

[First Name] [Middle Name] [Last Name]  
 [Address]  
 [Phone Number] / [E-mail address]

**BSN Application Resume**

**EDUCATION\***

All certificates must have documentation to be counted. Attach supporting documentation of completed degrees or certificates.

Years Attended	Institution	Degree	Date Earned
Points Awarded			

\* Does not include CPR. If including CNA and CMA, must include state.

**VOLUNTEER EXPERIENCE**

All volunteer experiences must have documentation to be counted. Attach supporting documentation of completed Volunteer hours. Documentation must include student name, date, time of volunteer service, and contact person. Must be within the last five years.

Date(s)	Location	Contact Name and phone number (Person to contact for verification)	Hours Completed
Total Number of Hours			
Points Awarded			

**WORK EXPERIENCE\***

Dates	Location and Supervisor/Contact Information	Description of Duties
Points Awarded		

**Please self-score using the rubric provided.**

**Total of the three categories: \_\_\_\_\_ (acceptable scores must be above 50)**

\* If less than six months, explain why (internship, summer work, etc.); within the last five years. Internships and summer work must be healthcare-related.

By submitting this form, you are stating that all information within the form is accurate. Applicants with inaccuracies in the MBSON Application Resume will forfeit their application and be denied entry into the program.

Please submit your resume to [nursing@uscupstate.edu](mailto:nursing@uscupstate.edu) by the application deadline.