

**UNIVERSITY OF MASSACHUSETTS BOSTON
COLLEGE OF NURSING AND HEALTH SCIENCES**

APPLICATION

BRINGING THE BEST TO NURSING (BBN) Program

Please complete the following questions and return to Peter Terres, BBN Administrator, located in the BBN offices, Science Building, second floor, Room Email: bbn@umb.edu

▪ **Tell us about YOURSELF**

Name _____ Date of Birth _____

City/Town _____ State _____ ZIP _____

Home phone number _____

Email address _____

Male _____ Female _____

Race—Please Check one:

- | | | |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Black Hispanic |
| <input type="checkbox"/> Black not of Hispanic Origin | <input type="checkbox"/> Hispanic | <input type="checkbox"/> White (Not of Hispanic Origin) |

Country of Origin _____

Are you a US citizen? YES ____ NO ____ **Are you a permanent US resident?** YES ____ NO ____

Is English your native language? YES ____ NO ____ If not, tell us your native language _____

Are you fluent in reading English? YES ____ NO ____ Writing English? Yes ____ No ____

Are you fluent in reading in your native language YES ____ NO ____

Writing in native language? YES ____ NO ____

Marital Status: Married ____ Single ____ Divorced ____ Are you living at home with family? YES ____ No ____

Are you living with significant other or life partner? YES ____ NO ____

Do you have children? YES ____ NO ____ Do you use Child Care? YES ____ NO ____

Are you the primary care provider for small children, or a disabled family member? YES ____ NO ____

Name _____

▪ **Tell us about your work and family**

Do you work? _____ If yes, where? _____ What kind of work do you do? _____

How many hours a week do you work? _____

Who helps you with family responsibilities while you are in school or at work? _____

▪ **Tell us about yourself and schooling**

Are you a first year freshman ? YES _____ NO _____ A transfer student? YES _____ NO _____

What high school did you attend? _____

Do you have a General Equivalency Diploma (GED) YES _____ NO _____

If transfer student, where did you attend college? _____

What was your major? _____ Do you have a degree? YES _____ NO _____

Is this the first time you have ever been in College? YES _____ NO _____

Do you have a computer at home? YES _____ NO _____ Do you use the Internet? YES _____ NO _____

Do you have email? YES _____ NO _____

Which of the following best describes your level of computer skill? Please check one:

☐

No experience

☐

Beginner

☐

Intermediate

☐

Expert

Have you completed the Writing Proficiency requirement? YES _____ NO _____

▪ **Tell us about your courses**

Which NURSING COURSES are you taking now in Fall 2003? Please check.

NU 212 Health Promotion
NU 220 Health Assessment
NU 225 Introduction to Nursing
NU 201 Pathophysiology
NU 310 Adult Nursing I
NU 230 Human Growth and Development

PRE-NURSING COURSES Which of the following non-nursing courses have you taken or are currently taking?
Please check:

BIOL 111(Biology)
BIOL 208 (Anatomy and Physiology II)
BIOL 209(Microbiology)
CHEM 107 or CHEM 108 (Chemistry)
G107 Gen Ed Understanding HIV
Other (list courses) _____

Name _____

- **Tell us about yourself and BBN by answering the following two questions.**

- 1) How you think the BBN program will benefit you.?
- 2) What will you contribute to the BBN program and how will you' bring the best to nursing'?