



Today's Date: \_\_\_\_\_

<p><b>Have you ever attended Marshall University?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>	<p><b>Have you ever applied to St. Mary's?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>
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**ADMISSION INFORMATION**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name</b>
<b>Academic Year and Semester for Which You Are Applying:</b>		<b>Marshall University ID (MU 901# or 903#):</b>

**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. Mary's Medical Center Cooperative Degree Programs 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

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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 St. Mary's and Marshall University
  - High School**
  - All Other Institutions**
  
- Application 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
  - St. Mary's**
  - 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 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.**

**Send applications and transcripts to:**

**OFFICE OF ADMISSIONS  
St. Mary's School of Nursing  
2900 First Avenue  
Huntington, WV 25702**

**Or hand deliver to:**

**SCHOOL OF NURSING  
2853 5th Avenue  
Huntington, WV 25702**

**Please direct any questions to the Admissions Office:**

**Melba Curry**

**Phone (304) 526-1423-----Fax (304) 399-1981-----Email: [melba.curry@st-marys.org](mailto:melba.curry@st-marys.org)**

**OR**

**Leah Chapman**

**Phone (304) 399-7110-----Fax (304) 399-1981-----Email: [leah.chapman@st-marys.org](mailto: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					
City:		State:		Zip:	
Social Security Number:			Telephone Number with Area Code:		
Marshall University ID (901# or 903#):			Email (MU email preferred):		
Emergency Contact:			Emergency Contact Telephone Number with Area Code:		

<p>Are you a United States citizen?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If you are not a citizen, are you an alien lawfully authorized to attend school in the United States?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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## EDUCATION INFORMATION

High School Name/Address:		City/State:	
Diploma/Course of Study in:		Last Year Attended:	
Did you graduate?		Did you earn a GED? <i>If yes, certificate # and state: _____ Date: _____</i>	
Did you take the ACT or SAT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please send us your scores to institution code 4551</i>			
Have you ever attended Marshall University? If yes, you must request an official transcript.			
Have you attended any other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, list: _____</i>			
<i>(Transcripts from all schools must be received.)</i>			
Institution Name/Address		City/State:	
Diploma/Course of Study:		Last Year/Semester Attended:	
Institution Name/Address		City/State:	
Diploma/Course of Study in:		Last Year/Semester Attended:	

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

Yes

No

**If yes, at 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

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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.

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Signature of Applicant

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Date

## **DRUG AND ALCOHOL TESTING**

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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.

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Signature of Applicant

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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 assure that information provided is correct.

**SECTION 1: LPN Status. SECTION 1 POINTS:** \_\_\_\_\_

Are you currently licensed as an LPN?  **Yes (10 Points)**  **No (0 Points)**

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

Where 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
10 points	15 points	20 points

**SECTION 3: Composite ACT Scores Circle the appropriate points below. SECTION 3 POINTS:** \_\_\_\_\_

SCORE	≤17	18	19	20	21	22	23	24	25	≥26
POINTS	0	10	15	20	25	30	35	45	45	50

**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.

COURSE	GRADE A	GRADE B	GRADE C	REPEAT?
Biological Science 227 – Anatomy	8	6	4	YES/NO
Biological Science 228 – Physiology	8	6	4	YES/NO
Biological Science 250 – Microbiology	8	6	4	YES/NO
Chemistry 205	8	6	4	YES/NO
English 101	6	4	2	YES/NO
English 201	6	4	2	YES/NO
DTS 210 – Nutrition/Diet Therapy	6	4	2	YES/NO
Psychology 201	6	4	2	YES/NO
Psychology 311	6	4	2	YES/NO
Higher level science course other than those listed above <b>List course:</b> _____	8	6	4	YES/NO

Overall Total Points: \_\_\_\_\_

This section is for applicants who are high school students or 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 assure that information provided is correct.

**SECTION 1: Composite ACT Scores** Circle the appropriate points below. **SECTION 1 POINTS:** \_\_\_\_\_

SCORE	≤17	18	19	20	21	22	23	24	25	≥26
POINTS	0	10	15	20	25	30	35	45	45	50

**SECTION 2:** Complete this section if you are 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 (Advanced)	8	6
Microbiology	8	6
Physics	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: \_\_\_\_\_