

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. Requirements

i TO APPLY TO THE NURSING PROGRAM STUDENTS ARE REQUIRED TO:

- Earn an overall GPA of 2.5. (Please note students must maintain a minimum overall 2.5 GPA to stay in the program)
- Complete ALL required science courses within the last five (5) years before the ASN program start date. Applicants will be allowed to repeat any science course only one (1) time including withdrawals (W) within that 5 year period. (Courses taken more than five (5) years of the ASN program start date are not counted in the repeat limit.)
- Earn a “C” or better in all required courses for the program.
- Have completed or be enrolled in:
ENGL 101; MATH 114; BIOL 120/121; and NURS 111
 - By the Spring Semester (for Fall applicants)
 - By the Fall Semester (for Spring applicants)
- Earn at least a 63.3 on your TEAS test to register for NURS 111. Students may only take the TEAS exam twice within a calendar year with at least 30 days between attempts. [Click here for TEAS test registration information.](#)

To prepare for the TEAS, it is recommended students:

1. Complete Blue Ridge CTC's [Online Math Bootcamp](#) .
2. Take a practice Teas test by logging into BlackBoard and click on “ONLINE TUTORING 24/7” > “Brainfuse” > “Skill Surfer” > “Nursing School Exams” > “Teas Practice Tests”
3. Additional Test Prep options are available directly from [ATI testing](#)

2. Application Deadline

i APPLICATION FOR FALL SEMESTER DUE: March 30th

If selected, applicants will receive an email offering *Conditional Acceptance into the ASN program by May 30th.

APPLICATION FOR SPRING SEMESTER DUE: August 31st

If selected, applicants will receive an email offering *Conditional Acceptance into the ASN program by October 15th.

3. 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. 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 live orientation or his or her offer will be rescinded.

*Conditional Acceptance – means the applicant is offered a seat in the ASN program as long as all requirements of admission are met by the deadline.

Scoring Criteria	Points Possible
BIOL 120/121* (scoring will be based BIOL120)	A = 3 B = 2 C = 1
ENGL 101*	A = 3 B = 2 C = 1
MATH 114*	A = 3 B = 2 C = 1
*If a student attempted these courses more than once, the average of the scores will be considered.	
ATI TEAS taken within the last 24 months is the only acceptable test version.	
TEAS Reading	69 – 83.29 = 2 83.3 – 95.19 = 4 95.2 or > = 6
TEAS Math	63.3 – 86.69 = 2 86.7 – 96.69 = 4 96.7 or > = 6
TEAS Science	45.8 – 66.69 = 2 66.7 – 91.29 = 4 91.3 or > = 6
TEAS English	60 – 79.9 = 2 80 – 93.29 = 4 93.3 or > = 6
Advanced Degree (Points earned based on highest degree only.)	
Associate Degree	2
Bachelor Degree	4
Graduate Degree	6

Advanced Experience	
Active LPN License in any state Please enter Licensure state and number below: <ul style="list-style-type: none"> State _____ License # _____ 	1
Have you served Honorably in the United States military ? <ul style="list-style-type: none"> Please attach a copy of your DD-214 or current military ID 	2
Self-Reported Criminal Background: Failure to report any conviction on application will result in disqualification for admission. The nursing faculty may disqualify any nursing candidate based on the type of criminal offense, regardless of the length of time since conviction.	
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
Admission may be denied depending on the nature of the conviction. A letter to potential applicants concerning criminal findings and licensure can be found on the West Virginia RN Board website.	

4. Application Checklist



All completed applications should be emailed with appropriate attachments to nursing@blueridgectc.edu including a:

- ☐ Copy of this application.
- ☐ Copy of active licenses, degrees, military ID, DD-214 as applicable.
- ☐ Copy of ATI TEAS exam score sheet with breakdown of each exam section.
- ☐ Detailed explanation, if applicable, of any action taken against your licensure at any time.
- ☐ 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, or any other court related cases.
- ☐ 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.

Handwritten applications will not be accepted. If any portion of the application is not included, the application will not be considered.

5. Candidate Information

i To complete this application:

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 the PDF and all required applicable attachments to nursing@blueridgectc.edu.

Name: _____

C #: _____

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:

	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.
	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.
	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.
	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.
	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 _____