

**Application Deadlines are posted on the School of Nursing’s Website.**

**Your BVCTC # will become your ID throughout this process.**

**Application Checklist**

**Please complete this checklist and attach it to the back of your completed application packet. If any portion of the application is not included, the application will not be considered.**

\_\_\_\_ Applied for acceptance to or currently enrolled at BridgeValley Community and Technical College <http://www.bridgevalley.edu/apply>

\_\_\_\_Attached ALL unopened / sealed official transcripts for coursework and transfers from **ALL** colleges or universities **and** vocational schools attended**. An official BVCTC transcript** **transcripts@studentclearinghouse.org** **(with all college credit previously attended) can be substituted for unopened / sealed transcripts from all colleges, universities, and vocational schools attended.** We **highly** recommend attaching transcripts to this application instead of having institutions mail separately to us. This will ensure they are received. **Failure to not report all schools that you have attended may result in dismissal from the nursing program if you are accepted. Email for transcripts:** **Tamara.Morris@BridgeValley.edu**

\_\_\_\_ Proof of High School Graduation or Equivalent (High School transcript, GED, or

 Copy of Diploma

\_\_\_\_ Attached Signed Nursing Program Information Session Attendance Form.

\_\_\_\_ Attached ACT/SAT scores (High school applicants only).

\_\_\_\_ Attached copy of current licenses, certifications and/or degrees as applicable.

\_\_\_\_ Attached a DETAILED explanation, if applicable, of any action taken against verification or licensure at any time.

\_\_\_\_ Attached a DETAILED explanation and COPY of all related court copies if ever convicted of a felony, misdemeanor, pled Nolo contendere, or have pending action to any crime, have records expunged or been pardoned, or any other court related cases (including speeding or parking tickets if three or more have been received in the last two years.)

\_\_\_\_ Attached letter of explanation, and a copy of the treatment/record or discharge summary printed on the facility’s letterhead pertaining to any treatment for drug or alcohol abuse, if applicable.

\_\_\_\_ Attached copy of your current **TEAS-VI** Nursing Admission test scores. Application will not be considered if these are not attached.

**Application Deadlines:**

Fall Admission (Traditional, LPN-RN Advanced Program, Paramedic-RN Advanced Placement, Accelerated 16-Month, and VoTech-RN Program Options)- February 15th

Spring Admission (Traditional, LPN-RN Advanced Program, Paramedic-RN Advanced Placement, Accelerated 16-Month, and VoTech-RN Program Options)- September 15th

Summer Admission (LPN-RN Advanced Program, Paramedic-RN Advanced Placement, and VoTech-RN Program Options)- April 15th

**Selection Criteria**

The scoring criterion for admission to the nursing program is attached. Review of all qualified applications will begin after the application deadline. The highest ranked students who meet the qualification deadlines will be provisionally admitted first; other qualified applicants will be placed on a waiting list. The week before classes begin, the wait list is dissolved.

 Failure to fully complete this application, provide truthful information, send required documentation, or failure to report ANY felony or misdemeanor conviction, plea of Nolo contendere or pending court cases in this application will result in immediate disqualification and/or dismissal from the Nursing Program. In addition, any subsequent application may not be considered. Information provided to the School of Nursing is confidential and is used only for selection purposes. Applications are held for one semester. If you are not accepted, you will need to reapply at a future time.

 **Please make a copy of the completed application for your records.**

Mail **(DO NOT FAX OR EMAIL)** completed application to:

Kent Wilson, MSN RN CNE, Professor

Dean of Health / Nurse Administrator- School of Nursing

BridgeValley Community and Technical College

2001 Union Carbide Drive- 111-G

South Charleston, West Virginia 25303

(304) 205-6689

**Kent.Wilson@BridgeValley.edu**

Tamara Morris

Program Coordinator

BridgeValley Community and Technical College

2001 Union Carbide Drive- 111-G

South Charleston, West Virginia 25303

(304) 205-6639

Tamara.Morris@BridgeValley.edu@BridgeValley.edu

 

**Application Form for:**

**Associate of Applied Science in Nursing**

**School of Nursing**

 **Floor 1, Office 111-E**

**Program Applying For:**

**\_\_\_\_\_ Traditional Program Option (Admitted Twice a Year- Fall and Spring Semesters)**

 **\_\_\_\_\_ Fall Semester- Year \_\_\_\_\_**

 **\_\_\_\_\_ Spring Semester- Year \_\_\_\_\_**

**\_\_\_\_\_ LPN-RN Advanced Placement Option (Admitted Three Times a Year- Summer, Fall**

 **and Spring Semesters); must be a Licensed Practical Nurse and have worked two**

 **of the last three years**

 **\_\_\_\_\_ Summer Term- Year \_\_\_\_\_**

 **\_\_\_\_\_ Fall Semester- Year \_\_\_\_\_**

 **\_\_\_\_\_ Spring Semester- Year \_\_\_\_\_**

**\_\_\_\_\_ Paramedic-RN Advanced Placement Option (Admitted Three Times a Year-**

 **Summer, Fall and Spring Semesters); must be a Licensed Practical Nurse and have**

 **worked two of the last three years**

 **\_\_\_\_\_ Summer Term- Year \_\_\_\_\_**

 **\_\_\_\_\_ Fall Semester- Year \_\_\_\_\_**

 **\_\_\_\_\_ Spring Semester- Year \_\_\_\_\_**

**\_\_\_\_\_ 16-Month Accelerated Option (Admitted twice a Year- Fall and Spring Semesters),**

 **Admitted Students will go year-round (Fall, Spring, Summer, and Fall OR Spring,**

 **Summer, Fall, and Spring), there may be additional Admission requirements**

 **\_\_\_\_\_ Fall Semester- Year \_\_\_\_\_**

 **\_\_\_\_\_ Spring Semester- Year \_\_\_\_\_**

**\_\_\_\_\_ VoTech-RN Option (Admitted twice a Year- Fall and Spring Semesters); must have**

 **successfully completed a vocational program, licensure is not required**

 **\_\_\_\_\_ Fall Semester- Year \_\_\_\_\_**

 **\_\_\_\_\_ Spring Semester- Year \_\_\_\_\_**

**\_\_\_\_\_ Part-Time Option (Admitted once a year- Summer Term)- *Not accepting***

 ***applications for this option until after June 2022 with a projected start date of***

 ***Summer 2023***

 **\_\_\_\_\_ Summer- Year \_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **TYPE or PRINT legibly to minimize delays in processing your application**. Return the completed Nursing Program Application to the address above. Admission to BVCTC and passing scores on the TEAS-VI Test Nursing Entrance Test are also required in addition to application to the Nursing Program.

**PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| BVCTC ID:  | Last Name: | First Name: | Middle Initial: |
| Social Security #: | Mailing Address: | City: | State/Zip: |
| Home Phone:( ) Cell Phone:( ) | Email:**BVCTC Email:** | Birthdate:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_MM DD YR |  |

**EDUCATION:** List chronologically **every** college, university, high school or other institution(s) you have attended. **NEW STUDENTS:** *Official transcripts* ***must ALSO be sent*** *to the BVCTC Registrar in Student Services, 2001 Union Carbide Drive, South Charleston, WV 25303.*

|  |  |  |  |
| --- | --- | --- | --- |
| Complete Name of Last High School | City & State | Graduation Year |  GED Score |
| Complete Name of Current or Prior Colleges\*\* | City & State | Degree Obtained/Expected | Dates Attended |
|  |  |  |  |
|  |  |  |  |
| Diploma/Certificate in a Health Related Field\* | Agency Issuing | Credential Obtained |  Date Obtained |

**\**If you have a diploma or certificate in a related health field, please attach a copy to this application. \*\*Unopened/Sealed Official transcripts from all institutions must also be attached to this application.***

***Please list the course(s) only if you are currently taking classes in the Spring/Summer term that will be not reflected on your transcripts.***

|  |  |
| --- | --- |
| ***Course Name and Number*** | ***Taken at which College*** |
|  |  |
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*The following sections addressing 1) State of Moral Character, 2) Background Check and 3) Felony or Misdemeanor Conviction are not used as admission criteria, but fulfill requirements to apply for RN licensure and participate in clinical laboratory experiences at certain agencies.*

***Statement of Moral Character:***

**Statement of moral character *CANNOT* be completed by a relative (including step-family members or in-laws).**

In the instance an individual has not resided in the area for more than five years and cannot provide this

Statement, a letter of reference from an individual in the area of your prior residence will be accepted.

*This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is personally known to me, and that*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is of good moral character. I have known him/her for \_\_\_\_ years. (****Length of time you have known applicant must be at least 5 years****)*

*I hereby recommend him/her to the BridgeValley Community and Technical College Nursing Program.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:*

*Name:*

*Address:*

*Phone Number:*

*Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Background Check***

***All students formally accepted/entering the program should be aware that criminal history and drug checks are required. Costs associated with the state and federal criminal history and drug checks will be the responsibility of the student.***

***Please list any medication or personal information which you feel may have an impact on your participation in nursing classes/clinical (i.e. health conditions, etc)***

***Standards of Professional Conduct, 19CSR10***

***West Virginia Code & Legislative Rules for RNs***

All applicants must answer questions # 1-7 of this application by circling **YES** or **NO**. If you answered Yes to any of these questions submit a notarized copy of all court documents pertaining to the felony or misdemeanor that you were convicted of or plead guilty to pled Nolo Contend ere or were pardoned for which violated any federal, state or other statue or ordinance constituting a felony or misdemeanor. Staple these documents to the back of your application. Your application will not be considered complete until all requested documents have been received in the nursing program office. The Program Director may request additional information from you regarding any convictions. The applicant is to provide a letter of explanation regarding this conviction. If you have questions, please contact the Nursing Program Director at 304-205-6689.

If the answer to questions 3-7 is YES, staple a letter to the back of this application, which details your progress in recovery. Further, you are requested to have a discharge summary sent to this office from the treatment facility (on letterhead). Your application will not be considered complete until all requested documents have been received in this office.

This information will be kept in strict confidence; however, copies will be forwarded to the West Virginia Board of examiners for Registered Professional Nurses. Following admission, those answering in the affirmative are encouraged to contact the Board to discuss their situation

.

1. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the School?

**Yes No**

1. Have you EVER been convicted of a felony or a misdemeanor or plead Nolo contendere to any crime, had records expunged or been pardoned? (List speeding tickets only if you have received three (3) speeding tickets in the last two (2) years.)

**Yes No**

1. Have you ever or are you currently abusing prescriptions or over-the-counter medication?

**Yes No**

1. Have you ever or are you currently using illegal drugs?

**Yes No**

1. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?

**Yes No**

1. Do you currently possess any condition, which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing?

**Yes No**

1. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group?

**Yes No**

**Admission to the Nursing Program**

Applicants to the Nursing program must be eligible to meet the requirements for licensure in the State of West Virginia as stated by the West Virginia Code. These conditions include:

1. High School graduate or equivalent.
2. Graduate of an accredited school of nursing.
3. The Board of Examiners for Registered Professional Nurses may deny testing to any applicant proved guilty of certain infractions as, but not limited to, fraud, felony, or moral misconduct. (See Chapter 30, Article 7, Section 11 of the West Virginia Code.)

In admitting a student to the Nursing program, the Health Division is not promising that the State of West Virginia will grant the student licensure. The decision to grant licensure is within the sole discretion of the West Virginia Board of Examiners for Registered Professional Nurses.

**Other states may have additional or different requirements for licensure. Students planning to apply for initial licensure in another state should contact the Registered Nursing Board in that state for specifics.**

BridgeValley Community and Technical College (BVCTC) is an equal opportunity/affirmative action institution and does not discriminate against any person because of race, sex, age, sexual orientation, disability, religion, color, national or ethnic origin. This policy extends to all BVCTC activities related to the management of its educational, financial and business affairs, employment practices including, but not limited to, recruitment, hiring, transfer, promotion, training, compensation, and benefits.

***I affirm that the information I have provided on this application form and all other admission application materials are complete, accurate, and true to the best of my knowledge. I give my permission for BridgeValley Community and Technical College at South Charleston, WV to contact any institution or person listed to verify this information.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature of Applicant Date***

***This application is not complete and will not be considered unless ALL sections are filled in and ALL transcripts, applicable diploma’s or certificate(s) in a health related field and TEAS-VI Admission Test scores are attached.***

***College***

|  |
| --- |
|  |
| **Applicant Name:** |
| **B #:** |
| **Total Score:** |

***Associate Degree Nursing Program***

***Selection Scoring Sheet***

**College Applicant**

*(Use this sheet if you have 12 or more college credit hours)*

*All transcripts and certifications must be on record and evaluated to receive credit.*

|  |  |  |
| --- | --- | --- |
| **Cumulative College GPA** | **Point Value** | **Point Value** |
| 3.75 - 4.00 | **6** |  |
| 3.50 - 3.74 | **5** |
| 3.25 - 3.49 | **4** |
| 3.00 - 3.24 | **3** |
| 2.75 - 2.99 | **2** |
| 2.50 – 2.74 | **1** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **All General Education** | **Point Value** | **Point Value** |
| (All Courses listed below are to be Completed with a grade of “C” or better to receive point) | **1** |  |
|  ENGL 101 English Comp I |  |
|  BIOL 201 A&P I |  |
|  BIOL 202 A&P II |  |
|  PSYC 201 Lifespan |  |
| BIOL 230 Microbiology |  |
| BIOL 245 Nutrition |  |

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| TEAS-VI Entrance Exam Scoring Criteria |
|  |
| TEAS-VI | Minimum Score needed- 60.0 |  |
|  |
| First Attempt (+5 points) |  |
| Second Attempt (+3 points) |  |
| Third Attempt (+0 points) |  |
|  |
| **Total points from TEAS-VI Test** |  |

|  |  |  |
| --- | --- | --- |
| **Previous Education** **(Highest document will be scored)** | **Point Value** | **Point Value** |
| Master’s Degree | **5** |  |
| Baccalaureate Degree | **4** |  |
| Associate Degree | **3** |  |
| Vocational (Licensed Practical Nursing) | **2** |
| Certificate/Skill Set in a Health Related Field | **1** |
| (Examples: CNA, Phlebotomist, Medical Assisting, EMT, Gerontology etc.) |

|  |  |  |
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| **Veteran Status** | **Point Value** | **Point Value** |
| (Example: certificate of training, DDT Status) | **1** |  |
|  |  |

*Total point values for this page*

*Total point values from page 1 +*

**TOTAL SCORE**

|  |
| --- |
| ***For Office Use Only:*** |
| **Applicant Name:** |
| **B #:** |
| **Total Score:** |

***Associate Degree Nursing Program***

***Selection Scoring Sheet***

Student: SS#:

**High School Applicant**

*(Use this sheet if you have 11 or less college credit hours)*

*All transcripts and certifications must be on record and evaluated to receive credit.*

|  |  |  |
| --- | --- | --- |
| **Cumulative High School GPA** | **Point Value** | **Point Value** |
| 3.75 - 4.00 | **6** |  |
| 3.50 - 3.74 | **5** |
| 3.25 - 3.49 | **4** |
| 3.00 - 3.24 | **3** |
| 2.75 - 2.99 | **2** |
| 2.50 – 2.74 | **1** |
|  |  |  |

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|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ACT\* Composite | SAT\*\* Total |  |  |
| 33 – 36 | 1401 – 1600 | 5 |  |
| 27 – 32 | 1301 – 1400 | 4 |  |
| 25 – 28 | 1201 – 1300 | 3 |  |
| 23 – 24 | 1101 – 1200 | 2 |  |
| 21 – 22 | 1000 – 1100 | 1 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \* Minimum 19 on all sub scores |  |  |
| \*\* Minimum 490 Verbal and 480 Math |  |  |
| GED Scores: |  |  |  |
|  | 3501 – 4000 | 4 |  |
|  | 3001 – 3500 | 3 |  |
|  | 2751 – 3000 | 2 |  |
|  | 2500 – 2750 | 1 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| TEAS-VI Entrance Exam Scoring Criteria |
|  |
| TEAS-VI | Minimum Score needed- 60.5 |  |
|  |
| First Attempt (+5 points) |  |
| Second Attempt (+3 points) |  |
| Third Attempt (+0 points) |  |
|  |
| **Total points from TEAS-VI Test** |  |

|  |  |  |
| --- | --- | --- |
| **Previous Education** **(Highest document will be scored)** | **Point Value** | **Point Value** |
| Certificate/Skill Set in a Health Related Field | **1** |  |
| (Examples: CNA, Phlebotomist, Medical Assisting, EMT, Gerontology etc.) |

|  |  |  |
| --- | --- | --- |
| **High School Honors** | **Point Value** | **Point Value** |
| (Include Certificate / Diploma) | **1** |  |
|  |  |

*Total point values for this page*

*Total point values from page 1 +*

**TOTAL SCORE**