

**San José State University  
The Wound and Ostomy Education Program  
Application for Admission**

**After completion of pages 1-3 of the form, please email to: WOEP-group@sjsu.edu**

Date: \_\_\_\_\_

Applying for:  Wound Course      Semester:  Fall 2013     Spring 2014

Ostomy Course      Semester:  Fall 2013     Spring 2014

Name: \_\_\_\_\_

Last Name

First

Middle

Date of birth: \_\_\_\_\_

Have you ever attended San José State University? No      Yes

Student ID: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

Street

State

Zip

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Why do you wish to apply to this specialty program? Please list your goals for attending this program.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Education:**

Please list all colleges, universities and nursing schools attended beginning with the most recent, attach an additional page if necessary.

School	City/State	Dates Attended	Major	Degree/Date

State of licensure \_\_\_\_\_ RN License Number \_\_\_\_\_

Date of expiration \_\_\_\_\_

**Current Professional Certifications:**

Type of Certification	Expiration Date

**RN Employment:**

Please list the three most recent nursing employment beginning with the most recent experience.

Employer	City/State	Dates employed	Position title

**Preferred Practicum Location:**

Designated clinical agencies within the Bay Area

Regions outside the Bay Area designated by The Valley Foundation School of Nursing

I will find my own preceptors in my home town.  
I understand that preceptors may charge a fee.

**Please prepare the following application documents and mail all the documents in one packet to:**

**Wound and Ostomy Education Program  
The Valley Foundation School of Nursing  
San José State University  
One Washington Square  
San José, CA 95192-0057**

Checklist for the application packet:

Official transcripts from all colleges attended (in English version)

Copy of RN license

Current CPR (Level “C” of the American Heart Association)

Resume/Curriculum vitae

Health insurance coverage proof

Copy of the RN professional liability insurance policy (not receipts)

Negative PPD or negative Quantiferon blood test within the past 12 months.  
Chest-X-ray or TB screening follow-up will be required for positive PPD or Quantiferon blood test.

Positive titers for Varicella, Rubella, Rubeola, Mumps, and Hepatitis B.  
If the student’s titer results show  
a negative or equivocal titer, then the student needs an immunization booster.

Documentation showing completion of a nurse refresher course  
within the past five years (if applicable)

You will be notified by email of the admission status once we have reviewed your application packet. You will then be instructed on how to submit the tuition fee and register.