



# School of Nursing

## **RN, ASN Application Packet 2017-2018**

<http://www.bfcc.edu>

**Nursing Program Director (Interim)**

Keith McDivitt, MSN, RN  
Blackfeet Community College  
P.O. Box 819  
Browning, MT 59417  
406-338-5441 EXT 2313  
keithmd@bfcc.edu

Dear Applicant,

Thank you for your interest in Blackfeet Community College School of Nursing. Please review the application in full to ensure you are submitting all the necessary paperwork. The Blackfeet Community College Nursing Program has a limited enrollment capacity. Student numbers are restricted due to the availability of clinical and lab space. Therefore, a competitive student selection process is necessary and program applicants are accepted based on the criteria found in this packet.

If you are not currently a student at Blackfeet Community College you need to complete a BCC Application for Admission, **DO NOT INCLUDE** the BCC Application for Admission with your BCC Nursing Program Application. Admission to Blackfeet Community College is a separate process and should be completed prior to applying for placement in the BCC Nursing Program.

Should the number of qualified applicants exceed available spaces, not all qualified applicants will be accepted. After all applications are reviewed and the initial list of qualified applicants is compiled, the most qualified individuals will be asked to participate in small group interviews as a final step in the **INITIAL** selection process for the Nursing program.

Applicants will be evaluated on the following areas during the interview:

- Application letter
- References
- Professionalism
- Language
- Body language
- Grade point average

Students, who are officially notified of **INITIAL** acceptance into the program, will be required to do the following as the **FINAL** step for acceptance into the program:

- Complete a universal background check,
- Provide proof they are free of active tuberculosis within the past twelve months.
- Provide proof of current personal health insurance.

Any discrepancies on the background check will need documentation regarding circumstances and outcomes. **Discrepancies may result in students being denied access to patient/residents by clinical partners and could result in a failure of the program.**

It is recommended that you review your completed application for placement in the Nursing program with your academic advisor prior to submitting it by the deadline listed below.

**Applications are due: March 31, 2017 by 4 pm**

Applications received after this date will not be accepted. Incomplete applications will not be considered. Applications may be mailed or hand delivered to the BCC Nursing Department. Please mail early to allow maximum opportunity for delivery before the deadline.

**Mail to:**

Blackfeet Community College  
Nursing Program  
P.O. Box 819  
Browning, Montana 59417

**Please note** that all applications will be date stamped upon receipt. Contact information from application will be entered into the tracking system. It is the individual's responsibility to contact the Nursing department with changes in email, address or phone number.

**Students will be informed of their selection status via an official letter from the Nursing Program Director after May 16, 2017.**

Please do not call to ask about this status as this information cannot be given out over the phone.

If you have any questions, please call 406-338-5441 ext. 2313 or email (Keith McDivitt) keithmd@bfcc.edu, (Angela Racine) angela.r@bfcc.edu, or Nursing Program Assistant (Shaunell Wippert) shaunell.w@bfcc.edu. They will be happy to help you.

# 2017 NURSING PROGRAM APPLICATION

Application deadline: March 31, 2017 by 4 pm

Please return your completed and signed application and all requested materials in a sealed envelope to the following address:

**Blackfeet Community College  
RE: Nursing Program  
P.O. Box 819  
Browning, Montana 59417**

Please carefully read the application and review it for completeness before signing.

**AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED.**

**Please Print Legibly**

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Last Name	First Name	Student ID Number
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Mailing Address	<b>**Notification of acceptance/non-acceptance will be sent to this address**</b>		
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City	State	Zip	Telephone Number & Email
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## **Application Checklist**

**PLEASE CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN**

**I understand that I must submit with this application:**

- § Application letter (typed).
- § Proof of complete Hepatitis B Series including antibody titer results.
- § Proof of Measles, Mumps and Rubella immunity either by dates of two vaccinations after your first birthday, a physician diagnosis of disease history OR laboratory verification of positive antibody titer, (need only one of these methods of verification).
- § Proof of Chicken Pox (Varicella) immunity either by statement that verifies the date and age you had chicken pox or the date you had the vaccination or laboratory verification of positive antibody titer, (need only one of these methods of verification).
- § Proof of one dose of Tdap or tetanus/pertussis (whooping cough) vaccination within the last ten years.
- § Proof of enrollment in a Federally recognized tribe or proof of Descendant status (if you wish this to be considered in application).
- § Transcripts and evaluation of transfer courses: Include copies of transcripts from other colleges or universities that you have attended and are requesting to be considered for transfer or credit. Request official transcripts early as this can take time. Official transcripts must also be on file in the BCC registrar's office for transfer of credit to be considered. Should you have courses from prior degrees that you wish to be considered as substitution for any of the nursing prerequisites, these courses must be evaluated and approved by the Nursing Program Director prior to application review. If you currently have classes in progress please turn in transcript by June 15, 2017.
- § I understand that I will be notified in writing whether or not I have received placement in the Nursing Program beginning Fall Semester. Students with a minimum GPA of 2.75 (on a 4.0 scale) may be placed on a waiting list. The wait list is maintained only until the second week of Fall Semester.
- § Students **who are not accepted may reapply** for placement the following year during the open application process.

- § I understand that all placements in the Blackfeet Community College Nursing Program are dependent upon sufficient financial, faculty and clinical resources.
- § I have evaluated my transcript(s) and academic standing and I am confident that I can complete or have completed, with a grade of “C” or higher, all of the required prerequisite courses for Nursing placement by the end of Spring Semester. My selective GPA in these courses is at least 2.75 (on 4.0 scale).
- § I have included my signed Acknowledgement of Program Requirements for Personal Effort and Commitment form.
- § I have included my completed work experience form.
- § I have included my two completed reference forms in sealed envelopes with the signatures across the seal.
- § I understand that upon withdrawal from the program for any reason, I must apply for re-entry into the program. Re-entry is not guaranteed.
- § I understand that my final admission to the program is contingent upon my completing a universal background check, providing documentation of a current TB skin test, Immunization and proof of current personal health insurance.
- § **I have signed the application below and included the \$30.00 non-refundable processing fee payment receipt.**
- § Math and Science courses taken within the last 5 years. General courses taken within the last 10 years.
- § I have retained a copy of this application for my records (*it is my responsibility to make my own copy*).
- § **Letter from admissions department indicating have successfully completed application process to BCC.**

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please document all work experience including paid, volunteer work or job shadow experiences. All are important and considered in the application process.

<b>Facility</b>	
<b>Job Title:</b>	
<b>Responsibilities</b>	
<b>Dates of employment &amp; Hours per week</b>	
<b>Supervisor name &amp; number</b>	

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## ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS FOR PERSONAL EFFORT AND COMMITMENT

Blackfeet Community College's Nursing Program, as with most nursing programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, nursing laboratory, and clinical settings. Student success in the nursing program is dependent upon a collaborative working partnership by students and faculty. The nursing program philosophy and faculty view learning as an interactive process with faculty facilitating your learning. We are truly committed to assisting you to succeed in the program.

However, learners must assume responsibility for their own learning and participate in shaping their own learning experiences. As part of your application to the program, please read the following and sign below.

Your signature is an acknowledgement of your understanding of the expectations of the program.

1. There is a ***minimal*** study expectation of two to three hours of study per week for each credit enrolled. For example: NRSG 252, Complex Care of Maternal/Child is a class offered in the initial semester of the ASN program, 2 credits of theory and 1 credit of clinical. Therefore, a ***minimal*** study expectation for this course would be 4 hours of study per week for the theory and another 2 hours for the clinical. Most students spend more time than the ***minimal*** study expectation.
2. Although we hold an appreciation for your possible need to work to support yourself and/or a family, most students find it extremely difficult to work while attending classes for the Nursing Program. Clinical practicums are scheduled when facilities have available space and ***are subject to change***. Clinical hours will include evenings, weekends and night shifts. Clinical times are not listed in the course schedule on the BCC website. A schedule will be made available to students each semester.
3. Students are expected to attend all classes and clinicals. Missed clinical time may result in failure of courses and dismissal from the nursing program. ***Please do not make vacation and personal plans that would affect attendance in class or clinical. Absences cannot be made up due to the fast pace of material presented in class and the limited availability of clinical experiences. Please attempt to make appointments that will not interfere with class schedules.***
4. In general, and given the same amount of student effort, nursing students may not achieve the grades they have received in non-nursing courses. You will be learning a "new language", be exposed to in-depth, comprehensive nursing concepts and principles which may require more effort on your part to learn and understand. Though grades may have been the primary focus of previous courses, the focus in the nursing program is learning and comprehension of information needed to deliver safe and competent care to patients/residents.
5. You are expected to be prepared for class, lab, and clinical. This will include extensive reading, pre-clinical preparation, and other assignments prior to your attendance in class, lab or clinical.

6. Exams given in nursing courses are structured similarly to the nurse licensing exam. This means that most of the items on the exams are application, analysis, and synthesis type questions rather than simply knowledge and recall. These questions require a higher-order of thinking to answer correctly. We provide you with learning strategies and test-taking strategies that will assist you in developing critical thinking skills necessary for success on the nursing course exams and the NCLEX licensure exam.
7. You will find the nursing program very different and much more difficult than your past educational experiences. The nursing program is designed this way to facilitate the quality of the program, prepare you to pass your licensing exam, and ensure you become a safe and competent nurse.

***I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Blackfeet Community College's Nursing program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed.***

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Reference Forms - Please Complete Both Pages and Return in a Sealed Envelope**

\_\_\_\_\_ is applying to the Blackfeet Community College Nursing Program. BCC cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If confidentiality is waived, the reference response will not be shared with the candidate at any point.

**I do waive my right to see this reference.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by BCC.***

The need for nurses is continuing to grow. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into the program. It is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success in the nursing field. Your candid, honest responses to the questions we ask are important. We ask that you take the time to consider each response carefully.

The applicant will provide an envelope for your reply. Please **return it to the applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the seal of the envelope will disqualify the candidate.** The applicant will then submit the envelope with other application materials. We request your prompt attention as the applicant has a deadline to submit materials. Thank You.

**Please provide the following information:**

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

**Name and Title of Reference:** \_\_\_\_\_

**Institution Name and Address:** \_\_\_\_\_

**Phone Number (we may contact you further):** \_\_\_\_\_

**In what capacity and duration have you known the applicant?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant:**

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Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities and capabilities. If you are unable to evaluate in some area, please check "N/A."

Applicant characteristics to be evaluated:	Outstanding	Above Average	Average	Below Average	Poor	N/A
	5	4	3	2	1	0
Interacts well with peers, co-workers, employers, others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
Is self-motivated						
Displays initiative and creativity						
Prioritizes tasks appropriately						
Analyzes and solves problems						
Requests assistance appropriately						
Accomplishes tasks in a timely manner						
Is present when expected . . . reliable						
Is an effective team leader						
Interacts respectfully with diverse individuals						
Dress and personal care are appropriate						
Language is professional						
Demonstrates kindness and compassion						
Able to laugh at him/herself						
Able to function with safety for self and others						
Exhibits qualities you would like to have in someone taking care of you						

Additional Information: Please feel free to add descriptions or give examples that will illustrate the above. Use back of the form or additional paper if needed.



**Reference Forms - Please Complete Both Pages and Return in a Sealed Envelope**

\_\_\_\_\_ is applying to the Blackfeet Community College Nursing Program. BCC cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If confidentiality is waived, the reference response will not be shared with the candidate at any point.

**I do waive my right to see this reference.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by BCC.***

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**Phone Number (we may contact you further):** \_\_\_\_\_

**In what capacity and duration have you known the applicant?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant:**

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities and capabilities. If you are unable to evaluate in some area, please check "N/A."

<b>Applicant characteristics to be evaluated:</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>N/A</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Interacts well with peers, co-workers, employers, others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
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