation.

Note: NursingCAS evaluations are electronic only (no mailed, scanned or faxed evaluations are processed) and are standardized so we cannot edit the evaluation grid per program. Applicants can request up to six letters be submitted on their behalf through NursingCAS.

#### Upload Letter of Reference – upload letter of evaluation for applicant

- How long have you known the applicant? Years \_\_\_ Months \_\_\_
- In what capacity? Select from the following options:
  - Employer/Supervisor
  - Colleague/Coworker
  - Instructor/Professor
  - Advisor
  - Internship/Job Shadowing
  - Other

**Evaluation of Applicant** - How would you rate the applicant for each of the following characteristics? Please select the rating that best describes the applicant in the category. Select "Not Observed" (N/O) if you have not had an opportunity to evaluate the characteristic or have no basis for assessment.

	Superior	Excellent	Good	Average	Below Average	Not Observed
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict Resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Demeanor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Summary Evaluation:

- Recommend without Reservation
- Recommend with Reservation
- Do not Recommend

For each program a school lists on the NursingCAS application a customized homepage is created by the school using the “Configuration Manager”. This homepage displays each program’s unique requirements for additional custom questions, document types, and pre-requisite coursework.

For more information about this section of the application, review the [Configuration Guide](#).

## Examples of Custom Questions

After reviewing this document, if you determine that there are questions or data not collected by the main NursingCAS application that are necessary for your program to make decisions you may want to include those as "Custom Questions" when completing your program configurations. Below is a list of examples of custom questions a program might add:

Custom Question Suggestion <i>These are just suggestions, some questions may be relevant to your program, others might not be - <u>only add what's necessary</u>. And you can edit the language as necessary for your data collection needs.</i>	Do you want to make this question Required or Optional? (Select One)	What is the question type (Select One)	If the question type is multiple choice, multi-select or drop down, list the answer options from which the applicant can select. If Essay, indicate the maximum characters.
<b>Alumni Connection</b> 1. Are you related to any alumni at our school? 2. If yes, please list the first and last name of the alumni and state your	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	

relationship (for example John Doe, grandparent). <i>Depending on your data needs for this question, you may want to word it/set it up differently.</i>			
<b>Campus Preference</b> This program is offered on several of our campuses; please indicate your campus preference. <i>If you want applicants to indicate their preference, i.e. 1<sup>st</sup> choice, 2<sup>nd</sup> choice, etc. you will want to set-up this question in a slightly different way, for example...by listing the campus names as separate questions and adding a drop down with the choice ranking.</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	List all campus options
<b>Certification</b> We require applicants enter certification information (within the Supporting Information -> Licensure & Certification section). Have you entered this information?	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>Emergency Contact Information</b> If you need to ask for an applicant's emergency contact you should add any relevant question(s) for example ( <i>first name, last name, relationship, phone, email, address, etc.</i> )	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>Essay</b> Any essay question(s) <i>Essay questions/topics will vary based on the program and school</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	Include any character limits
<b>Financial Aid or Scholarship</b> If you need to ask specific aid or scholarship questions add any related questions <i>This will vary by school and program</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>International Applicant GPA</b> If you are an international applicant, input your GPA as it appears on your official foreign evaluation.	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	250 characters
<b>Licensure</b> We require applicants enter RN licensure information (within the Supporting Information -> Licensure & Certification section). Have you entered this	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	

information?			
<b>Marital Status</b> What is your marital status?	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	Single Married/Remarried Separated Divorced or Widowed
<b>Military Branch</b> 1) If applicable, which branch of the military are you affiliated with? 2) Are you a spouse or dependent of someone who is currently serving or who has served in the US military?	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	Not applicable Air Force Army Coast Guard Marines National Guard Navy
<b>No Transcripts Sent to NursingCAS</b> I understand that for this program I am required to send in transcripts directly to your school only. And I should not submit transcripts to NursingCAS for this program. <i>This is only an acceptable question if you set up your configuration so that <b>NO</b> transcripts are required to be sent to NursingCAS for a particular program.</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>Official Test Scores</b> We require applicants submit official test scores for the <insert exam name> directly to our school. Have you contacted the testing agency yet to have your official scores sent to our school?	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>Part-time or Full-time Study</b> Are you applying for:	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	Full-time study Part-time study
<b>Program Discovery</b> How did you learn about our program?	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	<input type="checkbox"/> Internet search <input type="checkbox"/> Other Web site <input type="checkbox"/> Nursing program faculty or staff <input type="checkbox"/> Admissions counselor <input type="checkbox"/> Guidance or College Counselor <input type="checkbox"/> Advisor <input type="checkbox"/> A Nurse

			<input type="checkbox"/> A Friend <input type="checkbox"/> Family Member <input type="checkbox"/> Alumni Current Students <input type="checkbox"/> Current Students <input type="checkbox"/> At a college or career fair <input type="checkbox"/> Social Media <input type="checkbox"/> Through NursingCAS <input type="checkbox"/> Not Sure
<b>Program(s) Previously Attended</b> If you have ever matriculated in, but not completed a nursing program (excluding pre-nursing) you are required to list the name of the school and nursing program.	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	250 characters
<b>References</b> We require applicants to submit requests for <b>x#</b> letters of reference in the "Supporting Materials" section of NursingCAS. Did you request your references yet?	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>School ID</b> If you have a student ID number for our school, enter it in the box below. <i>Do not ask for information that will violate FERPA regulations or any law.</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	250 characters
<b>Second Set of Transcripts Required</b> We require applicants send in another set of transcripts directly to our school in addition to NursingCAS. Have you requested your transcripts be sent directly to our school yet? <i>NursingCAS discourages this practice but will allow it when necessary.</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	
<b>Social Security Number</b> We require applicants to enter their social security number (within the Personal Information -> Other Information section). Have you entered this information? <i>Do NOT ask applicants to type in their actual social security number (SSN) as a custom question. There is a specific encrypted field designed for the SSN in the "Personal Information -&gt; Other Information" section. We recommend you use the text (or similar text)</i>	Required Optional	Multiple Choice Multi-Select Drop Down Yes/No Essay	

<i>above only to remind applicants to input their SSN in the designated field in NursingCAS.</i>			
<p><b>Supplemental Fee</b> I understand that in addition to the NursingCAS fee, I am required to pay an additional fee directly to the school in order to be considered for admission.</p>	<p>Required Optional</p>	<p>Multiple Choice Multi-Select Drop Down Yes/No Essay</p>	
<p><b>Educational/Economic Disadvantage</b> After reviewing the criteria below, do you believe you meet the criteria for a disadvantaged background status.</p> <p>1. Come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of “Environmentally Disadvantaged” for guidance only and are not intended to be all-inclusive.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Person from high school with low average SAT/ACT scores or below the average State test results.</li> <li>• Person from a school district where 50 percent or less of graduates go to college.</li> <li>• Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.</li> <li>• Person for whom English is not his or her primary language and for whom language is still a barrier to academic performance.</li> <li>• Person who is first generation to attend college.</li> <li>• Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.</li> </ul>	<p>Required Optional</p>	<p>Multiple Choice Multi-Select Drop Down Yes/No Essay</p>	

OR

2. Come from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).

The Secretary defines a “low income family” for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.

*This wording was copied from the U.S. Department of Health and Human Services Health Resources and Services Administration. This information may be helpful for your program to collect if you are applying for grants. If this question is applicable to your program, you may want to use different wording depending on your needs.*