

BACHELOR OF SCIENCE IN NURSING
SPRING 2023 APPLICATION
FOR FALL 2023 PLACEMENT

PLEASE PRINT

- 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: _____

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:** March 28th, 2023.
- **Application Deadline:** April 20th, 2023 (Close of business 4:00 p.m.).

Complete applications must include the following by the April 20th deadline:

- Unofficial Transcript
- Official printout of the TEAS examination with a proficiency score of 70% or higher.
(The TEAS 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 and signed (by student) Immunization and CPR Verification Form. (attached) Faculty will sign after submission and review.
- Copies of the following (from the Immunization and CPR Verification Form):
 - Current CPR certification (infant through adult). (The **ONLY** Accepted CPR courses are: American Heart Association for the **Health Care Provider** OR American Red Cross for the **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)
 - 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.
- Completed, signed, and initialed application form.
- Completed, signed, CMS Covid-19 Mandate Information.

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 & Semester Completed</u> of INITIAL course. This column is ONLY for the first grade of a course that has been repeated. Leave blank if you have only taken the course once.	<u>Grade & Semester Completed</u> This column is for courses taken only once , OR for grade from a repeat of a course .	<u>Faculty Verification Initials</u> Will be verified and initialed by faculty upon submission.
BIOH 201	Anatomy & Physiology I			
BIOH 202	Anatomy & Physiology I Lab			
WRIT121	Intro to Technical Writing			
M 121	College Algebra			
NUTR 258	Fundamentals of Nutrition			
PSYX 100	Introduction to Psychology			
BIOH 211	Anatomy & Physiology II			
BIOH 212	Anatomy & Physiology II Lab			
SOCI 101	Introduction to Sociology			
CHMY121	Intro to General Chemistry			
CHMY122	Intro to General Chemistry Lab			
PSYX 230	Developmental Psychology			
NRSG 107	Perspectives in Professional Nursing			
BIOM 250	Microbiology for Health Science			
BIOM 251	Microbiology for Health Science Lab			
STAT 216	Introduction to Sociology			
HCI 316	Healthcare Ethics			
WRIT 201	College Writing I			
HUMN XXX	Humanities			

Student Signature

Date

Faculty Signature

Date

Immunization & CPR 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

(Heplisav-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

CMS COVID-19 Mandate Information

As you may know, the CMS COVID-19 mandate is in effect. In short, this rule requires that all students in the Montana Tech Nursing program receive a COVID-19 primary vaccination series or have an approved medical or religious exemption in place. A primary vaccination series is considered one of the following:

- Two doses of [Pfizer-BioNTech vaccine](#) given 3 weeks (21 days) apart.
- Two doses of [Moderna vaccine](#) given 4 weeks (28 days) apart.
- One dose of Johnson & Johnson’s Janssen ([J&J/Janssen](#)) vaccine.

While primary vaccination or exemption is not required for program placement, it is required for clinical placement. As completion of a Bachelor of Science in Nursing degree requires participation in multiple clinical rotations in healthcare facilities, all students accepted will be required to provide documentation of either your completed primary vaccination series or approved medical or religious exemption no later than Friday August 18, 2023.

Student’s Signature

Student’s Name (Print Clearly)

Date: _____

REGISTRATION WAIVER – Fall 2023

I have applied for acceptance into the BSN clinical component for Fall 2023. At the time my application was submitted, I was registered in 4th semester nursing classes, NRSB 230, Nursing Pharmacology, NRSB 210, Foundations of Professional Nursing, NRSB 215 Assessment of Health Promotion, and NRSB 256 Pathophysiology.

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

Student's Signature

Student's Name

(Print Clearly)

Date: _____

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 Fall 2023. I will be automatically registered for NRSB 230 (Nursing Pharmacology), NRSB 210 (Foundations of Professional Nursing), NRSB 215 (Assessment and Health Promotion), and NRSB 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 June 2nd, 2023, whether or not I have received Fall 2023 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 Fall 2023 wait list. The wait list is maintained only until the first week of Fall semester 2023.

_____ 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 _____