BLUE RIDGE COMMUNITY AND TECHNICAL COLLEGE

Associate of Science in Nursing Program

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

SPRING 2024 APPLICATION FOR ADMISSION TO ASN PROGRAM

Prior to submitting this application, visit the ASN Program site for information regarding admission requirements and our decision criteria and process: **http://www.blueridgectc.edu/applytonursing**

ℹ APPLICATION DUE: September 15, 2023

If selected, applicants will receive an email offering *Conditional Acceptance into the ASN program by October 31st.

Conditional Acceptance – means the applicant is offered a seat in the ASN program as long as all requirements for admission are met by the deadline provided in your acceptance email. Please visit the ASN Program website linked above for more information.

All questions regarding this application can be forwarded to nursing@blueridgectc.edu.

ℹ IMPORTANT DATES TO REMEMBER: Attendance is **required** for all activities listed.

For **Spring 2024** admits:
- **November 3, 2023:** Mandatory Live (In-Person) Orientation
- **November 20 or 21, 2023:** AHA BLS Provider Certification Course *- required for ALL*
- **December 15, 2023:** Clinical Documentation Due (details provided after acceptance)
- **January 8 or 9, 2024:** Nursing Skills & Math Boot Camp

ℹ RANKING DECISION CRITERIA:

Applicants are scored by the decision criteria shown below. Applicants are ranked from the highest score to the lowest, and the top applicants are offered *Conditional Acceptance into the ASN Program. *This occurs via email to the students BRCTC email, so it is important for students to check their email regularly for updates.*

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the offer of *Conditional Acceptance within 7 calendar days of the offer email being sent or his or her offer will be rescinded.

Remember: it is the student's responsibility to review the application process and seek clarification ahead of the application deadline (if needed).

All questions regarding this application can be forwarded to nursing at nursing@blueridgectc.edu

SCORING WORKSHEET

*This document is for the applicant's reference only. Do not submit completed with application.

Overall GPA*	Points Possible	Applicant Points
2.50 to 2.74	1	
2.75 to 2.99	2	
3.00 to 3.24	3	
3.25 to 3.49	4	
3.50 to 3.74	5	
3.75 to 4.00	6	
*Based on overall GPA only. Must meet minimum overall GPA for program type first.		
Prerequisite Courses*	**Points Possible**	**Applicant Points**
BIOL 120/121+	A=6 B=4 C=2	
ENGL 101	A=6 B=4 C=2	
MATH 101 or 114	A=6 B=4 C=2	
+BIOL 120 course is used for scoring BIOL 120/121. *If a student has attempted these courses more than once, the average of the scores will be considered (only the first two attempts are considered for point ranking). Midterm grades will be used for courses in which an applicant is currently enrolled.		
ATI TEAS Scoring*	**Points Possible**	**Applicant Points**
TEAS Composite Score *Student must take all 4 sections to be considered (Math, English, Reading, Science).*	Score x 0.2	
TEAS Math Section	Score x 0.1	
TEAS English Section	Score x 0.1	
*Must have been taken within the previous 24 months. Students may only take the TEAS test twice within a calendar year with at least 30 days between attempts.		
Degrees/Certificates Earned*	**Points Possible**	**Applicant Points**
Associate Degree or higher	2	
Bachelor Degree	4	
Graduate Degree	6	
Advanced Experience*	**Points Possible**	**Applicant Points**
Active Certified Medical Assistant (AAMA), EMT/AEMT (NREMT), or CNA Certification	2	
Active LPN or Paramedic (NREMT) License	4	
*Degree/certification must have been awarded prior to application. Documentation (diploma/license/certificate) must accompany application to receive credit. If certification or licensure, active status/expiration must be visible. Points awarded based on highest degree or certification only.		
Military Service*	**Points Possible**	**Applicant Points**
Active or Honorable Discharge from United States Military Service	2	
*Documentation of DD-214 or current military ID must accompany application to receive credit.		
		TOTAL POINTS

Candidate Information

ℹ️ To complete this application, type directly into spaces provided, sign/date, and save to computer as a PDF.

Submit all required application materials as email attachments to nursing@blueridgectc.edu, including:
  (1) Completed application (saved PDF of this page)
  (2) Copy of official TEAS score report (instructions for how to find official report can be found here)
  (3) Nursing Pre-Orientation Module certificate (instructions for how to access can be found here)
  (4) Any other applicable documentation referenced below (e.g. explanations, degree, license, records, etc.)

Name: _____ Date: _____

Student Email: _____ Student ID (C#): _____

Mailing Address: _____

Mobile Phone Number: _____ Alternate: _____

Permanent Resident of (state): _____ Since (date): _____

Are there any of your records/transcripts in another name? If so, indicate: _____

Do you hold a full or part-time job (Y/N)? _____ If yes, how many hours per week do you work? _____

I am applying for the following ASN Program: ☐ **Spring 2024** (Traditional ASN)

==*Type "yes" or "no" to the following questions in the space provided and sign below:*==

	Have you completed and received a certificate for the Nursing Pre-Orientation Module? *A copy of the certificate (verifying completion of this module) **must** accompany this application. To obtain a certificate, please return to the nursing application page http://www.blueridgectc.edu/applytonursing and complete the module/post-test (100% required).*
	Do you hold an associate degree or higher in another discipline? *A copy of the diploma or degree must be attached to this application (if applicable).*
	Do you have or have you ever held licenses or certifications in an Allied Health field (e.g. CNA, LPN, EMT, AEMT, Paramedic, or Medical Assisting)**?** *A copy of the 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? *If you answered "yes," a detailed explanation must be attached to this application.*
	Have you ever been convicted of a felony or misdemeanor or plead nolo contendere (no contest) 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. *If you answered "yes" to any one of these questions, a detailed explanation must be attached to this application. If accepted, you will be required to file a petition with the WV RN Board to determine if this conviction will disqualify you from RN licensure. The RN Student Petition Application is linked from the website here.*
	Have you ever, or are you currently, abusing any over the counter or prescription medications, illegal drugs, alcohol, or inhalants, or are you currently in or have been in treatment for any of the aforementioned substances? *If you answered "yes," a detailed letter of explanation and a copy of treatment record or discharge summary must be attached to this application.*
	Are you willing and able to attend the mandatory orientation activities (including all live, in-person dates listed on page 1 of this application), meet vaccination/PPD requirements (including COVID-19 vaccination without exception), and submit to a criminal background check, drug screen, and health assessment (and any other requirements outlined by the ASN Program upon offer)?
	I have read and understand the following policy regarding self-reported criminal history: A criminal background check is conducted upon conditional acceptance into the ASN Program. Failure to report any conviction on this application will result in automatic 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. Admission may be denied depending on the nature of the conviction. A letter from the WV RN Board to potential applicants concerning criminal findings and licensure can be found here.
	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 program and Standards of Professional Conduct and Safe Clinical Practice. I am also aware that acceptance (if offered) is conditional upon completion of admission requirements outlined by the ASN Program upon offer.

Signature _____ Date_____

Printed Name_____