



# ST. MARY'S CENTER FOR EDUCATION

TODAY'S DATE: \_\_\_\_\_

Did you attend the Health Professions Academy at SMMC Center for Education while in high school?  Yes\*  No  
\* If Yes, what year did you attend the Health Professions Academy? \_\_\_\_\_

Have you ever attended Marshall University?

Yes  No

Have you ever applied to St. Mary's?

Yes  No

## ADMISSION INFORMATION

|  |             |                                   |
|--|-------------|-----------------------------------|
| Last Name:                                       | First Name: | Middle Name:                      |
| Academic Year and Semester You are Applying for: |             | Marshall University ID (MU 901#): |

Select the program you are applying to:

- School of Medical Imaging
- School of Nursing
- School of Respiratory Care

### 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 age, religion, creed, color, national origin, marital status, sex or handicap.*

### 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.*

**INTERNAL USE ONLY: APPLICATION FEE RECEIVED**    YES    \_\_\_\_\_    NO    \_\_\_\_\_



## 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 may be payable to St. Mary's School of Nursing. Checks are non-refundable.*)
- All transcripts (*official copies*) have been requested to be sent to St. Mary's and Marshall University
  - High School
  - Marshall University
  - 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 sent to:
  - St. Mary's
  - Marshall University
- All sections of the application are completed. Incomplete applications will not be considered.
- All sections requiring a signature and date have been signed and dated.

**APPLICATION DEADLINES: Fall Admission - January 15 • Spring Admission - July 1**

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.

## TRANSCRIPT INFORMATION

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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

Or hand deliver to:

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

Questions?

Melba Curry, Admissions Secretary  
phone (304) 526-1423 • fax (304) 399-1981 • [mcurry@st-marys.org](mailto:mcurry@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:                                    | County:      |  |
| Social Security Number:<br>_____-_____-_____                              |  |                             | Telephone Number:<br>(_____)_____-_____ |              |  |
| Marshall University ID (MU 901#):   |  | Email (MU email preferred): |   |              |  |
| Emergency Contact:  |  |                             | Telephone Number:                       |              |  |

Are you a United States citizen?

Yes  No

If you are not a citizen, are you an alien lawfully authorized to attend school in the United States?

Yes  No

## EDUCATION INFORMATION

|   |  |                             |                      |
|---|--|-----------------------------|----------------------|
| High School Name/Address:   |  | City/State:                 |                      |
| Diploma/Course of Study in:   |  | Last Year Attended:         | Last Year Completed: |
| Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 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   |  | Please send us your scores. |                      |
| Have you ever attended Marshall University? Note: 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: _____ (Transcripts from all schools must be received.)  |  |                             |                      |
| Institution Name/Address:   |  | City/State:                 |                      |
| Diploma/Course of Study in:   |  | Last Year Attended:         | Year Completed:      |
| Institution Name/Address:   |  | City/State:                 |                      |
| Diploma/Course of Study in:   |  | Last Year Attended:         | Year Completed:      |

## STATEMENT OF TRUTH

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT INFORMATION

Please list most recent first.

|   |                          |             |
|---|--------------------------|-------------|
| FROM: (month/year)  | TO: (month/year)         |             |
| Name/Address of Company/Institution:  |                          | City/State: |
| Reason for Leaving:   |                          |             |
| Position(s) Held:   |                          |             |
| Telephone Number:   | Name of Last Supervisor: |             |
| Type of Business:   |                          |             |
| Briefly summarize experience gained. Include any special training you received: |                          |             |

|   |                          |             |
|---|--------------------------|-------------|
| FROM: (month/year)  | TO: (month/year)         |             |
| Name/Address of Company/Institution:  |                          | City/State: |
| Reason for Leaving:   |                          |             |
| Position(s) Held:   |                          |             |
| Telephone Number:   | Name of Last Supervisor: |             |
| Type of Business:   |                          |             |
| Briefly summarize experience gained. Include any special training you received: |                          |             |

|   |                          |             |
|---|--------------------------|-------------|
| FROM: (month/year)  | TO: (month/year)         |             |
| Name/Address of Company/Institution:  |                          | City/State: |
| Reason for Leaving:   |                          |             |
| Position(s) Held:   |                          |             |
| Telephone Number:   | Name of Last Supervisor: |             |
| Type of Business:   |                          |             |
| Briefly summarize experience gained. Include any special training you received: |                          |             |

Please use the space on the back of the page to explain periods of unemployment.



## PROFESSIONAL CONDUCT

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The St. Mary's/Marshall University Cooperative Associate in the Nursing Program strongly supports the standards of the West Virginia Board of Registered Professional Nurses 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 their 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 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 contendens) 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 you from admission consideration.

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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 the 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.

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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.



**ST. MARY'S**  
MEDICAL CENTER

**APPLICANT SCORING FORM**

Name \_\_\_\_\_

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:** \_\_\_\_\_

| LPN Status   | Points |
|--------------|--------|
| Licensed LPN | 10     |
| Not an LPN   | 0      |

**SECTION 2: Points are given for college degrees. SECTION 2 POINTS:** \_\_\_\_\_

| Degree    | Points |
|-----------|--------|
| Associate | 10     |
| Bachelor  | 15     |
| Masters   | 20     |

**SECTION 3: Circle the appropriate points for the composite ACT score. SECTION 3 POINTS:** \_\_\_\_\_

| SCORE  | 17 and < | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 and > |
|--------|----------|----|----|----|----|----|----|----|----|----------|
| POINTS | 0        | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50       |

**SECTION 4: Circle the assigned points that correspond with the appropriate grade for courses completed at time of completing this application. If a course has been repeated once (grade of D or F, or W), the number of points will be decreased by half. If you have repeated a course more than once, you will receive no points. SECTION 4 POINTS:** \_\_\_\_\_

| COURSE  | GRADE A | GRADE B | GRADE C | REPEAT?  |
|---|---------|---------|---------|----------|
| Biological Science 227                              | 8       | 6       | 4       | yes / no |
| Biological Science 228                              | 8       | 6       | 4       | yes / no |
| Biological Science 250                              | 8       | 6       | 4       | yes / no |
| Chemistry 205 (or higher)                           | 8       | 6       | 4       | yes / no |
| English 101   | 6       | 4       | 2       | yes / no |
| English 102/201                                     | 6       | 4       | 2       | yes / no |
| DTS 314 - 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 than those listed above | 8       | 6       | 4       | yes / no |

**SECTION 5: TEAS V Preparedness Level SECTION 5 POINTS:** \_\_\_\_\_

| Levels      | Points                     |
|-------------|----------------------------|
| Exemplary   | 20                         |
| Advanced    | 15                         |
| Proficient  | 10                         |
| Basic       | 0                          |
| Development | Not eligible for admission |

**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.



**ST. MARY'S**  
MEDICAL CENTER

**APPLICANT SCORING FORM** \_\_\_\_\_

Name \_\_\_\_\_

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

**SECTION 1: Circle the appropriate points for the composite ACT score. SECTION 1 POINTS:** \_\_\_\_\_

|               |             |    |    |    |    |    |    |    |    |             |
|---------------|-------------|----|----|----|----|----|----|----|----|-------------|
| <b>SCORE</b>  | 17<br>and < | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26<br>and > |
| <b>POINTS</b> | 0           | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50          |

**SECTION 2: Complete this section if you are a high school students or have not completed at least 12 hours college credit hours, please complete this section by circling the assigned points that correspond to the appropriate grade.**

**SECTION 2 POINTS:** \_\_\_\_\_

| <b>COURSE</b>                   | <b>GRADE A</b> | <b>GRADE B</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 credit hours listed in the catalog 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. SECTION 3 POINTS:** \_\_\_\_\_

|                                |             |              |
|--------------------------------|-------------|--------------|
| <b>Number of College Hours</b> | 1 - 6 hours | 7 - 11 hours |
| <b>Points</b>                  | 1           | 2            |

**Section 4: TEAS V Preparedness Level SECTION 4 POINTS:** \_\_\_\_\_

| <b>Levels</b> | <b>Points</b>              |
|---------------|----------------------------|
| Exemplary     | 20                         |
| Advanced      | 15                         |
| Proficient    | 10                         |
| Basic         | 0                          |
| Development   | Not eligible for admission |

**OVERALL TOTAL POINTS:**  
\_\_\_\_\_





## ASN ENTRANCE EXAM (TEAS)

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The Test of Essential Academic Skills (TEAS) assesses basic academic skills in the areas of reading, mathematics, science, and English and language usage. All applicants must take this exam (TEAS V) which will be administered at the CFE via computer.

| COMPONENT        | TIME ALLOWED IN MINUTES | NUMBER OF QUESTIONS |
|------------------|-------------------------|---------------------|
| Reading          | 58                      | 48                  |
| Mathematics      | 51                      | 34                  |
| Science          | 66                      | 54                  |
| English/Language | 34                      | 34                  |

The total time allowed for the test is 209 minutes. The TEAS is composed of 170 multiple choice questions, each with four options. Questions not answered count against the student.

### CREATING AN ATI ACCOUNT

All applicants will create an account when they come to the Center for Education (CFE), (29th Street and 5th Avenue) to take the exam. You must know your Marshall University 901 number.

### COST OF THE TEST

The cost of the test is \$65 and is non-refundable. You must pay for the test when you schedule to take it. Checks may be made payable to "St. Mary's School of Nursing".

### PREPARING FOR THE TEAS

The following items are available for purchase at [www.atitesting.com](http://www.atitesting.com) for an additional cost.

Learning Strategies: Your guide to Classroom and Test-Taking Success

TEAS Pre-Test Study manual

TEAS Online Practice Test (2 versions)

### SCHEDULING THE TEAS

You must call (304) 526-1423 and schedule your exam. A notice of 48 hours is required to reschedule a second testing date. Failure to notify the school within 48 hours constitutes forfeiture of the testing fee. Rescheduling of a missed exam will be on a space available basis. Applicants who do not keep this appointment will result in forfeiture of the exam fee. The dates and times for the administration of this exam are listed on the last page of this packet.

### TAKING THE EXAM

- Please arrive at the CFE a minimum of 15 minutes before the scheduled exam time. You will not be allowed into the exam room if you arrive late.
- The examination will take about 4 hours.
- Paper and pencils will be provided for your use during the exam.
- Giving, receiving, or exchanging information while the examination is in progress is not permitted under any circumstances.
- Examinees are not permitted to review study material and/or notes of any kind during the examination.
- The following items are prohibited from the examination room:
  - Food, drink, candy or gum
  - Books or notes of any kind
  - Sunglasses, hats, or any jacket or shirt with hoods
  - Cell phones, pagers, beeper, or PDA
  - Headsets, ear plugs, iPods or any form of media player
  - Calculators
  - Recording or listening devices
  - All watches
  - Mechanical pencils, rules, slide rules or compasses
  - Purses, backpacks, computer bags, satchels, etc.

The examiner has the authority to terminate an exam for any individual who does not adhere to the above rules.



**ASN ENTRANCE EXAM (TEAS)** *continued*

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**SPECIAL TESTING ARRANGEMENTS**

If you have a diagnosed learning disability or other reason which prevents you from taking the TEAS under standard conditions, you may request special accommodations. Applicants requesting special accommodations for learning/testing are to contact the Office of Disabled Student Services (DSS) in Prichard Hall, 117, (304) 696-2271 at Marshall University. Applicants must provide documentation of their disability to the DSS coordinator, who will notify the vice president for Schools of Nursing and Health Professions (VPSONHP) at the CFE outlining the accommodations needed.

Your performance report will indicate that you took the examination under nonstandard conditions.

**SCORING**

Points will be assigned based on the preparedness level earned. In order to be considered for admission, you must have achieved a level of basic, proficient, advanced or exemplary in the ATI Academic Preparedness Category. Students who earn a rating of developmental will not be considered for admission.

Admission is competitive. Achieving a level of basic or higher does not guarantee admission.

See the scoring sheet for information related to points awarded for the academic preparedness level.

**RETESTING**

If an applicant does not achieve the desired preparedness level, the applicant must wait at least 3 weeks before retesting for admission. An applicant may only repeat the exam once during an admission cycle. The TEAS score is valid for the current admission cycle.

**DATES & TIMES FOR TEAS V EXAMS**

Call (304) 526-1423 to schedule the exam. All examinations are held at the Center for Education located at 29th Street and 5th Avenue. All applicants may park on the parking lot associated with the CFE.