Application to Registered Nursing Program
Associate of Science Nursing (ASN) Degree
Department of Health Professions
(revised 09/15/2017)

ELIGIBILITY TO APPLY

► GPA: a minimum GPA of 2.75 in the most recent 60 college/university credits completed is required (all college/university coursework taken since high school is reviewed).

► PREREQUISITES: Successful completion of prerequisite courses per specifications listed on page 2. Note: you may submit an application in the semester you are completing the prerequisite courses.

► CO-REQUISITES: To be SUCCESSFUL in the nursing program, applicants are STRONGLY encouraged to complete the co-requisite courses before entering the program.

► LPN APPLICANTS: LPNs applying will need to meet individually with the Nursing Program Director to determine which of their practical nursing courses are equivalent to courses required for the ASN degree. Please contact Linda Barnes at 406-243-7875 or via email at linda.barnes@mso.umt.edu.

(Additional details are available on page 2 of this application and on the nursing program website at http://mc.umt.edu/nursing/RN-Prg-Admission-Curriculum.php.)

APPLICATION EVALUATION & RANKING

Applications will be evaluated for minimum eligibility and then ranked based on the three categories listed below with an opportunity for an additional 5% bonus as described. Each category is carefully considered and valuable in the application process.

1. Prerequisite / Competitive GPA (50% of application score):
   After grades for any in-progress courses are received, the GPA for prerequisite courses will be calculated.

2. TEAS Test (25% of application score):
   Completion of a proctored Test of Essential Academic Skills (TEAS) test.

3. Interview (25% of application score):
   The top 30 ranked applicants will be invited to an interview with a selection committee. Interviews will take place in early January after final fall semester grades are posted. Interview appointments will be scheduled by the Nursing Program Administrative Associate once a completed application packet (including transcripts) is received.

Bonus for CNA, HCA, LPN, LVN Experience:
5% will be added to the application score for any applicant meeting one of the criteria listed detailed on page 3.

The final application score is a cumulative score of the GPA, TEAS, and interview scores, plus bonus if applicable. In the event there are students in the top tier of 30 students with the same application score (a tie), the student with a higher score on the science portion of the TEAS test will be accepted. If that number is a tie, the higher score of the math portion of the TEAS will be used as the tiebreaker.
**PREREQUISITE COURSES**

These courses fulfill both ASN and General Associate of Arts (AA) degree requirements.

<table>
<thead>
<tr>
<th>Course / Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOH 201 &amp; BIOH 202N*</td>
<td>4</td>
</tr>
<tr>
<td>Anatomy and Physiology I and Lab <em>(minimum grade of B)</em></td>
<td></td>
</tr>
<tr>
<td>CHMY 121*</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to General Chemistry</td>
<td></td>
</tr>
<tr>
<td>CHMY 122*</td>
<td>1</td>
</tr>
<tr>
<td>Introduction to General Chemistry Lab</td>
<td></td>
</tr>
<tr>
<td>M 121, College Algebra</td>
<td>3</td>
</tr>
<tr>
<td>OR one of the following:</td>
<td></td>
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<tr>
<td>M 115, Linear &amp; Probability</td>
<td></td>
</tr>
<tr>
<td>M 152, Pre-Calculus with Algebra</td>
<td></td>
</tr>
<tr>
<td>M 153, Pre-Calculus with Trig</td>
<td></td>
</tr>
<tr>
<td>M 171, Calculus</td>
<td></td>
</tr>
<tr>
<td>WRIT 101, English Composition</td>
<td>3</td>
</tr>
</tbody>
</table>

**CO-REQUISITE COURSES**

Although the following courses are considered part of the Stand-Alone ASN scope/sequence, IT IS HIGHLY RECOMMENDED THAT APPLICANTS COMPLETE THESE COURSES PRIOR to entering the nursing program.

<table>
<thead>
<tr>
<th>Course / Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOH 211 &amp; BIOH 212N*, Anatomy and Physiology II and Lab <em>(minimum grade of B)</em></td>
<td>4</td>
</tr>
<tr>
<td>BIOM 250, Microbiology in Health Sciences</td>
<td>3</td>
</tr>
<tr>
<td>BIOM 251, Microbiology in Health Sciences Lab</td>
<td>1</td>
</tr>
<tr>
<td>PSYX 100S, Introduction to Psychology</td>
<td>4</td>
</tr>
<tr>
<td>SOCI 101, Introduction to Sociology</td>
<td>3</td>
</tr>
</tbody>
</table>

**Important Notes:**

- *Completion of prerequisite and co-requisite science courses within 5 years of application submission AND within a maximum of two attempts during a 5-year period. Grades of WP and WF (withdrawal pass and withdrawal fail) count as an attempt. The most recent grade earned is used to calculate the prerequisite GPA.

- All other prerequisite and co-requisite courses must be completed with a minimum grade of “C” AND within 10 years of application submission AND within a maximum of two attempts within a 10-year period. Grades of WP and WF (withdrawal pass and withdrawal fail) count as an attempt. The most recent grade earned is used to calculate the prerequisite GPA.

- College Level Entrance Program (CLEP) exam scores and Advanced Placement (AP) exam scores will be attributed a grade of “C” only.
APPLICATION INSTRUCTIONS (PLEASE READ CAREFULLY & FOLLOW)

Please review the application requirements and instructions below carefully. If you have questions, please contact the Nursing Program Administrative Associate 406-243-7846. Compile and submit the requested materials as instructed below.


2. Submission Packet:
   - All application materials must be submitted in a sealed 9x12-inch envelope
   - If dropping your packet off, print your name and RN Program on the outside of the envelope.
   - If mailing, include a complete return address.

3. Official Transcripts:
   - Paper transcripts ONLY. Must be unopened and included in your submission packet.
   - Have transcripts mailed to you ONLY, NOT to Missoula College, the nursing program, or University of Montana. Deviation from this may result in you missing the application submission deadline.
   - One Transcript Exception:
     - For any applicant who attended Missoula College, Bitterroot College or University of Montana-Missoula, the nursing program has access to the transcript(s) via the university archives so an official transcript is not required.
     - HOWEVER, an official transcript is still required from every other college or university attended – regardless if the school’s transfer courses show on your MC or UM transcript.

4. Application Form(s):
   - Nursing Program Application:
     Complete the 2-page application form included in this document (pages 6 and 7).
   - Verification of Experience:
     You may also need to complete page 8 – read the applicable instructions on the next page under “Verification of Experience.”
   - Missoula College Application / Academic File Transfer:
     - If you are accepted by the Nursing Program AND you have never attended any of the Montana University System schools in Missoula (i.e. University of Montana-Missoula, Missoula College or Bitterroot College), you must also submit an application to Missoula College.
       - Access the application at [http://admissions.umt.edu/admissions/missoula-college](http://admissions.umt.edu/admissions/missoula-college).
       - Submit your official transcripts only to Missoula College Nursing Program as directed above; you do not need to submit a second set of official transcripts.
     - If you are accepted by the Nursing Program AND you are or have been a University of Montana-Missoula student (i.e. 4-year Mountain campus only), please have your academic file transferred to Missoula College.
       - Complete and sign the file transfer form [https://www.umt.edu/registrar/PDF/intra%20Campus%20transfer%20form.pdf](https://www.umt.edu/registrar/PDF/intra%20Campus%20transfer%20form.pdf)
       - Submit to Admissions/New Student Services in Lommasson Center 101 or by emailing it to Violet Hopkins at Violet.Hopkins@umontana.edu.
5. Verification of Experience (CNA, HCA, LPN, LVN) – 5% bonus:

- **Healthcare Experience**: If you have worked a minimum of 120 paid hours as one of the following: CNA (Certified Nursing Assistant), HCA (Health Care Assistant), LPN (Licensed Practical Nurse), or (Licensed Vocational Nurse), in order to take advantage of the 5% bonus to your application score, you must:
  - Complete the “Verification of Healthcare Experience” form (page 7) in order to take advantage of the 5% bonus added to your application score. If your 120 hours were completed with more than one organization, use a separate page 7 form for each organization.
  - Enclose a copy of your most recent professional certification or license (current or expired) in your application submission packet.

6. TEAS Test: Completion of a proctored Test of Essential Academic Skills (TEAS) exam is required.

- **Description**: The TEAS is a 3.5-hour timed test with time allowed for short breaks if needed. The test is a comprehensive, standardized multiple-choice exam that measures entry-level skills and abilities in math, science, English, and the social sciences.

- **Study Guides**: an Internet search will provide many sources of study and preparation materials. There are study materials and practice tests available for purchase via ATI at https://www.atitesting.com/ati_store/TEAS-Products.aspx.

- **Taking the TEAS and Cost**:
  - If you have previously taken the TEAS, a proctored test taken within the last 12 months is acceptable. Please contact the Nursing Program Administrative Associate for submission instructions.
  - If you arrange to take the exam on the Missoula College campus at one of the designated dates/times listed below, the cost is $58 payable by credit card or debit card at the time of the test. A copy of your results will be printed following the test and added to your application packet.
  - If you cannot attend one of the Missoula College testing dates/times listed below, you are responsible for making arrangements with an approved testing site for a proctored exam. Approved testing sites can be found on the ATI (Assessment Technologies Institute) website at https://ATItesting.com. First set up an account there, then go to “Register for TEAS with PSI.” Please note that tests taken via PSI incur a proctoring charge of approximately $50-$60 in addition to the actual cost of the test.

- **Missoula College TEAS Testing Dates and Instructions**:
  - Scheduling your test at Missoula College: Once your application materials have been received, schedule your test date/time with the Missoula College Nursing Program Administrative Associate by calling 406-243-7846.
  - Amount of Time Needed: 30 minutes for payment and test setup 4 hours allowed to cover test module times and short breaks
  - Dates / Times / Room:
    - November 2 Thursday 12:15 – 4:45 PM MC 339 computer lab
    - November 3 Friday 12:15 – 4:45 PM MC 339 computer lab
    - November 6 Monday 7:15 – 11:45 AM MC 228 computer lab
    - November 7 Tuesday 12:15 – 4:45 PM MC 339 computer lab

7. Submitting Your Application

See instructions and address on the bottom of the next page.
**SELECTION PROCESS**

**Step 1.** Applications will be read and evaluated by the Nursing Program Student Application Review Committee. All applicants will be notified regarding their selection status as soon as possible after final grades for the spring semester have been posted. This process takes approximately 1-2 weeks after final exams conclude.

*Please do not call or email us to check on your application status – you will be apprised by email as soon as information is available.*

**Step 2.** The top 30 ranked candidates will receive an invitation to interview. Selected candidates are required to participate in an interview for consideration. Interview appointments will be scheduled by the Nursing Program Administrative Associate.

**Step 3.** The Student Application Review Committee will then make final selections for admission offers. All applicants will be notified of acceptance or non-acceptance by letter or email. The Committee’s decision is final. The Committee reserves the right to decline any nursing program applicant based on the application packet and interview process.

**DEGREE COMPLETION & RN LICENSING**

Please note: Successful completion of the Missoula College Registered Nursing Program and earning of an ASN degree does not guarantee a registered nursing license. Nurses cannot practice in the profession of nursing until they have successfully passed a National Certification Exam. Acceptance for taking National Certification Exams is approved or denied by the Montana State Board of Nursing on an individual basis. If you have a criminal conviction, you may be denied.

Montana State Board of Nursing: 301 South Park / PO Box 200513, Helena, MT 59620

[www.nurse.mt.gov](http://www.nurse.mt.gov)

**APPLICATION SUBMISSION**

Your application to the Registered Nursing Program must be received by **Wednesday, November 1, 2017 no later than 12:00 noon.**

Incomplete or late applications will not be considered.

Please review the complete detailed application instructions on pages 2, 3, and 4 before submitting your application to insure you have complied with all requirements as stated.

<table>
<thead>
<tr>
<th>If submitting by mail:</th>
<th>If submitting in person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Program</td>
<td>Missoula College</td>
</tr>
<tr>
<td>Missoula College - UM</td>
<td>Health Professions Office, Room 441</td>
</tr>
<tr>
<td>1205 East Broadway</td>
<td>1205 East Broadway</td>
</tr>
<tr>
<td>Missoula, MT 59802</td>
<td>Missoula, MT 59802</td>
</tr>
</tbody>
</table>

Thank you for your interest in the Missoula College–UM Registered Nursing Program.
Application Form for Spring 2018 Admission
Missoula College Registered Nursing Program
Associate of Science Nursing (ASN) Degree

This application is for students applying to begin the registered nursing program in January 2018. You must have completed, or will complete all nursing prerequisite courses by the end of fall 2017 semester. If accepted by the Nursing Program and you are not already enrolled at Missoula College or Bitterroot College, please see the detailed Application Instructions (#4) on page 3 of this document.

Please print clearly; this application must be legible.

Personal Information

Full Legal Name

______________________________________________________________________________
Last                                                                First                                                Middle
Previous Name(s)

_____________________________________________________________________________
Last                                                                First                                                Middle

Last four (4) digits of Social Security Number ___________ Student ID  790____________

Veteran Status**:  Non-veteran □     Veteran □
** The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. “Veteran” is defined as a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.

Current mailing address: (If not permanent, enter date this address is valid through ____________)

Street / Apt# / PO Box __________________________________________________________

City__________________ State _______ Zip_______ Phone (_____) _____ - _______

Permanent mailing address: (if same as above, check this box □ and skip to next item)

Street / Apt# / PO Box __________________________________________________________

City__________________ State _______ Zip_______ Phone (_____) _____ - _______

UM Student E-mail address ______________________________________________________@umontana.edu

Personal E-mail address___________________________________________________________________________
(continued from page 6)

Application Form for Spring 2018 Admission
Missoula College Registered Nursing Program

All Colleges / Universities Attended

IMPORTANT:

- For any applicant who is attending or attended Missoula College or University of Montana-Missoula, the nursing program has access to the transcript via university archives so an official transcript is not required.

- **HOWEVER**, an official paper transcript is still required from every other college or university attended — regardless if the school’s transfer courses show on your MC or UM transcript.

<table>
<thead>
<tr>
<th>College / University Currently Enrolled In:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official Paper Transcript Enclosed:</td>
<td>☐</td>
</tr>
</tbody>
</table>

Are any courses currently in progress? Yes ☐ No ☐ If yes, list course subject(s) & number(s) below.

**Example:** CHMY 121

<table>
<thead>
<tr>
<th>SUBJ: _______ CRSE#_______</th>
<th>SUBJ: _______ CRSE#_______</th>
<th>SUBJ: _______ CRSE#_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJ: _______ CRSE#_______</td>
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<td>SUBJ: _______ CRSE#_______</td>
</tr>
<tr>
<td>SUBJ: _______ CRSE#_______</td>
<td>SUBJ: _______ CRSE#_______</td>
<td>SUBJ: _______ CRSE#_______</td>
</tr>
</tbody>
</table>

All Other Colleges / Universities Attended:

**College / University:** ________________________________

Official Paper Transcript Enclosed: ☐

**College / University:** ________________________________

Official Paper Transcript Enclosed: ☐

**College / University:** ________________________________

Official Paper Transcript Enclosed: ☐

**College / University:** ________________________________

Official Paper Transcript Enclosed: ☐

**College / University:** ________________________________

Official Paper Transcript Enclosed: ☐

**College / University:** ________________________________

Official Paper Transcript Enclosed: ☐

(If applicable, include the Verification form on the next page with a copy of your certification or license.)
5% Bonus: To take advantage of the 5% bonus to your application score, thoroughly and legibly complete, sign, and submit this document as part of their application packet.

**NOTE:** Your **Supervisor** is defined as one who holds healthcare credentials and evaluates your clinical practice. Their verification is necessary to confirm that you comply with the following criteria:

- is currently licensed as an LPN/LVN –or– has a current or expired CNA/HCA certification;
- is or has been employed in a setting that requires direct patient care; and
- has completed at least 120 hours of paid employment in the applicable practice setting per checked applicant credential below within the past 5 years prior to signing this form.

### 1. **APPLICANT INFORMATION (PRINT CLEARLY)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td><strong>Street or PO Box</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>State</strong></td>
</tr>
</tbody>
</table>

### 2. **APPLICANT EXPERIENCE, SUPERVISOR, & ORGANIZATION INFORMATION (PRINT CLEARLY)**

Use additional sheets if the required minimum 120 hours of paid experience was performed for more than one supervisor or organization.

<table>
<thead>
<tr>
<th>Your Position Title</th>
<th>Organization Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organization</td>
<td>Organization Address</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>&amp; Physical Address if different than Mailing Address</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>State</strong></td>
</tr>
</tbody>
</table>

**Your Supervisor’s Name & Position Title**

**Supervisor's Email Address:**

**Your Credential:**

- CNA / HCA
- LPN / LVN

<table>
<thead>
<tr>
<th># of Hours Worked</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Hours Worked</td>
<td>Add'l Time Period (if needed)</td>
</tr>
</tbody>
</table>

**Brief Description of Role Responsibilities, including Patient Care:**

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**APPLICANT SIGNATURE:** By my signature below, I acknowledge that at the date of this form the above information is correct regarding hours worked, time periods work was performed during, and the duties performed.

**Applicant Signature**

**Date**

**SUPERVISOR SIGNATURE:** By my signature below, I confirm the above-named applicant has completed at least 120 hours of paid employment within 5 years prior to the date of this form. The information above accurately describes the experience of the applicant within this organization.

**Supervisor Signature, Title, and Healthcare Credentials**

**Date**