Application for Admission
Deadline is January 15th for Fall Admission
Deadline is July 1st for Spring Admission

$25.00 Admission fee must accompany application.
*Please order ALL transcripts.

St. Mary’s/Marshall University
Cooperative Associate in Science in Nursing Program

Have you ever attended MU?  Yes ____  No ____
Have you ever applied to St. Mary’s?  Yes ____  No ____

Applicant Name  ____________________________     Last   First    Middle

Academic year and semester for which you are applying  ______________

Marshall University (MU) 901#  ___________________________

Important Notice:
The State Board of Nursing may deny eligibility to write the registered nurse licensing
examination to individuals who have been convicted of a felony or misdemeanor and persons
with drug/chemical dependency.

St. Mary’s Medical Center

Our Vision Continues
This check list is provided to assist you in insuring your application is complete. Please fill in the boxes at the right as you complete the application.

1. Application fee enclosed $25.00 (Non-refundable) □
   Checks can be made payable to St. Mary’s School of Nursing

2. All transcripts (official copies) have been requested to be sent to St. Mary’s and Marshall University
   A. High School □
   B. Marshall University □
   C. All other institutions □

3. Application completed and sent to
   A. St. Mary’s □
   B. Marshall University □

4. ACT/SAT scores requested to be sent to
   A. St. Mary’s □
   B. Marshall University □

5. GED certificate sent to
   A. St. Mary’s □
   B. Marshall University □

6. All sections of the application are completed (Incomplete applications will not be considered) □

7. All sections requiring a signature and date have been signed and dated □
This form must be filled out completely and returned promptly to the Office of Admissions.

Date: ___________________

Name:  __________________________________________________________

Last                        First                        Middle

Other name under which a high school or college transcript may be listed:

Permanent Address:  _________________________________________________________

Street

City                        County              State                    Zip Code

Social Security Number:  _____________-________-______Telephone Number (     )___________

Marshall University Student Identification (901) Number ______________

Are you a U.S. Citizen?  Yes  ____  No ____   If you are not a citizen, are you an
alien lawfully authorized to attend school in the U.S.?  Yes  ______  No  _______

EDUCATION:

NAME AND ADDRESS OF SCHOOL Circle Last Year         Did You         Course or        Year Last

Completed             Graduate          Degree           Attended

High School  __________________________________________________________________________________

Street Address  ________________________________________________________________________________

City,State,Zip  _________________________________________________________________________________

Official transcript requested

Have you EVER attended Marshall University?  Yes ______  No ______

Note: (You must request an official transcript)

Other College(s) Attended:

NAME AND ADDRESS OF SCHOOL Circle Last Year         Did You         Course or        Year Last

Completed             Graduate          Degree           Attended

Name:________________________________________________________________________________________

Street Address  ________________________________________________________________________________

City,State,Zip __________________________________________________________________________________

Official transcript requested
(EDUCATION CONTINUED)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SCHOOL</th>
<th>Circle Last Year Completed 1 2 3 4</th>
<th>Did You Graduate Yes/No</th>
<th>Course or Degree</th>
<th>Year Last Attended</th>
</tr>
</thead>
</table>

Name: ________________________________________________________________________________________

Street Address: ________________________________________________________________________________

City, State, Zip ________________________________________________________________________________

Official transcript requested

Do you have a GED? Yes ________ No ________ If yes, Date Obtained: ____________________________

Certificate Number and State: ___________________________________________________________________

Have you taken the ACT/SAT test? Yes No

Were scores sent to St. Mary’s? Yes No

Were scores sent to Marshall? Yes No

EMPLOYMENT: List most recent first

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
</tr>
</tbody>
</table>

Name of Company/Institution ____________________________________________________________________

Reason for Leaving: ___________________________________________________________________________

Position(s) Held: _____________________________________________________________________________

Street Address: ______________________________________________________________________________

City ________________________________ State_______________________ Zip Code_______________

Telephone (____)___________________ Name of Last Supervisor _____________________________________

Type of Business _____________________________________________________________________________

Briefly summarize experience gained. Include special training you received. ______________________________

___________________________________________________________________________________________
Employment continued:

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
</tr>
</tbody>
</table>

Name of Company/Institution _______________________________________________________________

Reason for Leaving: _______________________________________________________________________

Position(s) Held: __________________________________________________________________________

Street Address: __________________________________________________________________________

City __________________________ State ____________________ Zip Code ______________

Telephone (___)_________________ Name of Last Supervisor ________________________________

Type of Business: __________________________________________________________________________

Briefly summarize experience gained. Include special training you received: _____________________________
________________________________________________________________________________________

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
</tr>
</tbody>
</table>

Name of Company/Institution _______________________________________________________________

Reason for Leaving: _______________________________________________________________________

Position(s) Held: __________________________________________________________________________

Street Address: __________________________________________________________________________

City __________________________ State ____________________ Zip Code ______________

Telephone (___)_________________ Name of Last Supervisor ________________________________

Type of Business __________________________________________________________________________

Briefly summarize experience gained. Include special training you received: _____________________________
________________________________________________________________________________________

PLEASE USE THE SPACE BELOW AND ON BACK OF PAGE TO EXPLAIN PERIODS OF UNEMPLOYMENT
PROFESSIONAL CONDUCT

The St. Mary's/University Cooperative Associate in Science in Nursing Program strongly supports the standards of the nursing profession and the West Virginia Board of Examiners for Registered Professional Nurses regarding the need for student nurses and professional nurses to be persons of good moral character who demonstrate responsible behaviors. Applicants are advised that their conduct before and after submitting their application to the School of Nursing will be considered in the admission process.

“... Conduct derogatory to the morals or standing of the profession of registered nursing...” may be reason for denial of admission or dismissal from the program (WV Code 30-7-11 (f)). Irresponsible behavior or conduct denoting questionable moral character will include, but not necessarily be limited to the following:

- criminal activities - e.g. DUI, misdemeanors, felonies
- substance abuse - e.g. manufacture, use, distribution, positive results on drug screen
- cheating/dishonesty
- harassment
- domestic violence
- discrimination
- breach of patient confidentiality

Students are advised that their conduct while students both on and off campus could result in dismissal from the program.

Have you ever pled guilty or "no contest" (nolo contendere) to, or been convicted of, violating any law, with the exception of minor traffic violations?

PLEASE CIRCLE "YES" OR "NO".

If yes, attach a description and explanation of your prior conviction history, including date of conviction, court, and details of each violation.

NOTE: Disclosure of a criminal record does not automatically disqualify you from admission consideration.

_____________________________________________________________________________
Signature of Applicant                  Date
DRUG AND ALCOHOL TESTING

St. Mary's/Marshall University Cooperative Associate in Science in Nursing Program has adopted and enforces a Drug and Alcohol policy for all participants in its clinical program.

The School may require students to submit to a drug test during clinical training upon reasonable suspicion or cause. In addition, the School may impose random drug testing for students undergoing treatment and/or rehabilitation for substance abuse who are participating in safety sensitive training, including but not limited to clinical training, externships and internships.

This policy also prohibits the use, possession, transportation, sale or distribution of alcohol or other non-medically prescribed controlled substances in the School or during school sponsored functions or activities. It further prohibits students from attending class or other school sponsored functions or activities while under the influence of alcohol or other non-medically prescribed controlled substances. The terms "School" and "school sponsored functions" broadly include the School premises, classes, parking lots and all situations where a student is representing the School in their capacity as a student.

The School expects excellence in the performance of all its students. If you believe a prescription drug prescribed by your physician may affect your performance, you should consult the Director of the School. The School reserves the right to review a student's drug or controlled substance use occurring outside the School or school sponsored functions to the extent that such use affects the student's class or clinical performance or adversely impacts the School in any way. If the School initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the Director of the School if you have any questions concerning this policy.

Signature of Applicant __________________________________________________________
Date _________________________________________________________________________
(Indicates applicant has read the policy)
STATEMENT OF TRUTH AND UNDERSTANDING

I certify that the information I have supplied on this application is complete and true, and understand that any omission or misrepresentation of fact may result in denial of acceptance or dismissal from the School of Nursing. I authorize all former employers, educational/training institutions, or individuals to furnish any information they may have on my record. I also release any individual, educational/training institution, partnership or corporation which formerly employed me or which I was a student, its officers, agents and employees, from liability for any damage due to issuing such information. I understand that I must successfully complete all aspects of pre-screening, and acceptance into the program is conditioned upon successful completion of an entrance medical examination. In consideration of any acceptance, I agree to conform to the rules and regulations of St. Mary's School of Nursing.

Signature of Applicant  Date

* Before your application can be considered, the program must receive all transcripts from all institutions attended (high school, college and other), ACT scores and GED scores when applicable. All transcripts must be official and be sent directly from the institution. *(Any deviation from this protocol must have Program Director's permission) Send the application and transcripts to:

Office of Admissions
SMMC School of Nursing
2900 First Avenue
Huntington, WV 25702

If you should have any questions, please contact Melba Curry, Admissions Secretary, office (304) 526-1423, fax (304) 526-1517 or by e-mail mcurry@st-marys.org
THIS SIDE FOR APPLICANTS WHO ARE HIGH SCHOOL STUDENTS OR HAVE NEVER ATTENDED COLLEGE, OR HAVE LESS THAN 12 HOURS OF COLLEGE CREDIT

APPLICANT SCORING FORM

CLASS ENTERING: __________

All information on this form will be verified by the school to assure that information provided is correct.

NAME:___________________________________________  SS#:_______________________________

Section 1A: Circle the appropriate points for the composite ACT score.

<table>
<thead>
<tr>
<th>SCORE</th>
<th>POINTS</th>
<th>SCORE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 and &lt;</td>
<td>0</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>18</td>
<td>10</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>19</td>
<td>15</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td>21</td>
<td>25</td>
<td>26 and &gt;</td>
<td>50</td>
</tr>
</tbody>
</table>

TOTAL POINTS: __________

Section 2A: Complete this section if you are a high school student or have not completed at least 12 college credit hours.

Please complete this section by circling the assigned points that correspond to the appropriate grade. If you have completed 12 college credit hours, please go to Section 2B and complete as directed.

High school GPA __________

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE A</th>
<th>GRADE B</th>
<th>GRADE C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology 1 (CATS 2/COORD2)</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Biology II (advanced)</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Chemistry 1</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Chemistry II (advanced)</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology 1</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology (advanced)</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Microbiology</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Physics</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Other advanced science/math: Maximum of one class</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

TOTAL POINTS: __________

If you have completed any of the college courses (but less than 12 credit hours) listed in Section 2B with a grade of “C” or better, please circle in the box below the assigned points that correspond to the appropriate number of hours completed:

<table>
<thead>
<tr>
<th>Number of Hours</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 hours</td>
<td>1</td>
</tr>
<tr>
<td>7-11 hours</td>
<td>2</td>
</tr>
</tbody>
</table>

TOTAL POINTS: __________

OVERALL TOTAL POINTS: ________________________________
THIS SIDE FOR APPLICANTS WHO HAVE COMPLETED MORE THAN 12 HOURS OF COLLEGE CREDIT

APPLICANT SCORING FORM

CLASS ENTERING: __________

All information on this form will be verified by the school to assure that information provided is correct.

NAME: ___________________________________________  SS#: ___________________________________________

Section 1B: Circle the appropriate points for the composite ACT score.

<table>
<thead>
<tr>
<th>SCORE</th>
<th>POINTS</th>
<th>SCORE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 and &lt;</td>
<td>0</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>18</td>
<td>10</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>19</td>
<td>15</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td>21</td>
<td>25</td>
<td>26 and &gt;</td>
<td>50</td>
</tr>
</tbody>
</table>

TOTAL POINTS: __________

Section 2B: Complete this section if you have completed 12 college credit hours or more.

Circle the assigned points that correspond with the appropriate grade for courses completed by January 15th for Fall admission, or August 1st for Spring admission. If a course has been repeated once, the number of points will be decreased by half. If you have repeated a class more than once, you will receive no points. If a class is dropped, the points will be the same as for a grade of C.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE A</th>
<th>GRADE B</th>
<th>GRADE C</th>
<th>REPEAT (YES OR NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Science 227</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Biological Science 228</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Biological Science 250</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Chemistry 203 (or higher)</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>English 101</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>English 102</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DTS 314- Nutrition/Diet Therapy- or equivalent</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Psychology 201</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Psychology 311</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Higher level science course than those listed above</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL POINTS __________

Section 3: Points are given for prior health care experience, i.e., CNA, EMT, and Nurse Assistance. Medical Assistants, Paramedic, Military Medic, and LPN: (circle if appropriate):

TOTAL POINTS: 10 points

Section 4: Points are given for college degrees. Circle highest applicable degree:

Associate Degree: 10 points
Bachelor Degree: 15 points
Master Degree: 20 points

TOTAL POINTS: __________

OVERALL TOTAL POINTS: ____________________________