Licensed Practical Nurse / Paramedic-to-RN Advanced Placement Option

Application Deadline for the Nursing Program is February 3, 2020.
Turn in to Room 111-E between the hours of 7:00 AM-5:00pm.

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.

____ Apply for acceptance to / or currently enrolled at BridgeValley Community and Technical College http://www.bridgevalley.edu/apply

____ Attach ALL sealed official transcripts for coursework and transfers from ALL colleges, universities, **and** vocational schools attended**. An official BVCTC transcripts transcripts@studentclearinghouse.org (with all college credit previously attended) can be substituted for 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 report all schools you have attended may result in dismissal from the nursing program.**

____ Proof of High School Graduation or Equivalent (High School transcript, GED, or Copy of Diploma)

____ Attach Signed Nursing Program Information Session Attendance Form

____ Attach copy of current licenses, certifications and/or degrees as applicable.

____ Attach a DETAILED explanation, if applicable, of any action taken against certification or licensure at any time.

____ Attach a DETAILED explanation and COPY of all related court documents 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).

____ Attach a 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.

____ Attach a copy of your current TEAS-VI Nursing Admission test scores. Application will not be considered if these are not attached.

____ Proof of Working as an LPN or Paramedic two out of the last three years, **by letter from your employer/s**.

Selection Criteria

The scoring criterion for admission to the nursing program is attached. Review of all qualified applications will begin after **February 3, 2020.** 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 Division 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.

Hand deliver or mail **(DO NOT FAX OR EMAIL)** completed application to:

B. Kent Wilson, MSN RN CNE CLNC
Professor / Director of Nursing Education Programs– School of Nursing
Floor 1, Office 111-G
2001 Union Carbide Drive
South Charleston, WV 25303

Application Form for:
Associate of Applied Science in Nursing – LPN / Paramedic-to-RN Advanced Placement Option- Summer 2020

School of Nursing
Floor 1, Office 111-E

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 term that will be not reflected on your transcripts.

Course Name and Number	***Taken at which College***

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

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1. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the School?
   Yes No

2. 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

3. Have you ever or are you currently abusing prescriptions or over-the-counter medication?
   Yes No

4. Have you ever or are you currently using illegal drugs?
   Yes No

5. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?
   Yes No

6. 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

7. 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
Associate Degree Nursing Program
Selection Scoring Sheet

For Office Use Only:
Applicant Name:
B #:
Total Score:

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- Required prior to Admission		
BIOL 220 / 201- Required prior to Admission		
BIOL 221/ 202- Required prior to Admission		
PSYC 201		
BIOL 230		
BIOL 245		

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**
Master's Degree	**5**	
Baccalaureate Degree	**4**	
Associate Degree	**3**	
Vocational (Licensed Practical Nursing)	**2**	
Certificate/Skill Set in a Health Related Field (Examples: CNA, Phlebotomist, Medical Assisting, EMT, Gerontology etc.)	**1**	

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 _____