



## NON-REFUNDABLE APPLICATION FEE \$25.00

### Application Instructions-Academic Year 2019 - 2020

Applicants must successfully complete all institution and nursing program admission requirements before the application deadline.

#### Admission Requirements

- High school graduate or equivalent
- 2.5 GPA from high school or college courses
- Eligible to take college English 101 and Math 109/115 without supplement
- ATI TEAS results-applicants must have an adjusted individual composite score of 58 or higher within 3 attempts.
  - If unable to earn 58 composite score in 3 attempts applicant is ineligible for 3 years.
  - The test score is valid for three years.
- Applicants must be prepared to make \$200 confirmation deposit with letter of acceptance prior to registration.

All application materials must be submitted by the deadlines defined below:

Students beginning nursing courses for fall semester 2019

Priority Deadline: **March 1, 2019**

Application Deadline: **June 1, 2019**

The absolute application **RECEIVED** deadline of June 1<sup>st</sup> is identified for admission to the fall semester 2019.

Incomplete applications will not be considered

A complete application includes:

- Completed application form
- Freshman placement test scores (such as ACT, SAT, or Accuplacer) IF prior college credit is not adequate to meet English/Math requirements
- Official transcripts from ALL previously attended colleges and universities, regardless of age and applicability to the nursing program on file at the college
- Official high school diploma indicating date of graduation; or US General Education Development (GED) Diploma; or TASC Test on file at the college
- Official ATI TEAS (58+ Composite) score transcript

Name of Campus  Wheeling  Weirton

#### General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Student ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

WVCC E-mail Address \_\_\_\_\_

Academic Information

List all schools, colleges, or universities you are attending or have previously attended.

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name of higher education school and address (City, State, and country if outside US)

Dates Attended

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

Additional schools, colleges, or universities should be listed on a separate sheet of paper and submitted with the application.

Have you been admitted as a nursing student in WVNCC or any other nursing programs?  yes  no

If yes, what nursing school did you attend and for what semesters?

Nursing School \_\_\_\_\_ Semesters \_\_\_\_\_

Have you received a non-passing grade or unsatisfactory in any nursing courses?  yes  no

Do you hold or have held ANY OTHER professional or occupational licensure or certification?  yes  no

If yes, provide the following information:

Type of licensure/certification	Number issued	Expiration	State	Phone number for verification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has a complaint ever been filed against the above listed license(s) or certification(s)?  yes  no

Has action ever been taken against the above license(s) or certification(s)?  yes  no

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The West Virginia Board of Examiners for Registered Professional Nurses may deny licensure testing to any applicant proven guilty of certain infractions such as, but not limited to fraud, felony, domestic violence, or moral misconduct (Chapter 30, Article 7, Section 11, Code of West Virginia). Additionally, the applicant must be able to engage in educational and training activities in a manner that does not endanger themselves or others.

If answering YES to ANY of the questions below attach an explanation and certified copies of related court documents if applicable. Traffic violations resulting in convictions must be reported.

Have you EVER been convicted of a felony or a misdemeanor or pled nolocontendre to any crime, or been pardoned? (Any conviction exclusive of minor traffic violations such as speeding must be reported. List speeding tickets only if you received three (3) speeding tickets in the last three (3) years.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever or are you currently abusing prescription or over-the-counter medication?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever or are you currently using illegal drugs?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?	<input type="checkbox"/> yes <input type="checkbox"/> no
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?	<input type="checkbox"/> yes <input type="checkbox"/> no
If you hold a professional or occupational license or certificate of any kind, has your practice ever been monitored for any reason through disciplinary action or otherwise, by any facility, board or group?	<input type="checkbox"/> yes <input type="checkbox"/> no

**INITIAL HERE:** \_\_\_\_\_ I understand that missing requirements will be communicated to me through WVNCC email ONLY and that I am responsible for checking this account regularly

**INITIAL HERE:** \_\_\_\_\_ I understand that a \$200 deposit will be required at the time of acceptance in order to reserve my spot in the program and that I may not be allowed to register or attend program orientation if the deposit is not paid by the deadline provided in my acceptance letter.

I have provided true, correct, and complete information. I have read and understand the information provided in the application.

I realize that any false or misleading information on this application will be grounds for denial of admission or dismissal from the nursing program.

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Signature of Applicant

Date

#### Acknowledgment and Consent for the Disclosure of Education Records

The West Virginia Associate Degree Nursing Consortium consists of colleges serving the educational needs of the residents of West Virginia. Each participating college seeks to ensure the privacy of student records it maintains. In order to efficiently and accurately maintain student records, it may be necessary to disclose personal identifiable information among the colleges and the West Virginia Center for Nursing, such as to avoid the duplication of student identification numbers. Applicants are asked to voluntarily sign this acknowledgment and consent.

I hereby authorize all colleges of the West Virginia Associate Degree Nursing Consortium to release personally identifiable information pertaining to me that is contained in the educational records maintained by any participating college to the West Virginia Center for Nursing, and to clinical sites at the time of this application and thereafter for the purpose of my application to admission to the Program, registration for courses, my continued enrollment in the Nursing Program, and for other appropriate purposes.

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Signature of Applicant

Date