



WEST VIRGINIA UNIVERSITY AT PARKERSBURG  
 NURSING AND HEALTH SCIENCES DIVISION  
<http://www.wvup.edu/academics/academic-divisions/health-sciences/>

Program Application For: (check one) <input type="checkbox"/> Patient Care Technician <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Surgical Technology <input type="checkbox"/> CST to AAS Completion Degree	Please read carefully. <b>Type or Print</b> legibly to minimize delays in processing your application. Return completed to:  Nursing and Health Sciences Division WVU Parkersburg 300 Campus Drive Parkersburg, WV 26104
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**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

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 Nursing and Health Sciences Division office. The Chair of the Nursing and Health Sciences Division 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 Nursing and 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.

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 Nursing and 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.

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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SUBMITTED

Office Use Only	
Date Received:	
Received By:	

**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 to the West Virginia University at Parkersburg Patient Care Technician Program, Pharmacy Technician Program, or Surgical Technology Program. (Please circle one)

\_\_\_\_\_  
Signature

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**For your application to be processed, this Statement of Moral Character must be completed and returned to the Nursing and Health Sciences Division within two weeks of the date the application was submitted.**

**This form must be in the Nursing and Health Sciences Division by: \_\_\_\_\_**

**Mail to: OR**  
**WVU Parkersburg**  
**Nursing and Health Sciences Division**  
**300 Campus Drive**  
**Parkersburg, WV 26104**

**Deliver to:**  
**Nursing and Health Sciences Division**  
**Room 2322 or Room 2331B**

**Failure to do so will result in being administratively withdrawn from the core courses within your designated program.**

Date Received in Nursing and Health Sciences Division: \_\_\_\_\_

Received by: \_\_\_\_\_