

# BLUE RIDGE COMMUNITY AND TECHNICAL COLLEGE

## Associate of Science in Nursing Program

13650 Apple Harvest Drive, Martinsburg, WV 25403 . 304-260-4380

## APPLICATION FOR ADMISSION TO THE ASN PROGRAM

### 1. Application Deadline

**i** For Fall semester start, the application deadline is March 30th. If selected, applicants will receive an email offering \*Conditional Acceptance into the ASN program by May 31<sup>st</sup>.

Prospective applicants must have a minimum of an Overall 2.5 GPA and **have completed, or be enrolled in**, the following courses by the Spring semester before the Fall semester they wish to begin the program to be eligible to apply:

ENGL 101; MATH 114; BIOL 120/121; and NURS 111

### 2. Decision Criteria and Process

**i** Failure to fully complete this application, provide truthful information, send required documentation, or failure to report 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, and any subsequent application may not be considered. Information provided to the department of nursing is confidential and is used only for selection purposes.

- Transcripts will be reviewed by the program director upon receipt of application for admission. If an applicant has not met all of the academic prerequisite courses, he or she will not be considered for admission. All applicants will be notified via BRCTC email once a decision has been made, regardless of acceptance or non-acceptance. **Regardless of points, an incomplete application will be disqualified.**
- Applicants are scored by the criteria shown below. Scores are ranked from highest to lowest and the top applicants are offered \*Conditional Acceptance into the ASN program.
- Applicants must accept the offer of \*Conditional Acceptance within 7 calendar days of the offer email being sent or his or her offer will be rescinded.
- Applicants who accept \*Conditional Acceptance into the ASN program must participate in a mandatory online **and** live orientation program or his or her offer will be rescinded.
- If an applicant is completing a prerequisite course during the Spring semester, the midterm course grade will be applied to the point scale below for score calculation. If the final grade for the prerequisite course(s) is a D, F, I, or W, the applicant will no longer be eligible for admittance into the ASN program and any \*Conditional Acceptance offer will be rescinded.
- All required science courses must have been completed within the last five (5) years before ASN program start if taken preadmission into the ASN program. Applicants will be allowed to repeat any science course one (1) time only including withdrawals (W). (Repeats before five (5) years of ASN program start are not counted in the repeat limit.)

\*Conditional Acceptance – means the applicant is offered a seat in the ASN program as long as he or she meets all requirements of admission by deadlines set.

Scoring Criteria	Points Possible
<b>Prerequisite courses:</b> <i>If more than one course attempts on transcript, the grades will be averaged to achieve score</i>	
<b>BIOL 120/121</b> (scoring will be based on the combined average of lecture and lab for students awarded separate grades)	A = 3 B = 2 C = 1
<b>NURS 111</b>	A = 3 B = 2 C = 1
<b>ENGL 101</b>	A = 3 B = 2 C = 1
<b>MATH 114</b>	A = 3 B = 2 C = 1
<b>ATI TEAS</b> taken within the last 24 months is the only acceptable test version.	
<b>TEAS Reading</b>	69 – 83.29 = 2 83.3 – 95.19 = 4 95.2 or > = 6
<b>TEAS Math</b>	63.3 – 86.69 = 2 86.7 – 96.69 = 4 96.7 or > = 6
<b>TEAS Science</b>	45.8 – 66.69 = 2 66.7 – 91.29 = 4 91.3 or > = 6
<b>TEAS English</b>	60 – 79.9 = 2 80 – 93.29 = 4 93.3 or > = 6
<b>Advanced Degree</b> (Points earned based on highest degree only.)	
<b>Associate Degree</b>	2
<b>Bachelor Degree</b>	4
<b>Graduate Degree</b>	6
<b>Advanced Experience</b>	
<b>Active LPN License</b> in any state Please enter Licensure state and number below: <ul style="list-style-type: none"> <li>State _____</li> <li>License # _____</li> </ul>	1
Have you served <b>Honorably in the United States military</b> ? <ul style="list-style-type: none"> <li>Please attach a copy of your DD-214 or current military ID</li> </ul>	2
<b>Self-Reported Criminal Background:</b> <i>Failure to report any conviction on application will result in disqualification for admission. The nursing faculty may disqualify any nursing candidate on the basis of the type of criminal offense, regardless of the length of time since conviction.</i>	
Misdemeanor within the last year	-10
Misdemeanor within the last 1 -2 years	-8
Misdemeanor within the last 3 -5 years	-6
Misdemeanor greater than 5 years ago	-4
Felony within the last year	-15
Felony within the last 1 -2 years	-12
Felony within the last 3 – 5 years	-9
Felony greater than 5 years ago	-6
<b>Admission may be denied depending on the nature of the conviction. A letter to potential applicants in regard to criminal findings and licensure can be found on the West Virginia RN Board website.</b>	

### 3. Application Checklist

**i** Complete this application by 1. Type directly into the application, 2. Save the PDF to your computer, 3. Print the PDF, 4. Sign and date the bottom of the PDF where indicated, 5. Scan the PDF document and save it to your computer, 6. Email PDF and all required applicable attachments to [nursing@blueridgectc.edu](mailto:nursing@blueridgectc.edu) . **Handwritten applications will not be accepted. If any portion of the application is not included, the application will not be considered.**

- Upload and include a copy of this application.
- Requested official transcript(s) for any and all course work for transfer credit from all college(s) or program(s) other than BRCTC, are sent to the Registrar at BRCTC. \*Official Transcript should be requested from all institutions attended and mailed directly from the registrar to:
  - Blue Ridge Community and Technical College  
ATTN: Registrar  
13650 Apple Harvest Drive  
Martinsburg, WV 25403
- Upload and include a copy of active licenses, degrees, military ID, DD-214 as applicable.
- Upload and include a copy of ATI TEAS exam score sheet with breakdown of each exam section.
- Upload and include a detailed explanation, if applicable, of any action taken against your licensure at any time.
- Upload and include a detailed explanation and copy of all related court documents, including final disposition, if ever convicted of a felony, misdemeanor, pled nolo contendere, or have pending action to any crime, had records expunged or been pardoned, or any other court related cases.
- Upload and include 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.

**All completed applications should be emailed with appropriate attachments to [nursing@blueridgectc.edu](mailto:nursing@blueridgectc.edu)**

## 4. Candidate Information



Complete this application by 1. Type directly into the application, 2. Save the PDF to your computer, 3. Print the PDF, 4. Sign and date the bottom of the PDF where indicated, 5. Scan the PDF document and save it to your computer, 6. Email PDF and all required applicable attachments to [nursing@blueridgectc.edu](mailto:nursing@blueridgectc.edu). **Handwritten applications will not be accepted. If any portion of the application is not included, the application will not be considered.**

- Name: \_\_\_\_\_
- Last four digits of your Social Security Number: \_\_\_\_\_
- Are there any of your education records in another name? If so indicate: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- (Optional) Alternative Phone Number: \_\_\_\_\_
- BRCTC Email Address: \_\_\_\_\_
- Permanent Resident of (state): \_\_\_\_\_ Since (date): \_\_\_\_\_
- Please list all previous colleges and programs that you have attended prior to BRCTC:  
\_\_\_\_\_  
\_\_\_\_\_
- Please answer “yes” or “no” to the following questions:
  - Y    N ☐ Do you have or have you ever held licenses in an Allied Health field? \*Remember a copy of current license must be attached to this application if applicable.
  - Y    N ☐ Have you had any action taken against your license or has it been suspended or revoked?  
\*Remember a detailed explanation must be attached to this application if applicable.
  - Y    N ☐ Have you ever been convicted of a felony or misdemeanor or plead nolo contendere to any crime, had records expunged, or been pardoned? Do you have any pending court cases? List parking and speeding tickets only if you have received three or more in the last two years. \*Remember if you answered “yes” to one of these questions, a detailed explanation must be attached to this application.
  - Y    N ☐ Have you ever, or are you currently abusing, any over the counter or prescription medications, illegal drugs, alcohol, inhalants, or are you currently in or have been in treatment for any of the aforementioned? \*Remember if you answered “yes” a detailed letter of explanation and a copy of treatment record or discharge summary must be attached to this application if applicable.
  - Y    N ☐ I am aware that I will need to disclose any physical, mental, and/or emotional health problems that would prevent me from adhering to the Department of Nursing Education’s Core Performance Standards for the nursing programs and Standards of Professional Conduct and Safe Clinical Practice. I am also aware that I will be required to take a full drug screen test, background check, and have to complete a physical as well as nursing orientation prior to the start of class.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_