

**BACHELOR OF SCIENCE IN NURSING**  
**SPRING 2026 BSN SECONDARY APPLICATION**  
**FOR FALL 2026 PLACEMENT**

**Please print in black or blue ink.**

Please print this application one sided.

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: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address\*\*: \_\_\_\_\_

\*\*Notification of acceptance/non-acceptance will be mailed to this address

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Tech Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

- **Applications Accepted:** May 1, 2026
- **Application Deadline:** June 26, 2026 (4:00 p.m.)

## **Complete applications must include the following by the June 26th deadline:**

- Unofficial Transcript
- Official printout of the TEAS examination with a proficiency score of 68% or higher.  
(The TEAS must be taken and 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, CPR and TB Verification Form (attached). Faculty will sign after submission and review.
- Copies of the following (from the Immunization, CPR and TB Verification Form):
  - Current CPR certification (infant through adult). The **ONLY** Accepted CPR courses are:  
**American Heart Association: BLS or Health Care Provider**  
**OR American Red Cross: BLS or 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. (Must be current throughout program)
  - Two MMR vaccines or MMR positive titer.
  - Completion of Hepatitis B vaccine series or positive titer.
  - Varicella vaccination series or positive titer.
- Completed, signed, and initialed application form.
- Completed Order Form for scrub tops.

## **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

### **Prerequisite Requirements**

- General Education courses must have been completed within 10 years, unless a previous bachelor's degree has been awarded.
- Science and Math courses must have been completed within 5 years.
- A grade of **“C+” or higher is required for all nursing courses 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.

### Grade Worksheet

Please complete the information requested with a letter grade for each attempt, if a course was taken more than once, and semester the course was completed, if not currently enrolled.

Table 1 Grade Worksheet

<u>Required Prerequisite Course</u>	<u>Grade</u>	<u>Select</u>
If there is an <b>OR</b> option, please select the course taken.	Please enter the grade you earned.	Currently Enrolled – Summer 2026 OR If completed – fill in the year and semester taken for the most recent attempt
<b>BIOH 201:</b> Anatomy & Physiology I	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<b>BIOH 202:</b> Anatomy & Physiology I - Lab	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<b>BIOH 211:</b> Anatomy & Physiology II	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<b>BIOH 212:</b> Anatomy & Physiology II - Lab	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> <b>CHMY 121:</b> Intro to General Chemistry OR <input type="checkbox"/> <b>CHMY141:</b> College Chemistry I	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> <b>CHMY 122:</b> Intro to Gen Chemistry - Lab OR <input type="checkbox"/> <b>CHMY142:</b> College Chemistry I - Lab	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> <b>WRIT 201:</b> College Writing OR <input type="checkbox"/> <b>WRIT 322W:</b> Advanced Business Writing	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> <b>M121:</b> College Algebra OR <input type="checkbox"/> <b>M 104:</b> College Math for Healthcare	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<b>NUTR 258:</b> Fundamentals of Nutrition	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<b>PSYX 230:</b> Developmental Psychology	1 <sup>st</sup> Attempt: _____ 2 <sup>nd</sup> Attempt: _____	<input type="checkbox"/> Currently Enrolled – Summer 2026 OR _____ Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer



## Immunization, CPR and TB Verification Form

Please insert dates below as applicable.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Print Clearly)

### 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 Test (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.**

**Registration Waiver**

I have applied for acceptance into the BSN clinical component for Fall 2026. At the time my application was submitted, I was registered in 4<sup>th</sup> 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 Name  
(Print Clearly)

\_\_\_\_\_  
Student's Signature

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 2026. I will be automatically registered for NRSNG 230 (Nursing Pharmacology), NRSNG 210 (Foundations of Professional Nursing), NRSNG 215 (Assessment and Health Promotion), and NRSNG 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 **August 16, 2026**, whether or not I have received Fall 2026 placement in the BSN program. Earlier notification may occur depending on approval of any final summer grades. **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 2026 wait list. The wait list is maintained only until the first week of Fall semester 2026.

\_\_\_\_\_ 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, 8:30am-4:00pm the Friday before classes begin, and the first week of class is mandatory. If unable to attend, student 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 \_\_\_\_\_



## Campus Store Order Form and Price List

Prices subject to change

To ensure an adequate amount and correct sizing **scrub tops need to be ordered when applications are submitted**. Students will be notified when scrub tops are ready for pick-up, payment is due at that time. The following items will also be available for purchase at the Campus Store, but do not need to be ordered prior to the beginning of the semester.

### Unisex Hunter Green Scrub Top (Minimum of 2) \$28.95

<u>Size</u>	<u>Quantity</u>	<u>Size</u>	<u>Quantity</u>
Extra Small	_____	Extra Large	_____
Small	_____	2XL	_____
Medium	_____	3XL	_____
Large	_____	4XL	_____

### Nurses Kit Quantity

Includes: \$60.95 \_\_\_\_\_  
 Classic Stethoscope, Blood Pressure Cuff,  
 Scissors, Penlight, Measuring Tape, Carrying Case

### Gait Belt Quantity

Gait Belt \$13.95 \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_