

NURSING AND HEALTH SCIENCES APPLICATION – RN-BSN

PLEASE READ ALL REQUIREMENTS CAREFULLY BEFORE SUBMITTING THIS APPLICATION

All questions regarding this process must be addressed to the Nursing and Health Sciences Division at 304-424-8300.

Thank you for your interest in the RN-BSN program at West Virginia University at Parkersburg. Below are several items you need to know in order to begin the application process.

ADMISSION REQUIREMENTS

1. Have an associate degree or diploma in nursing from an accredited school.
2. Possess an active unencumbered license to practice as a Registered Nurse in the United States.
Admission with conditions may be granted to an applicant to enroll in NURS 311 and NURS 320 the semester immediately following graduation from a diploma or associate degree nursing program. Full admission is contingent upon obtaining an active license prior to completion of NURS 311 and NURS 320.
3. Have a valid RN license in the state in which you will be completing assignments.
4. NOT been dismissed from another baccalaureate nursing program for any reason, including (but not limited to) academic dishonesty, disruptive behavior, or course failure.
5. Have a minimum cumulative grade point average of 2.0 based on a 4.0 scale on all college/university courses completed prior to admission.
6. No history of felony convictions

APPLICATION PROCESS

1. Complete a WVU Parkersburg Admission application (completed online) and be admitted to the college
2. Submit via mail, email, or fax a completed Nursing and Health Sciences application and submit transcripts of all prior college work.

It is critical that the applicant read the questions carefully and answer the questions on the application truthfully. The Nursing and Health Sciences Program reserves the right to nullify a student's admission based on the results of the required background check.

APPLICATION REVIEW PROCESS

Applications will be accepted year round. Selection of applicants is a continuous process so early application is highly recommended. The RN-BSN program has limited enrollment. Applications will be reviewed as received for program admission. Qualified applicants will be admitted as applications are reviewed. Qualified applicants who are not admitted, due to space, will be offered admission in the next cohort.

Because of the competition for space, it is possible that qualified applicants may not be selected for admission.

Notification of admission status will be e-mailed to all applicants to notify if he/she has been accepted or not accepted into the RN-BSN program using the email address provided on the application form. To that end, it is very important that the application reflects the correct email address of the applicant. It is the applicant's responsibility to update the application for any changes.

With the program being 100% online, it is important to note that computer access with internet is required.

For additional information about the program, please refer to the RN-BSN website at www.wvup.edu/rn-bsn. For questions, contact the Nursing and Health Sciences Division at 304-424-8300. This program is accredited by Accreditation Commission for Education in Nursing, 3343 Peachtree Road, Suite 850, Atlanta, GA 30326. Phone: 404-975-5000.
Email: www.acenursing.org



**WEST VIRGINIA UNIVERSITY AT PARKERSBURG
NURSING AND HEALTH SCIENCES DIVISION
RN-BSN Application**
www.wvup.edu/rn-bsn

<p>Program Application Information</p> <p>RN-BSN</p> <p>Are you a RN? _____ YES _____ NO</p> <p>State(s) of Licensure? _____</p> <p>If you answered NO, Date of Graduation: _____</p> <p>Part Time _____ or Full Time _____</p>	<p>Please read carefully. Type or Print legibly to minimize delays in processing your application. Return completed to:</p> <p>Nursing and Health Sciences Division WVU Parkersburg 300 Campus Drive Parkersburg, WV 26104</p>
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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 or any other institution(s) you have attended.
Official transcripts must be sent to WVU Parkersburg.

Complete Name of College for Associate Degree of Nursing	City, State	Graduation Year of RN program	
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

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 RN-BSN program.

Signature

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 Nursing and Health Sciences 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

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

March 2020

Office Use Only	
Received	
Initials	