**NURSING AND HEALTH SCIENCES APPLICATION – NURSING**

**PLEASE READ ALL REQUIREMENTS CAREFULLY BEFORE SUBMITTING THIS APPLICATION**

**All questions regarding this process must be addressed to the Nursing and Health Sciences Division at 304-424-8300**

Thank you for your interest in the Nursing program at West Virginia University at Parkersburg. Below are several items you need to know in order to begin the application process.

1. Applications will be accepted year round. Applications are accepted via mail 300 Campus Drive Parkersburg, WV 26101 or fax to 304.424.8211.
2. The following must be completed before you will be considered for admission to the Associate Degree Nursing Program.
	* Complete a WVU Parkersburg Admissions application and be admitted to the college,
	* Submit a High School transcript or GED,
	* Submit transcripts of any college work from another college,
	* Complete the HESI Admission Assessment examination with a 75 or higher. Dates and times are listed online at [http://www.wvup.edu/academics/academic-divisions/health-sciences/testing/.](http://www.wvup.edu/healthsciences)
3. Requirements for admission to the Associate Degree Nursing Program:
	* 1. High school graduate or equivalent (USA GED)
		2. English Proficiency
		3. Cumulative 2.0 GPA from high school and college coursework
		4. Complete the HESI exam with the required benchmark of 75 or higher. The HESI admission exam may be completed twice per admission cycle. The attempts must be a minimum of 45 days apart. The exam may be taken four times in a 12-month period. e. For LPN-RN, an active unencumbered LPN license
4. Students enrolling in the Nursing Program who have previously completed the required science courses may count those courses for progression within the Nursing Program as long as the science courses have been completed within the five (5) years previous to enrollment in the nursing program.
5. Accepted students will be provided documents from the Nursing and Health Sciences Division office for submitting a physical examination, background checks and drug screening. Students who test positive for alcohol, illegal usage of a controlled substance or illicit drugs will be immediately dismissed from the program and will not be eligible for readmission to any Health Sciences program.
6. **It is critical that the applicant read the questions carefully and answer truthfully on the background check.** The Nursing and Health Sciences Division reserves the right to nullify a student’s admission based on the results of the required background check.
7. Students are responsible for all financial obligations involved in the application process and program expenses that include but are not limited to transportation, meals, physical exams, drug testing, background checks, immunizations, uniforms, supplies, textbooks, course, lab and testing fees.

**APPLICATION REVIEW PROCESS**

Selection of applicants is a continuous process so early application is highly recommended. Late applicants may be considered, however programs have limited enrollment.

Due to space limitations, qualified applicants are ranked according to HESI pre-nursing examination and cumulative grade point average.

The highest ranked students who meet the admission requirements by **March 15 for fall admission and September 15 for spring admission** are admitted first; other qualified applicants will be placed on a waiting list. The waiting list is dissolved on the first day of class. Because of the competition for space, it is possible that qualified applicants may not be selected for admission. The applicant must schedule the HESI pre-nursing examination before the deadline dates.

A ranking system is used for the selection process and is as follows:

1. HESI pre-nursing examination score of 75 or higher.
2. Cumulative grade point average 2.0 or higher.

A letter will be mailed to all applicants to notify the applicant if he/she has been accepted or not accepted into the Nursing program using the United States Postal Service. To that end, it is very important that the application reflects the correct address of the applicant. It is the applicant’s responsibility to update the application for any changes.

**A student who is not accepted must submit a new application to the Nursing and Health Sciences Division office prior to the application deadline of the cycle requesting admission.**

After admission to the Nursing program, all students are required:

* to attend an all day mandatory orientation session before the start of Nursing 134.
* to attend an all day mandatory technology orientation session the week before you will begin Nursing 134.

**Failure to attend these sessions will result in the nullification of your acceptance into the program.**

For additional information please:

Refer to the college catalog

Refer to the Student Nursing Handbook at http://www.wvup.edu/academics/academic-divisions/healthsciences/nursing/nursing-handbook/

For questions, contact the Nursing and Health Sciences Division office at 304-424-8300 February 2023

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|  | Program Application For: (check one)  \_\_\_\_\_\_ Nursing  \_\_\_\_\_\_\_\_ LPN – RN \_\_\_\_\_\_ Radiology Technology  \_\_\_\_\_\_ RN-BSN (Online)  \_\_\_\_\_\_ Surgical Technology  \_\_\_\_\_\_ CST to AAS Surg Tech  |
| Please read carefully. ***Type or Print*** legibly to minimize delays in processing your application**.** Return completed to**:** Nursing and Health Sciences Division WVU Parkersburg 300 Campus Drive Parkersburg, WV 26104  |

# PERSONAL DATA

|  |  |  |  |
| --- | --- | --- | --- |
| WVUP ID#  | Last Name  | First Name  | MI  |
| Mailing Address  | City  | State  |  Zip  |
| Home Phone Number  | Cell Phone Number  | County  |  |
| Email Address  |

**EDUCATION** List chronologically every college, university, high school or any other institution(s) you have attended. *Official transcripts must be sent to WVUP.*

|  |  |  |  |
| --- | --- | --- | --- |
| Complete Name of Last High School  | City, State  | Graduation Year or GED Score  |  |
| Complete Name of Current & Prior Colleges  | City, State  | Degree Obtained/Expected  | Attendance Dates  |
|  |  |  |  |
|  |  |  |  |

Please List Any Courses You Are Currently Enrolled In

|  |  |
| --- | --- |
| Course Name and Number  | College  |
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**Statement of Moral Character:** Statement of Moral Character is not to be completed by a relative. In the instance an individual has not resided in the area for five years and cannot provide this statement, a letter of reference from an individual at area of prior residence will be accepted.

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is personally known to me, (Full Name of Applicant)

that he/she is of **good moral character;** I have known him/her for \_\_\_\_\_\_\_\_ years (length of time you have known applicant: must be at least five years). I hereby recommend him/her for any West Virginia University at Parkersburg Nursing and Health Sciences Program.

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

Signature

Please list any medical or personal information that you feel may have an impact on your participation in nursing classes/clinicals. (i.e. pregnancy, etc.)

All applicants must answer Questions #1-7 of the application by circling YES or NO. If you answered YES to these questions submit a notarized copy of all court documents pertaining to the felony or misdemeanor that you were convicted of or pled guilty to or pled Nolo Contendere or were pardoned for which violated any federal, state, or other statute or ordinance constituting a felony or misdemeanor. Staple these documents to the back of your application. Your application will not be considered complete until all requested documents have been received in the Health Sciences Division office. The Chair of Health Sciences may request additional information from you regarding any convictions. The applicant is to provide a letter of explanation regarding the conviction. If you have questions, please contact the Health Sciences Division office.

If the answer to questions ***3-7*** is YES, staple a letter to the back of this application, which details your progress in recovery. Further, you are requested to have a discharge summary sent directly to this office from the treatment facility (on letterhead). Your application will not be considered complete until all requested documents have been received in the office.

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| --- | --- | --- |
| 1. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school | **YES**  | **NO**  |
| 2. Have you EVER been convicted of a felony or a misdemeanor or pled nolo contendere to any crime, had records expunged or been pardoned? (List speeding tickets only if you have received three (3) speeding tickets in the last two (2) years). | **YES**  | **NO**  |
| 3. Have you ever or are you currently abusing prescription or over-the-counter medication? | **YES**  | **NO**  |
| 4. Have you ever or are you currently using illegal drugs? | **YES**  | **NO**  |
| 5. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited? | **YES**  | **NO**  |
| 6. Do you currently possess any condition, which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing? | **YES**  | **NO**  |
| 7. Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group? | **YES**  | **NO**  |

## DRUG SCREENING

Applicants must test negative for drug/alcohol screening. West Virginia University Parkersburg is a drug free community. To that end, students enrolled in all nursing and health science programs will be required to submit to randomized, mandatory drug screening without notice. Failure to cooperate will result in administrative dismissal from the program. Students who test positive for alcohol, illegal usage of a controlled substance, or illicit drugs will be immediately dismissed from the program and will not be eligible for readmission to any health science program. Costs associated with the screenings will be the responsibility of the student.

Any student who demonstrates behaviors of reasonable suspicion or impaired capacity (3aq) will be required to undergo immediate drug/alcohol testing. All costs incurred as a result of this action is the responsibility of the student.

## BACKGROUND CHECK

All students entering the program should be aware that criminal history checks are required. Costs associated with the state and federal criminal history checks will be the responsibility of the student.

## ADMISSION TO THE NURSING PROGRAM

Applicants to the Nursing program must be eligible to meet the requirements for licensure in the state of West Virginia as stated in the West Virginia Code. These conditions include:

1. High School graduate or equivalent
2. Graduate of an accredited school of nursing.
3. The Board of Examiners for Registered Professional Nurses may deny testing to any applicant proved guilty of certain infractions as, but not limited to, fraud, felony, or moral misconduct. (See Chapter 30, Article 7, Section 11 of The West Virginia Code.)

In admitting a student to the Nursing program, the Nursing and Health Sciences Division is not promising that the State of West Virginia will grant the student licensure. The decision to grant licensure is within the sole discretion of the West Virginia Board of Examiners for Registered Professional Nurses.

I affirm that the information I have provided on this application form and all other admission application

materials are complete, accurate, and true to the best of my knowledge. I give my permission for West Virginia University at Parkersburg to contact any institution or person listed to verify this information. Providing false information on this application is grounds for denial of admission or dismissal from the program.

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| Received  |  |
| Initials  |
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DATE SUBMITTED

April 2021