

BACHELOR OF SCIENCE IN NURSING
SPRING 2025 BSN SECONDARY APPLICATION
FOR FALL 2025 PLACEMENT

PLEASE PRINT IN BLACK OR BLUE INK

- Please print this application one sided.
- Please carefully read the application and review it for completeness before signing.
- **AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED.**

Last Name: _____ First Name: _____

Preferred Name: _____ Student ID: _____

Mailing Address** : _____

City: _____

State: _____

Zip: _____

**Notification of acceptance/non-acceptance will be mailed to this address

Telephone Number: _____ Cell: _____

Tech Email: _____

Personal Email: _____

- **Applications Accepted:** May 1, 2025
- **Application Deadline:** June 27, 2025 (no later than 4pm)

Complete applications must include the following by the April 30th deadline:

- Unofficial Transcript
- Official printout of the TEAS examination with a proficiency score of 68% or higher.
(The TEAS test can be taken during the spring semester and can be taken once again during the summer semester. The most current test grade will be used for application)
- Completed and signed Grade Worksheet (attached). Faculty will sign after submission and review.
- Completed and signed Immunization, CPR and TB Verification Form (attached). Faculty will sign after submission and review.
- Copies of the following (from the Immunization, CPR and TB Verification Form):
 - Current CPR certification (infant through adult).
The **ONLY** Accepted CPR courses are:
American Heart Association: BLS or Health Care Provider
OR American Red Cross: BLS or Professional Rescuer
 - Current Influenza Vaccination. (Must be completed annually)
 - Current evidence of freedom from active Tuberculosis. (TB skin test or chest x-ray. Must be completed annually).
 - Tdap vaccine within the last 10 years. (Must be current throughout program)
 - Two MMR vaccines or MMR positive titer.
 - Completion of Hepatitis B vaccine series or positive titer.
 - Varicella vaccination series or positive titer.
- Completed, signed, and initialed application form.
- Completed Order Form for scrub tops.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PREREQUISITE REQUIREMENTS

- General Education courses must have been completed within 10 years, unless a previous Bachelor's degree has been awarded.
- Science courses must have been completed within 5 years.
- A grade of **"C+" or higher is required for all nursing and a "C" or higher is required for all non-nursing courses.**
- Pre-requisite courses may only be repeated one time.** GPA calculation is based on the grade from the retake of the course.

GRADE WORKSHEET

Please complete the information requested with a letter grade and semester. ***If you are currently enrolled in pre-requisite courses, simply indicate in progress and do not fill in a letter grade.**

Example Only:

BIOH 212: Anatomy & Physiology II- Lab		Grade: B	Semester Completed: Fall 2023
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
CHMY 121: Introduction to General Chemistry		Grade: B+	Semester Completed: Spring 2023
OR CHMY 141: College Chemistry I		Grade:	Semester Completed:
<input checked="" type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade: C-	Faculty Initials:
PSYX 230: Developmental Psychology		Grade:	Semester Completed: In Progress
<input checked="" type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:

Please Complete:

BIOH 201: Anatomy & Physiology I		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
BIOH 202: Anatomy & Physiology I- Lab		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
BIOH 211: Anatomy & Physiology II		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
BIOH 212: Anatomy & Physiology II- Lab		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
CHMY 121: Introduction to General Chemistry		Grade:	Semester Completed:
OR CHMY 141: College Chemistry I		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
CHMY 122: Introduction to General Chemistry- Lab		Grade:	Semester Completed:
OR CHMY 142: College Chemistry I- Lab		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
WRIT 201: College Writing		Grade:	Semester Completed:
OR WRIT 322W: Advanced Business Writing		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:
M 121: College Algebra		Grade:	Semester Completed:
OR M 140: College Math for Healthcare		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:

GRADE WORKSHEET (CONTINUED)

NUTR 258: Fundamentals of Nutrition		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
PSYX 230: Developmental Psychology		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
BIOM 250: Microbiology for Health Sciences		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
BIOM 251: Microbiology for Health Sciences- Lab		Grade:	Semester Completed:
NRSRG 107: Perspectives in Professional Nursing		Grade:	Semester Completed:
OR NRSRG 100: Introduction to Nursing		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
WRIT 101: College Writing I		Grade:	Semester Completed:
OR WRIT 121: Introduction to Technical Writing		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
PSYX 100: Introduction to Psychology		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
SOCI 101: Introduction to Sociology		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
STAT 131: Introduction to Biostatistics		Grade:	Semester Completed:
OR STAT 216: Introduction to Statistics		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
HCI 316: Health Care Ethics and Regulation		Grade:	Semester Completed:
OR PHL 325W: Professional Ethics		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	
HUMN _____ Humanities:		Grade:	Semester Completed:
I have taken this course more than once	1 st Attempt Grade:	Faculty Initials:	

Student Signature

Date

Faculty Signature

Date

Immunization, CPR and TB Verification Form

Name of Student: _____ Student ID: _____ Birthdate: _____
(Last, First) Please Print

Please insert dates below as applicable.

MMR (measles, mumps, rubella) *2 doses or positive titer*

MMR Record 1 ____/____/____ Record 2 ____/____/____

Use below **only** if measles, mumps and rubella vaccinations were administered separately.

Measles ____/____/____, mumps ____/____/____, rubella ____/____/____

Measles ____/____/____, mumps ____/____/____, rubella ____/____/____

OR Positive titer dates for Measles ____/____/____, mumps ____/____/____, and rubella ____/____/____

Varicella (chickenpox) *2 doses or positive titer*

Vaccination dates ____/____/____ AND ____/____/____ (two recommended by the CDC)

OR positive titer date ____/____/____

Hepatitis B *Completion of 2 or 3 dose series or positive titer*

(Engerix-B) Record 1 ____/____/____ Record 2 ____/____/____ Record 3 ____/____/____ OR

(Hepilisav-B) Record 1 ____/____/____ Record 2 ____/____/____ OR Positive Titer date ____/____/____

tDap (tetanus/pertussis) *Within the past 10 years. Note this must be Tdap not TD or DPT*

Date received ____/____/____

Influenza Vaccine *Completed annually*

Date received ____/____/____

TB Test (PPD-tuberculosis) *Completed annually*

Date received ____/____/____ OR Date of chest x-ray ____/____/____

CPR * BLS Provider or American Red Cross Professional Rescuer. Recertification required every 2 years*

Date received ____/____/____

Student Signature

Date

Faculty Signature

Date

Proof of this information is to be kept and maintained by the nursing department.

REGISTRATION WAIVER

I have applied for acceptance into the BSN clinical component for Fall 2025. At the time my application was submitted, I was registered in 4th semester nursing classes, NRSB 230, Nursing Pharmacology, NRSB 210, Foundations of Professional Nursing, NRSB 215 Assessment of Health Promotion, and NRSB 256 Pathophysiology.

I realize I will be automatically dropped from NRSB 230, Nursing Pharmacology, NRSB 210, Foundations of Professional Nursing, NRSB 215 Assessment of Health Promotion, and NRSB 256 Pathophysiology if I am not accepted.

Student's Signature

Student's Name
(Print Clearly)

Date: _____

Please initial each line.

With initialing and signing below, the student verifies understanding of the information. It is the student's responsibility to contact the nursing department with questions PRIOR to initialing and signing the application.

_____ I understand that the selection to the Nursing Program will be comprised of 60% selective GPA and 40% TEAS score. **The TEAS can only be taken one time in the semester you are applying.**

_____ I have applied for acceptance into the BSN clinical component for Fall 2025. I will be automatically registered for NRSNG 230 (Nursing Pharmacology), NRSNG 210 (Foundations of Professional Nursing), NRSNG 215 (Assessment and Health Promotion), and NRSNG 256 (Pathophysiology). If I am not accepted into the nursing program, I will be automatically dropped from these courses.

_____ I will be notified by email and US mail, postmarked no later than **August 15, 2025**, whether or not I have received Fall 2025 placement in the BSN program. **No information will be provided over the phone.**

_____ Students who meet minimum requirements and are not offered placement will automatically be placed on the Fall 2025 wait list. The wait list is maintained only until the first week of Fall semester 2025.

_____ Upon admission to the program and **EACH** semester, **mandatory** orientation is required. Orientation may be held prior to the beginning of the academic semester.

_____ **Attendance to the new student orientation and the first week of class is mandatory. If unable to attend, I must decline admission placement.**

_____ I have no history of a felony conviction. **Applicants who have been convicted of a felony will not be admitted or allowed to continue in the nursing program.**

_____ Acceptance to and graduation from the Nursing Program does not assure eligibility to sit for the nursing licensing examination. The Montana Board of Nursing makes all final decisions on issuances of licenses.

Print Name _____

Student Signature _____

Date _____

Faculty Signature _____

Date _____

Campus Store Order Form

Prices subject to change



To ensure an adequate amount and correct sizing, **scrub tops need to be ordered when applications are submitted**. Students will be notified when scrub tops are ready for pick-up, payment is due at that time. The following items will also be available for purchase at the Campus Store, but do not need to be ordered prior to the beginning of the semester.

Unisex Hunter Green Scrub Top (Minimum of 2)

<u>Size</u>	<u>Quantity</u>	<u>Size</u>	<u>Quantity</u>
Extra Small	_____	Extra Large	_____
Small	_____	2XL	_____
Medium	_____	3XL	_____
Large	_____	4XL	_____

Nurses Kit Quantity

Includes: \$60.95 _____
Classic Stethoscope, Blood Pressure Cuff,
Scissors, Penlight, Measuring Tape, Carrying Case

Gait Belt Quantity

Gait Belt \$13.95 _____

Name: _____

Student ID: _____

Phone: _____

Email: _____