

**BACHELOR OF SCIENCE IN NURSING**  
**FALL 2024 BSN APPLICATION**  
**FOR SPRING 2025 PLACEMENT**

**PLEASE PRINT IN BLACK OR BLUE INK**

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- Please print this application one sided.
- 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: \_\_\_\_\_

Preferred 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 1, 2024.
- **Application Deadline:** December 2, 2024 (3:00 p.m.).

**Complete applications must include the following by the December 2nd deadline:**

- Unofficial Transcript
- Official printout of the TEAS examination with a proficiency score of 68% or higher.  
(The TEAS must be taken and 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, signed, and initialed application form.
- Completed Order form for scrub tops.

**Upon Acceptance; the following will be due with the Program Placement Request form due no later than 4pm Friday January 3<sup>rd</sup>, 2025.**

Copies of records documenting the following:

- Current CPR certification (infant through adult). The **ONLY** Accepted CPR courses are **American Heart Association: BLS or Health Care Provider** OR **American Red Cross: BLS or 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). The Student Health Center will not be open between Fall 2024 and Spring 2025 semesters.
- 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.

***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 &amp; Semester Completed</u> This column is <b>ONLY</b> for the first grade of a course that has been repeated. <b>Leave blank if you have only taken the course once.</b>	<u>Grade &amp; Semester Completed</u> This column is for courses <b>taken only once</b> , OR for grade from a <b>repeat of a course</b> .	<u>Faculty Verification Initials</u> Will be verified and initialed by faculty after application review..
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**

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**REGISTRATION WAIVER – Spring 2025**

I have applied for acceptance into the BSN clinical component for Spring 2025. At the time my application was submitted, I was registered in 4<sup>th</sup> semester nursing classes, NRSNG 230, Nursing Pharmacology, NRSNG 210, Foundations of Professional Nursing, NRSNG 215 Assessment of Health Promotion, and NRSNG 256 Pathophysiology.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (Print Clearly)

Date: \_\_\_\_\_

**Campus Store Order Form and Price List**

Prices subject to change



<u>Hunter Green Scrub Top (Minimum of 2)</u>		<u>Quantity</u>	<u>Size</u>
Small, Medium, Large, Extra Large	\$28.95	_____	_____
2XL, 3XL		_____	_____
4XL		_____	_____

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 2025. I will be automatically registered for NRSNG 230 (Nursing Pharmacology), NRSNG 210 (Foundations of Professional Nursing), NRSNG 215 (Assessment and Health Promotion), and NRSNG 256 (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 30th, 2024**, 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 2025 wait list. The wait list is maintained only until the first week of Spring semester 2025.

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