



Educational Course Requirements for Non-Traditional Degree Pathways

GENERAL COURSEWORK REQUIREMENTS

At least **one course** in each of the following:

The following courses can be documented via transcript only:

- Human Anatomy/Physiology
- General, Organic, and/or Biochemistry
- Psychology
- Human Development
- Quantitative Literacy

NURSING SPECIFIC COURSEWORK

At least **two progressive courses** in each of the following:

The following course must be documented via the transcript and course descriptions or syllabi that outline the concepts taught in detail:

Health Assessment and Clinical Practice

Course work must provide training on the core skills for basic nursing practice in multiple practice settings and focus on pathophysiology, pharmacology, and clinical judgment in care of patients.

Courses must include the concepts of elimination, acid-base balance, metabolism, cellular regulation, perfusion, infection, immunity, mobility, comfort, behavior, health-wellness-illness, critical thinking, nursing process, caring, and time management/organization. Topics must include support of patients in the activities of daily living, providing basic hygiene, applying principles of basic nutrition, employing safe manual handling practices, and beginning to measure vital signs. Coursework must also include a range of acute care nursing skills with further integration of knowledge and attitudes required for practice. Introduction to more complex skills required for safe and therapeutic nursing care must be included. Students must also learn how to conduct an interview as part of a larger health assessment.

Pharmacology

Courses must teach pharmacology with emphasis on the concepts of assessment, therapeutic communication, critical thinking, nursing process, caring, safety, and accountability and their application in various healthcare settings. Courses must provide training on the application of pharmacological health and illness concepts in acute care settings. Courses must examine the nurse's role in the administration of more complex drugs and more sophisticated routes of administration. The application of drug therapy to a broad range of clinical presentations with emphasis on respiratory and cardiovascular disease is required.

Course work must provide instruction on the science of pharmacology and consider the role of the registered nurse in the preparation, management, and administration of medications. The coursework must provide a working description of the principles of pharmacodynamics and pharmacokinetics and identifies the role of nerve pathways in the action of drugs. An emphasis on understanding the action of medications, safe administration practices and competence in drug calculations must be present.



APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying with this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____



EDUCATIONAL COURSE REQUIREMENTS

This form is only to be completed by Registered Nurse applicants who have NOT graduated from a program identified as equivalent to an Associate or Bachelor of Nursing program. Degrees must be identified as related to nursing or healthcare fields. Programs that are not identified as equivalent to a nursing program must demonstrate substantial equivalency to a nursing program by providing information regarding the following coursework required by nursing programs. Complete the form below and attach official documentation that verifies the course work was completed. Official documentation must be certified as authentic by the issuing institution and either issued in English or accompanied by a certified English translation.

Use each course only once. (Use additional sheets if necessary.)

Human Anatomy/Physiology

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

General, Organic, and/or Biochemistry

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Psychology

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Human Development

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Quantitative Literacy

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Health Assessment and Clinical Practice

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Pharmacology

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____



APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

ALL APPLICANTS

The following items are required to complete your application:

- Supporting documentation as requested within the application.

Submit completed application to the Division:

By US Postal Service:

**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111**

If you have questions, please contact the Division via our direct email address: b7@utah.gov, or via the phone or fax number listed below. Do not send applications or payments to this email.

DRAFT