

BACHELOR OF SCIENCE IN NURSING
FALL 2023 APPLICATION
FOR SPRING 2024 PLACEMENT

PLEASE PRINT IN BLACK OR BLUE INK

- Please carefully read the application and review it for completeness before signing.
AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED.

Last Name: _____

First Name: _____

Student ID: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

**Notification of acceptance/non-acceptance will be mailed to this address

Telephone Number: _____ Cell: _____

Tech Email: _____

- **Applications Accepted:** November 1st, 2023.
- **Application Deadline:** November 30th, 2023 (Close of business 4:00 p.m.).

Complete applications must include the following by the November 30th deadline:

- Unofficial Transcript
- Official printout of the TEAS examination with a proficiency score of 68% or higher.
(The TEAS can only be taken once in the semester you are applying)
- Completed and signed (by student) Grade Worksheet (attached). Faculty will sign after submission and review.
- Completed and signed (by student) Immunization and CPR and TB Verification Form (attached). Faculty will sign after submission and review.
- Copies of the following (from the Immunization and CPR Verification Form):
 - Current CPR certification (infant through adult). (The **ONLY** Accepted CPR courses are: American Heart Association for the **Health Care Provider** OR American Red Cross for the **Professional Rescuer**)
 - Current Influenza Vaccination. (Must be completed annually)
 - Current evidence of freedom from active Tuberculosis. (TB skin test or chest x-ray. Must be completed annually)
 - Tdap vaccine within the last 10 years.
 - Two MMR vaccines or MMR positive titers
 - Completion of Hepatitis B vaccine series or positive titer.
 - Varicella vaccination series or positive titer.
- Completed, signed, and initialed application form.
- Completed Order form for scrub tops.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

GRADE WORKSHEET (FOLLOWING PAGE)

Please complete the information requested with a letter grade and semester. **If you are currently enrolled in pre-requisite courses, simply indicate the semester you are taking the course and do not fill in a letter grade.**

- General Education courses must have been completed within 10 years, unless a previous Bachelor's degree has been awarded.
- Science courses must have been completed within 5 years.
- A grade of **"C+" or higher is required for all nursing** and a **"C" or higher is required for all non-nursing** courses.
- Pre-requisite courses may only be repeated one time.** GPA calculation is based on the grade from the retake of the course.

<u>Course</u>	<u>Name</u>	<u>Grade & Semester Completed</u> This column is ONLY for the first grade of a course that has been repeated. Leave blank if you have only taken the course once.	<u>Grade & Semester Completed</u> This column is for courses taken only once , OR for grade from a repeat of a course .	<u>Faculty Verification Initials</u> Will be verified and initialed by faculty upon submission.
BIOH 201	Anatomy & Physiology I			
BIOH 202	Anatomy & Physiology I Lab			
BIOH 211	Anatomy & Physiology II			
BIOH 212	Anatomy & Physiology II Lab			
CHMY 121 or CHMY 141	Intro to General Chemistry or College Chemistry I			
CHMY 122 or CHMY 142	Intro to General Chemistry Lab or College Chemistry I Lab			
WRIT 201 or WRIT 322W	College Writing II or Advanced Business Writing			
M 121 or M 140	College Algebra or College Math for Healthcare			
NUTR 258	Fundamentals of Nutrition			
PSYX 230	Developmental Psychology			
BIOM 250	Microbiology for Health Science			
BIOM 251	Microbiology for Health Science Lab			
NRSG 107 or NRSG 100	Perspectives in Professional Nursing or Intro to Nursing			
WRIT 121 or WRIT 101	Intro to Technical Writing or College Writing I			
PSYX 100	Intro to Psychology			
SOCI 101	Intro to Sociology			
STAT 131 or STAT 216	Biostatistics or Introduction to Statistics			
HCI 316 or PHL 325W	Healthcare Ethics or Professional Ethics			
HUMN XXX	Humanities			

Student Signature

Date

Faculty Signature

Date

Immunization & CPR and TB Verification Form

Name of Student: _____ Student ID: _____ Birthdate: _____
(Last, First) Please Print

Please insert dates below as applicable.

MMR (measles, mumps, rubella) *2 doses or positive titer*

MMR Record 1 ____/____/____ Record 2 ____/____/____

Use below **only** if measles, mumps and rubella vaccinations were administered separately.

Measles ____/____/____, mumps ____/____/____, rubella ____/____/____

Measles ____/____/____, mumps ____/____/____, rubella ____/____/____

OR

Positive titer dates for Measles ____/____/____, mumps ____/____/____, and rubella ____/____/____

Varicella (chickenpox) *2 doses or positive titer*

Vaccination dates ____/____/____ AND ____/____/____ (two recommended by the CDC)

OR positive titer date ____/____/____

Hepatitis B *Completion of 2 or 3 dose series or positive titer*

(Engerix-B) Record 1 ____/____/____ Record 2 ____/____/____ Record 3 ____/____/____ OR

(Hepilisav-B) Record 1 ____/____/____ Record 2 ____/____/____ OR

Positive Titer date ____/____/____

tDap (tetanus/pertussis) *Within the past 10 years. Note this must be Tdap not TD or DPT*

Date received ____/____/____

Influenza Vaccine *Completed annually*

Date received ____/____/____

TB (PPD-tuberculosis) *Completed annually*

Date received ____/____/____ OR Date of chest x-ray ____/____/____

CPR * BLS Provider or American Red Cross Professional Rescuer. Recertification required every 2 years*

Date received ____/____/____

Student Signature

Date

Faculty Signature

Date

Proof of this information is to be kept and maintained by the Nursing Department

REGISTRATION WAIVER – Fall 2023

I have applied for acceptance into the BSN clinical component for Spring 2024. At the time my application was submitted, I was registered in 4th semester nursing classes, NRSG 230, Nursing Pharmacology, NRSG 210, Foundations of Professional Nursing, NRSG 215 Assessment of Health Promotion, and NRSG 256 Pathophysiology.

I realize I will be automatically dropped from NRSG 230, Nursing Pharmacology, NRSG 210, Foundations of Professional Nursing, NRSG 215 Assessment of Health Promotion, and NRSG 256 Pathophysiology if I am not accepted.

Student's Signature

Student's Name (Print Clearly)

Date: _____

Campus Store Order Form and Price List



<u>Hunter Green Scrub Top</u>		<u>Quantity</u>	<u>Size</u>
Small, Medium, Large, Extra Large	\$19.25	_____	_____
2XL, 3XL	\$22.25	_____	_____
4XL	\$25.50	_____	_____

To ensure an adequate amount and correct sizing **scrub tops need to be ordered when applications are submitted**. Students will be notified when scrub tops are ready for pick-up, payment is due at that time. The following items will also be available for purchase at the Campus Store, but do not need to be ordered prior to the beginning of the semester.

<u>Nurses Kit</u>		<u>Quantity</u>
Includes:	\$60.95	_____
Classic Stethoscope		
Blood Pressure Cuff		
Scissors		
Penlight		
Measuring Tape		
Carrying Case		

<u>Gait Belt</u>		<u>Quantity</u>
Gait Belt	\$13.95	_____

Name: _____ Student ID: _____

Phone: _____ Email: _____

Please initial each line.

With initialing and signing below, the student verifies understanding of the information. It is the student's responsibility to contact the nursing department with questions PRIOR to initialing and signing the application.

_____ I understand that the selection to the Nursing Program will be comprised of 60% selective GPA and 40% TEAS score. **The TEAS can only be taken one time in the semester you are applying.**

_____ I have applied for acceptance into the BSN clinical component for Spring 2024. I will be automatically registered for NRS230 (Nursing Pharmacology), NRS210 (Foundations of Professional Nursing), NRS215 (Assessment and Health Promotion), and NRS256 (Pathophysiology). If I am not accepted into the nursing program, I will be automatically dropped from these courses.

_____ I will be notified by email and US mail, postmarked no later than **December 22nd, 2023**, whether or not I have received Spring 2024 placement in the BSN program. **No information will be provided over the phone.**

_____ Students who meet minimum requirements and are not offered placement will automatically be placed on the Spring 2024 wait list. The wait list is maintained only until the first week of Spring semester 2024.

_____ Upon admission to the program and **each** semester, **mandatory** orientation is required. Orientation may be held prior to the beginning of the academic semester.

_____ **Attendance to the new student orientation and the first week of class is mandatory. If unable to attend, I must decline admission placement.**

_____ I have no history of a felony conviction. **Applicants who have been convicted of a felony will not be admitted or allowed to continue in the nursing program.**

_____ Acceptance to and graduation from the Nursing Program does not assure eligibility to sit for the nursing licensing examination. The Montana Board of Nursing makes all final decisions on issuances of licenses.

Print Name _____

Student Signature _____

Date _____

Faculty Signature _____

Date _____