



APPLICATION FOR ADMISSION

TODAY'S DATE	
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Have you ever attended Marshall University?		Have you ever applied to St. Mary's SON?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADMISSION INFORMATION

Last name	First Name	Middle Name
Academic Year and Semester for Which You Are Applying		Marshall University ID Number

IMPORTANT NOTICE OF NON-DISCRIMINATION

No qualified candidate in the United States shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination by or in conjunction with St. Matry's Medical Center Cooperative Degree Program and receiving federal assistance on the basis of race, color, national origin, disability, age, sex (including sexual orientation or gender identity), or any other basis prohibited by federal, state, or local law.

BACKGROUND CHECK AND DRUG SCREENING REQUIRED

Admission for all students into the program is contingent upon a clear background check and negative drug screening. Each applicant is responsible for the cost of the background check and drug screening.

ADMISSION CHECKLIST

This checklist is provided to assist you in ensuring your application is complete. Please fill in the boxes below as you complete the application.

- \$30 application fee enclosed (*Checks should be payable to St. Mary's School of Nursing. Fees are non-refundable.*)
- All transcripts (*official copies*) have been requested to be sent to Marshall University
 - High School**
 - All Other Institutions**
- Application for each institution completed and sent to
 - St. Mary's**
 - Marshall University**
- ACT/SAT scores requested to be sent to
 - St. Mary's**
 - Marshall University**
- GED certificate (if applicable) sent to
 - Marshall University**

APPLICATION DEADLINES

Fall Admission – January 15

Spring Admission – July 1

Before your application will be considered, the program must receive all transcripts from all college/university institutions attended, ACT scores, and GED scores when applicable. All transcripts must be official and be sent directly from the institution.

Send applications and transcripts to OFFICE OF ADMISSIONS St. Mary's School of Nursing 2900 First Avenue Huntington, WV 25702 Or email to <u>SMSNAAdmissions@st-marys.org</u>	Or hand deliver application to St. Mary's School of Nursing 2853 5th Avenue Huntington, WV 25702
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Please direct any questions to the Admissions Office as directed below.

Melba Curry
Phone (304) 526-1423

Fax (304) 399-1981

Email melba.curry@st-marys.org

OR

Leah Chapman
Phone (304) 399-7110

Fax (304) 399-1981

Email leah.chapman@st-marys.org

ADMISSION INFORMATION

Last Name	First Name	Middle Name
Other name under which a high school or college transcript may be listed		
Permanent Mailing Address (this is where you will receive your mail)		
City	State	Zip Code
Social Security Number		Telephone Number with Area Code
Marshall University ID Number	Email (MU email preferred)	
Emergency Contact and Relationship		Emergency Contact Telephone Number with Area Code
Are you a United States citizen?		If you are not a citizen, United States Citizen, are you lawfully authorized to attend school in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION INFORMATION

High School Name/Address		City/State
Diploma/Course of Study	First Year Attended	Last Year Attended
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Certificate # and state _____ Date _____	
Did you take the ACT or SAT <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send us your scores to institution code 4511		
Have you ever attended Marshall University? If yes, you must request an official transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attended any other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list below (Transcripts from all schools must be received)		
Institution Name/Address	City State	
Diploma/Course of Study	Last Year/Semester Attended	
Institution Name/Address	City State	
Diploma/Course of Study	Last Year/Semester Attended	

Are you currently employed in healthcare or in a healthcare facility?

Yes

No

If yes, where are you employed? _____

If yes, what is your position? _____

STATEMENT OF TRUTH

This application is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

PROFESSIONAL CONDUCT

The St. Mary's/Marshall University Cooperative Associate in Nursing Program strongly supports the standards of the West Virginia Board RN Board regarding the need for practitioners to be persons of good moral character who demonstrate responsible behaviors.

Applicants are advised that their conduct before and after submitting application to the School of Nursing will be considered in the admission process. Conduct derogatory to the morals or standing of the profession may be reason for denial or 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
- Use of illegal substances – e.g. manufacture, use, distribution, positive results on drug screen
- Cheating/dishonesty
- Harassment
- Domestic violence
- Discrimination
- Breach of patient confidentiality

Students are advised that misconduct while in the student role both on and off campus could result in dismissal from the program.

Have you ever pled “no contest” to or been convicted of violating any law with the exception of minor traffic violations?

Yes **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 an applicant from consideration of admission. Upon completion of the program, a graduate will be subject to the rules of the WV Board of Nursing regarding taking the NCLEX licensing examination. If you have concerns regarding this, please contact Dr. Trader, Program Director, at 304-526-1416.

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 upon reasonable suspicion or cause. In addition, the school may impose random drug testing for students undergoing treatment and/or rehabilitation for substance use disorder 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, manufacture, sale, or distribution of alcohol and/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 wherein 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

This section is for applicants who have completed 12 or more hours of college credit.

APPLICANT SCORING FORM

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

SECTION 1 – LPN Status

Are you currently licensed as an LPN? **Yes (10 Points)**

SECTION 1 POINTS _____

No (0 Points)

If yes, in what state are you licensed? _____ License Number _____

Where or in what facility do you practice as an LPN? _____

SECTION 2 – Prior college degrees. Please circle appropriate points. SECTION 2 POINTS _____

Associate Degree	Bachelor's Degree	Master's Degree or Higher
10 Points	15 Points	20 Points

SECTION 3 – Composite ACT Scores. Please circle the appropriate points. SECTION 3 POINTS _____

ACT Score	18-20	21-23	24 and above
Points	10	15	20

SECTION 4 - General education courses completed. SECTION 4 POINTS _____

Circle the assigned points corresponding to the appropriate grade. If a course has been repeated once, the number of points will be decreased by half. If you have repeated a course more than once, no points will be given for that course.

COURSE	GRADE A	GRADE B	GRADE C	REPEAT?
Biological Science 227 – Anatomy	6	3	1	YES/NO
Biological Science 227L – Anatomy Lab	4	2	1	YES/NO
Biological Science 228 – Physiology	6	3	1	YES/NO
Biological Science 228L – Physiology Lab	4	2	1	YES/NO
Biological Science 250 – Microbiology	6	3	1	YES/NO
Biological Science 250L – Microbiology Lab	4	2	1	YES/NO
Chemistry 205	8	6	4	YES/NO
English 101	6	4	2	YES/NO
DTS 210 – Nutrition/Diet Therapy	6	4	2	YES/NO
Psychology 201 – Introduction to Psychology	6	4	2	YES/NO
If you have completed BSC 227, BSC 227L, CHM 205, ENG 101, and PSY 201, you may add 10 points here.				
If you have completed ALL COURSES in the table above, you may add 20 points here.				
YOU CAN ONLY ADD 10 OR 20 POINTS. DO NOT DO BOTH.				
			OVERALL TOTAL POINTS	

This section is for applicants who are high school students who have never attended college or have less than 12 hours of college credit.

APPLICANT SCORING FORM

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

SECTION 1 – Composite ACT Scores. Please circle the appropriate points. **SECTION 1 POINTS** _____

ACT Score	18-20	21-23	24 and above
Points	10	15	20

SECTION 2 - Complete this section if you have a high school student or have not completed at least 12 hours of college credit hours. Please complete this section by circling the assigned points corresponding to the appropriate grade.

SECTION 2 POINTS _____

Course	Grade A	Grade B
Biology II	8	6
Chemistry I	8	6
Chemistry II (Advanced)	8	6
Anatomy & Physiology I	8	6
Anatomy & Physiology II (Advanced)	8	6
Microbiology	8	6

SECTION 3 – If you have completed any of the college courses (but less than 12 hours) listed in the catalog with a grade of “C” or better, please complete this section by circling the assigned points corresponding to the appropriate number of hours.

SECTION 3 POINTS _____

NUMBER OF COLLEGE HOURS	1-6 Hours	7-11 Hours
POINTS	1	2

OVERALL TOTAL POINTS _____