



Nursing Application
2020-2021

Non-Refundable Application Fee: \$25
Priority Deadline: March 2 **Final Deadline: June 1**

Admission Requirements

- High school graduate or equivalent
- 2.5 cumulative college GPA (or 2.5 high school GPA within 3 years if no college GPA is available)
- Eligible to take college-level English and Math courses without supplement
- ATI TEAS results with an adjusted individual composite score of 58 or higher
 - Scores must be within 3 years of application date
 - Applicants can test 3 times within 1 year. Those who do not achieve the minimum score in 3 attempts within the same year are ineligible for 1 year.
- Applicants must be admitted to the college for Fall 2020 and eligible to register for coursework.
- Applicants must be prepared to make \$200 confirmation deposit with letter of acceptance.

All application materials must be submitted by March 2 for priority consideration or the final deadline of June 1. Incomplete applications will not be considered.

A complete application includes:

- General admissions application to the college for Fall 2020 IF not already admitted
- Completed Nursing 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 prior colleges and universities, regardless of age and applicability to the Nursing program on file at the college. **Transcripts should arrive sufficiently prior to the deadline to allow at least 5 business days for processing.**
- Official US high school transcript indicating date of graduation; or US General Education Development (GED) scores; or Test Assessing Secondary Completion (TASC) scores on file at the college
- Official ATI TEAS score transcript. Instructions for submitting scores in the proper format can be found on the Nursing program webpage.

Select your preferred campus: Wheeling Weirton

Last Name _____ First Name _____

Former Name(s) _____

WVNCC Student ID Number _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Preferred Phone _____ Alternate Phone _____

WVNCC Email Address _____@mail.wvncc.edu

NOTE: Missing requirements are communicated via WVNCC Email.

Academic Information

Name of High School (or Indicate GED or TASC) _____

Graduation Year _____

List all schools, colleges, or universities you are attending or have previously attended. **List additional schools, colleges, or universities on a separate sheet of paper and attach to application.**

School Name	Dates Attended	Degree Earned (If Any)

Have you been admitted as a Nursing student at WVNCC or in any other Nursing program? Yes No

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

School _____ Semesters _____

Have you received a non-passing or unsatisfactory grade in any Nursing courses? Yes No

Licensure and Certification Information

Do you hold or have you 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

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 listed license(s) or certification(s)? Yes No

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 of the 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, pled nolo contendere 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.

Signature of Applicant

Date

Acknowledgement and Consent for Disclosure of Educational Records

West Virginia Northern Community College seeks to ensure the privacy of all student records. In order to efficiently and accurately maintain these records, it may be necessary to disclose personal identifiable information. Applicants are asked to voluntarily sign this acknowledgement and consent.

I hereby authorize West Virginia Northern Community College to release personal identifiable information pertaining to me that is contained in the educational records maintained by the college and clinical sites at the time of this application and thereafter for the purpose of my application for admission, assessment, registration for courses, and other appropriate purposes.

Signature of Applicant

Date

To the best knowledge of the West Virginia Northern Community College staff, information contained in this publication was correct at the time it was distributed. However, this publication should not be considered in any way to constitute a contract between West Virginia Northern and any student. West Virginia Northern reserves the right to make changes in tuition, fees, admissions regulations, schedules, or curricula without prior notice or obligation.

West Virginia Northern Community College, pursuant to the requirements of Titles IV, VI, VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, does not discriminate against applicants, employees, or students on the basis of race, color, religion, sex, disability, age, gender, ancestry, marital or parental status or national origin in its employment policies and/or educational programs or activities, including admissions to such.

Inquiries concerning this rule should be directed to Chief Human Resource Officer Peggy Carmichael, who is designated coordinator for Title IX and Section 504, at 304-214-8901, Room 119B, B&O Building, Wheeling campus or email pcarmichael@wncc.edu. Revised: September 19, 2019