

**Bachelor of Science in Nursing Program**

**APPLICATION FOR ADMISSION**

**2020 Spring Application**

**Attn: Dr. Samson Yigezu, Dean of Nursing**

**Bachelor of Science in Nursing Program**

**Western Technical College**

**9451 Diana Drive**

**El Paso, TX 79924**

**ADMISSION REQUIREMENTS AND CHECKLIST**

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| --- | --- |
| □ | Applicants wishing to apply for the BSN program must fill out the on-line application completely. A Western Technical College (WTC) Admission’s Representative will contact the applicant to begin the admission process. |
| □ | Applicants must be at least 18 years of age by the start of the program. |
| □ | Official high school transcripts must be received directly from the high school, with a 2.75 GPA or higher, and sent to the Dean of Nursing in order to process the application. Prospective students may present a copy of their high school transcript to the admissions representative for initial evaluation, but the application will not be processed until an official transcript is received.   * A GED will be accepted in lieu of a high school transcript. * The completion of 12 semester credit hours or more at the post-secondary level will be accepted in lieu of high school with a 2.75 GPA or higher. The official transcript must be from an accredited school recognized by the Department of Education. * Official transcripts must be received directly from the school. |
| □ | Applicants must achieve a minimum score of 60% in Reading, 60% in Math, 60% in English and a minimum of 50% in Science of the Test of Essential Academic Skills (TEAS) exam. Applicants may register to take the TEAS exam at www.atitesting.com. |
| □ | Applications must be submitted directly to the Dean of Nursing to the address listed above. |
| □ | Applicants must submit a copy of the Western Technical College receipt of payment for the application fee. This is a non-refundable application fee of $100.00. Admissions representatives can direct applicants to the Student Accounts office for payment. DO NOT SEND ACTUAL PAYMENT with your application as it will not be accepted. |
| □ | Applicants must be able to satisfy the physical, mental, and sensory requirements listed on the student health form. |
| □ | Applicants must pass a drug screening test (show a negative result). |
| □ | Applicants must have a clean FBI criminal background check in order to be accepted into the nursing program. |
| □ | Applicants must go through a panel interview. |
| □ | **College transfer credit**will be evaluated and must have been completed within the past ten years in order to be eligible for credit consideration. Courses considered must have a grade of B or better. Officialtranscript(s) will be required and must be received prior to starting the BSN program. ***Please note: Official*** transcript(s) must come directly from the college and be sent to the Dean of Nursing. |
| □ | Immunization requirements include measles, rubella, varicella, hepatitis B, T dap, TB test (QuantiFERON TB Gold in- Tube), and seasonal flu shots. |

**ADMISSION PROCEDURES**

1. Applicants must complete the “*Application for Admission*” form and submit the completed application to start the application process.
2. Applicants who meet the minimum requirements listed above will be invited for an interview.
3. Applicants will be admitted into the BSN program based on a point system that accounts for the complete application, educational background (GPA), program entrance exam (TEAS), essay, and interview.
4. A maximum of 30 students will be selected for admission into each cohort. Several alternates may be selected to fill available seats, in case an applicant decline his/her acceptance into the program or did not complete the requested requirements on time.

Application deadline is **December 6, 2019**. Applicants who submit incomplete and/or late applications (postmarked or delivered) after the deadline date must reapply for the next application cycle.

The anticipated start date for upcoming class is **February 6, 2020.**

***ACCEPTED* students will be required to complete the following *PRIOR TO THE START OF CLASSES*.**

Signature agreement to the following forms: Health Examination clearance from a healthcare practitioner, Consent for Laboratory Activities, Consent to Participate, receipt of Crime Awareness Program form, Drug-free Schools Student Statement, Software Policy, Student Media Release, Professional Dress, receipt of WTC Student Handbook, receipt of BSN Addendum to the WTC BSN Student Handbook, and other forms as requested.

**BACHELOR OF SCIENCE IN NURSING APPLICATION FOR ADMISSION**

Please type or print the following information and ***do not leave any spaces blank unless noted as optional***.

**Student Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Middle Name: | Click to enter text. | Last Name: | Click to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | MM/DD/YYYY | Social Security: | ### | - | ## | - | ### |  |

*The following items with a gray background are optional. No information provided will be used in a discriminatory manner.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  | |  | |
| U.S. Citizen: | | Yes No | Permanent Resident: | Yes No | Foreign Student: | | Yes No | |
|  | |  |  |  |  | |  | |
| Ethnicity: | Click to enter text. | | Gender: | Male Female | |  | |  |
|  |  | |  |  | |  | |  |

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| --- | --- |
| Current Mailing Address: | Click to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: | Click to enter text. | State: | Click to enter text. | Zip Code: | Click to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone Number: | Click to enter text. |  | Alternate Number: | Click to enter text. |

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| E-mail Address: | Click to enter text. |

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| Current Employer (if working): | Click to enter text. |

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| --- | --- | --- | --- | --- | --- |
| Do you have a valid driver’s license? | Yes No | License Number: | Click to enter text. | State: | Click to enter text. |

**Education Background**

|  |  |
| --- | --- |
| Have you attended another college or university? | Yes No |

|  |  |
| --- | --- |
| If yes, what college or university did you attend? | Click to enter text. |

|  |  |
| --- | --- |
| Location (City and State): | Click to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Credits Earned: | Click to enter text. | Highest Level of Education: | Click to enter text. |

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| --- | --- |
| Transcripts Requested: | Yes No |

|  |  |
| --- | --- |
| High School Attended: | Click to enter text. |

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| Address (City and State): | Click to enter text. |

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| --- | --- | --- | --- |
| Did you graduate? | Yes No | If yes, what year did you graduate? | Click to enter text. |

|  |  |
| --- | --- |
| If no, did you obtain your GED? | Yes No |

**Military Background**

Are you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Active Duty | Reservist | Retired | Veteran | Dependent |

Military Branch:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Air Force | Army | Navy | Marines | Coast Guard |

**Emergency Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click to enter text. | Relationship: |  | Phone Number: |  |
|  |  |  |  |  |  |
| Name: | Click to enter text. | Relationship: | Click to enter text. | Phone Number: | Click to enter text. |
|  |  |  |  |  |  |
| Name: | Click to enter text. | Relationship: | Click to enter text. | Phone Number: | Click to enter text. |

**CERTIFICATION OF INFORMATION:**

Withholding information in this application, failure to submit all documents, or providing false information may make you ineligible for admission to Western Technical College or unable to continue in the BSN Program. With this in mind, upon submission of this document, you certify all the above statements are correct and complete. By signing, you certify that the information in this packet is correct.

By signing, you understand that the BSN Program is a limited enrollment program and that completion of the application does not guarantee admission to the program.

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|  |  |  |
| Applicant’s Signature |  | Date |

If you have any questions, need assistance or do not have an admission’s representative please call 1-888-201-9232 or 915-231- 4900.

**ACCEPTANCE INTO THE BSN PROGRAM**

Acceptance into the BSN program will be based on several criteria and ultimately on the score that will be determined based on your overall application packet (all the components of your application). Each component of the application packet will be ranked. Applicants with the highest cumulative scores will be offered seats in the program (up to the maximum number of seats available) if all criteria are met and there are no extenuating circumstances that may preclude an applicant from acceptance (see the WTC catalog for “Technical Standards” for the BSN program). Cumulative points, or overall scores, for each application are confidential.

Entrance into the BSN program is a competitive process, and the application or meeting minimum requirements does not guarantee admission into the program. Upon successful completion of all admissions requirements, the school will promptly notify the applicant whether he/she is admitted into the nursing program. If the number of qualified applicants for admission to the BSN program exceeds the space available in the program, applicants will be ranked based on the composite score each applicant received on the TEAS Exam. Applicants accepted to the nursing program must meet the requirements established by WTC’s nursing program admission policy. Applicants must comply with all required eligibility information and policies of TBON Rule 215.8 to be accepted to the nursing program. The admissions policies are included in the college catalog and the student handbook.

**BSN Program Application Scoring Criteria**

**Possible Point(s)**

**Complete application form 1**

**Educational Background**

**High School graduate: GPA 2.75 1**

**GPA 3.0 2**

**GPA 3.5 3**

**GPA 4.0 4**

**College Degrees: Associate 1**

**Bachelor 2**

**Graduate 3**

**Program Entrance Exam (TEAS)**

**Minimum Acceptable Score:**

**60% 1**

**70% 2**

**80% 3**

**90% 4**

**100% 5**

**Essay 1-5**

**Interview 1-20**

**Total Application Points \_\_\_\_\_\_\_\_\_\_**

**(A score of zero in the above categories will disqualify the application)**

**ADDITIONAL REQUIREMENTS AFTER ADMISSION INTO THE PROGRAM**

1. Applicants must maintain a minimum GPA of 3.0 in each course in the program. A second failed course will result in dismissal from the program.
2. Applicants must present an acceptable physical examination by a physician / practitioner.
3. Applicants must remain physically, emotionally, and mentally capable of completing the program.
4. An applicant with a positive background check will not be accepted into the program. Another background check will be required at the completion of the program, and graduates with a positive background check will not be able to obtain the RN license.
5. Clinical Affiliates may have additional requirements.
6. Applicants must maintain an up-to-date immunization record (including TB test results annually and flu shot).

Western Technical College is an equal opportunity educational institution. The College is committed to a policy of equal opportunity in the provision of educational programs, activities, and benefits to students as well as equal opportunity in all aspects of employment. The College does not discriminate on the basis of age, sex, color, race, religion, disability, sexual orientation, marital status, veteran status, national origin, or any other basis prohibited by federal, state, or local laws and regulations and does not tolerate such discrimination by its students, staff and faculty. To conform with the Family Educational Rights and Privacy Act, the College has identified the following as “directory information” that will be released: name, address, telephone number, e-mail address, date and place of birth, dates of attendance, major field of study, credit hours earned, degrees earned, honors and awards received, participation in the official school activities and most recent previous educational agency or institution. To request restriction of directory information, students must complete a Request to Restrict Release of Student Directory Information form available in the campus registrar office.