



Remember our past, build our future.

# School of Nursing

## **Baccalaureate Application Packet 2021-2022**

<http://www.bfcc.edu>

**Nursing Program Director**

Julie Lindsay, PhD, RN  
Blackfeet Community College  
P.O. Box 819 Browning, MT  
59417 406-338-5441  
EXT 2917 or 2919

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.

Applicants who are not currently a Blackfeet Community College (BCC) student 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 Bachelors Science of Nursing (BSN) 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 scheduled for an interview. **This interview will take place no later than June 10, 2021.**

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

- Application letter
- References
- Professionalism
- Language
- Body language
- Successful completion of all prerequisites with a “B” or Higher

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:

- Notify Nursing Program if you accept/deny placement; by date provided in student’s official acceptance letter.

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: May 21, 2021, 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 no later than **June 30, 2021.****

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. 2919 or email (Rayola Grant) [rayolau@bfcc.edu](mailto:rayolau@bfcc.edu) or Nursing Program Assistant (Shaunell Wippert) [shaunell.w@bfcc.edu](mailto:shaunell.w@bfcc.edu). They will be happy to help you.

# Bachelors of Science in Nursing Program

**Applications are due: May 21, 2021, 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 |
|------|-------|-----|--------------------------|

## Baccalaureate Program Outcomes

Upon completion of the course of study, the student will have demonstrated the ability, through personal exploration and classroom didactic learning combined with skills laboratory demonstrations and clinical practicums to:

- Integrate knowledge and concepts based in an appreciation of the liberal arts from the humanities and the natural and social sciences that provide a better understanding of self and others as a cornerstone for nursing education and practice
- Assume professional and personal accountability for one's own and delegated nursing care.
- Practice nursing that emphasizes the inherent values of altruism, autonomy, human dignity, integrity, and social justice as fundamental to the discipline of nursing.
- Utilize knowledge, critical thinking, decision-making, intuition, and other analytic skills during the assessment, diagnosis, planning and evaluation of nursing interventions
- Utilize information and patient care technologies to assist in the coordination and delivery of quality nursing care that provides safe, patient-centered, competent and holistic nursing care in a variety of healthcare and environmental settings to individuals, families, groups, diverse cultures and communities that is based on nursing theory, evidence-based practice and other ways of knowing.
- Utilize effective oral and written communication to facilitate information sharing, caregiving, professional relationships, and collaboration with patients, families, and the interdisciplinary healthcare team.
- Promote and utilize evidence-based standards of practice to manage and coordinate nursing care that utilizes cost-effective measures to encourage healthy lifestyles and maximizes individual function, quality of life, and disease prevention from birth to death.
- Design and practice patient-centered nursing care that reflects moral, culturally sensitive, ethical, legal, and political principles according to the standards of the Nursing Practice Act of the State of Montana, the ANA Code of Ethics for Nurses and the baccalaureate level competencies from The Essentials of Baccalaureate Education for Professional Nursing.
- Support human dignity and diversity through ethical, holistic, caring, and compassionate care.
  
- Practice in partnership with the patient and the interdisciplinary health care team to plan, coordinate, provide and evaluate safe, caring and effective patient-centered nursing care.
- Engage in continued professional and personal development as nursing leaders through life-long learning, self-care, active participation in nursing and community organizations, and leadership.

## CODE OF ETHICS

- Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities.

- Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession. (<http://www.nursingworld.org/codeofethics>).

#### **BSN PROGRAM OF STUDY SEMESTER ONE (JUNIOR YEAR)**

**NRSG** – Foundations of Nursing (nursing theory and writing)

**NRSG** – Holistic Health Assessment and Lab

**NRSG** – Pharmacology and Lab

**NRSG** --Essentials of Nursing Care

#### **SEMESTER TWO (JUNIOR YEAR)**

**NRSG** – Medical-Surgical Nursing I- Nursing Care Across the Lifespan

**NRSG**-- Maternal Newborn

**NRSG** --Health Systems and Vulnerable Populations

**NRSG**-- Mental Health Nursing

#### **SEMESTER THREE (SENIOR YEAR)**

**NRSG**– Medical-Surgical II-Complex Care

**NRSG** – Pediatric Nursing

**NRSG**-- Research and Ethics in Nursing

**NRSG**-- Population Health Nursing

#### **SEMESTER FOUR (SENIOR YEAR)**

**NRSG**-- Medical-Surgical Nursing III-Acute Care of the Adult with lab and clinical

**NRSG**-- Leadership and Management

**NRSG** — Professional Growth and Empowerment

**NRSG** -- Policy, Ethics, and Advocacy in Professional Nursing Practice

### **Section 2 ADMISSION TO THE BSN PROGRAM**

Admission to BCC recognizes the Applicant as a pre-nursing student with the full rights and privileges of all students entering a program of study for a baccalaureate degree.

Admission to the college does not guarantee entry into the nursing program. Each approved nursing program by the Montana State Board of Nursing must comply with a pre-determined and written formula impacting student program admissions and continuation. These regulations are designed to assure safe student practice and adequate faculty supervision in all clinical areas.

Admission to the college does prepare pre-nursing students to compete for acceptance into the nursing program based on program admission criteria.

### **REQUIREMENTS FOR ADMISSION**

To be considered for admission, an applicant MUST submit evidence of the following: • Prerequisite coursework completed or in progress.

- A minimum overall GPA of 3.0 in all prerequisite coursework, with “B” or better for all math and science courses.
- Kaplan General Knowledge Exam (GKE) entrance exam test results with a minimum score of 55.
- Physical examination, health insurance and completed immunizations

### **Prerequisite Courses**

At the time of program application, an applicant must have completed, be currently enrolled in, or have a written plan to complete all prerequisite courses prior to full program admission and the first day of class.

If an applicant is taking prerequisites in the Spring or Summer prior to beginning Fall nursing courses, verification of successful completion of all prerequisite course work “B” or better for math and science courses must be presented by August 1 unless other arrangements have been made. In the event that August 1 falls on a weekend, the deadline for submission will be extended to the next business day.

### **Humanities course (CORE 6)**

**M 121-** College Algebra

**WRIT 101-** College Writing

**TCC 101-** Freshman seminar -critical thinking

**PSYX 100-** Introduction to Psychology

**CHMY-141/142-** College Chemistry with lab

**PKNI 129-** Piikani History

**CSCI 105-** Elective

### **Introduction to computers Science**

**SOCI 101-** Introduction to Sociology

**PKNI-101-**Piikani Language for Healthcare professional

**PSYX 230** -Developmental Psychology

**HS 279** -Legal Clinical & professional issues

**BIOH- 201/202-** Anatomy and Physiology, I with Lab

**NRSG 256** Pathophysiology

**NUTR 221-**Basic Human Nutrition

**WRIT 201-**Advanced College Writing

**BIOM 250/251-** Microbiology with lab

**STAT 216-**Introduction to Statistics

**BIOH- 211/212** Anatomy and Physiology II with lab

### **Pre-Admission Testing**

Kaplan General Knowledge Exam (GKE)

Admission requirements for Kaplan General Knowledge Exam (GKE) for students will include a benchmark of 55% or higher. However, applicants scoring between 50 to 54 may retake the exam one

time to meet the benchmark. Applicants scoring below 55 will not be considered for admission into the BCC Nursing Program. Students may only take the Kaplan GKE test two times at which point the student is not eligible to apply to the nursing program. For further information and costs, go to <https://www.kaptest.com/nursing-educators/admissions-test>.

Other testing may be required and included in assessment of students' eligibility for admission to the nursing program.

Students who are currently utilizing a health-related degree may have their courses considered on a case by case basis for the application process.

### **Transfer Students**

Students may be accepted for transfer into the BCC BSN program on a case by case basis.

### **Health Requirements**

#### **Physical Examination**

Provide evidence of a physical examination by a primary care provider who states the student is cleared for participation in the BSN program.

#### **Laboratory Studies**

Lab work must be done including Complete Blood Count, Comprehensive Metabolic Panel, and Urinalysis.

#### **Vaccinations**

Proof of complete Hepatitis B Series, including antibody titer results. If the completed series leaves no detectable antibodies on the titer, one additional dose needs to be administered.

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: tetanus/pertussis (whooping cough) vaccination within the last ten years.

#### **T.B. Screening**

Students are required to receive a T.B. Screening as required by the BSN Program upon admission to the Program with annual screening thereafter. This requirement must be met before clinical starts. Please see clinical director for instructions on T.B. test type and locations.



If the test is contraindicated or is found positive, then evidence of medical follow-up including a chest x-ray, unless medically contraindicated, with recommendations must be presented. An annual symptom screen will be required and submitted by the student to Castlebranch.

Students are responsible for reviewing and updating individual health records at S.U. prior to registration each semester as they progress through the Program.

### **Health Insurance**

Accident and Sickness Insurance (health insurance proof i.e. Indian Health Services, Medicaid, Private insurance) is mandatory for all BSN students. Providing proof of coverage. All students are encouraged to carry a copy of their insurance card to avoid delay in healthcare in an emergency and to provide updated information to Castlebranch at any time this information changes.

### **Illness or Injury During School Terms**

Students who become ill, require surgery, sustain an injury, or undergo any major change in physical health while in the nursing program, may not be able to participate in clinical activities and may be required to present clearance from their health care provider to return to clinical and perform the usual duties of a nurse.

### **Essential Functions**

Students who apply for admission to the BSN Program, including persons with disabilities, must be capable of performing certain essential functions listed in Appendix A of this handbook. These essential functions are in compliance with the Board of Nursing expectations of any student seeking initial licensure as a registered nurse.

Essential functions are defined as the basic activities that a student must be able to demonstrate (vision, touch, hearing, and smell, etc.) in order to provide safe nursing care and accurate assessment skills. Any student who applies and has met the necessary prerequisites and can perform the essential functions of the nursing program in a reasonably independent manner, either with or without reasonable accommodations, will be considered for admission.

To be granted accommodations for conditions that qualify under the American Disabilities Act the student must apply to the Office of Learning Support Services. If accommodations are granted, the student should discuss his or her needs with the instructor at the beginning of each nursing class where accommodations may be needed.

### **Timeline**

Please note that due dates and deadlines are strictly enforced. The nursing program usually has more eligible students than can be admitted. Therefore, students who have not fulfilled all requirements on time may be dropped from consideration.

The signed acknowledgement indicating acceptance of program admission **MUST** be received in the Nursing Office by the deadline. If not received, the offer of acceptance to the BSN program may be withdrawn and an alternative candidate may be selected.

## **Section 3**

### **POST ACCEPTANCE APPLICANT RESPONSIBILITIES**

## **CHECKLIST**

### **Immediately**

- Sign and return the acceptance form to the Nursing Department Office.
- Sign up and complete the required Criminal Background Check (CBC) when the directions are received from the Board of Nursing.

### **Check Immunization Record**

- Confirm currency of all immunizations previously listed in this document.
- Current immunizations are required to be up-to-date prior to participation in clinical activities: and documentation of such is required to be in the university records before students will be allowed to enroll or continue in clinical courses. Updates that fall at any time within the academic year must be done prior to the beginning of the fall semester.
- Documentation of the annual influenza vaccine, unless medically contraindicated, must be presented by October 1 of each year. Students who have not met this requirement will be denied access to clinical which may result in the student receiving a failure in the course (Novel Coronavirus "COVID-19" maybe required by clinical sites).
- For subsequent years, students must have the one-step T.B. skin test within 30 days of beginning nursing courses. Individuals who cannot take the skin test, must present verification of a negative chest X-Ray. Students cannot attend clinical if this requirement has not been met. Students may also have the option of having blood drawn for the tuberculin clearance, in which case an annual symptom screen will be uploaded to Castlebranch.

### **Prerequisites**

Complete all outstanding academic requirements. An overall GPA of 3.0 or better AND a GPA of 3.0 or higher for math and science prerequisite courses is required. Prerequisite course requirements must be completed, and proof of completion submitted.

### **Drug screening**

Complete a drug screening within 30 days of beginning nursing courses.

### **Tuition/Fees**

Pay tuition/fees or make arrangements for the full amount prior to the beginning of orientation for the BSN Program and each semester thereafter.

### **Books**

Available through the BCC Bookstore on campus prior to the beginning of the semester.

### **Orientation**

Attend the mandatory three-day BSN student orientation prior to the beginning of classes.

### **Insurance**

Provide evidence of health insurance to the Office of the Director prior to the beginning of classes.

### **Technology**

Meet current technology requirements (have own smartphone and updated computer, preferably a laptop).

In order to participate in the BSN program, students must have basic computing skills including using email, attaching documents, navigating web pages, and downloading and uploading files. In addition, students need access to a computer with Microsoft Word and internet that is capable of running the BCC platform on a current web browser, such as Chrome or Firefox. Students must have a technology back-up plan in case the primary computer becomes inoperable or the internet connection becomes inaccessible. Other requirements will be listed on course syllabi as needed.

Students cannot attend Orientation for the BSN Program or the first day of class for any semester thereafter if health or academic records are incomplete.

### **Criminal Background Check**

A Criminal Background Check (CBC) is mandatory for all students who are initially accepted into the BSN program at BCC. Castlebranch is the designated company to complete the background screening and will not accept results from any other company. The cost for this screening is the personal responsibility of all accepted and some enrolled students.

Students must begin the CBC process immediately after notification of acceptance to the BSN program, and sometimes prior to that time. This process can take longer than 90 days and cannot be rushed. BCC has no control over the length of time it takes to receive the needed report for clearance. Answer all questions correctly and truthfully when applying for the CBC as the verification process is extremely thorough to the extent that family, friends, and neighbors may be interviewed. Directions must be followed carefully. Reveal all arrests, regardless of how long ago they occurred or how minor they were.

### **Drug Screening**

To protect the safety of patients in the clinical setting a drug-screening test will be required of all students in the BCC BSN program. The initial drug screening must be performed, and results received by the Nursing Department within 30 days prior to the first class day in the year in which program admission is sought. Certain clinical sites may require additional drug screening(s) prior to the student's clinical rotation. The student will pay the cost of any and all screenings at the time of the testing.

In the event a student is suspected of being impaired while on the BCC campus, or at the assigned clinical site any time while enrolled in the BSN program, the faculty or the Nursing Program Director may require a student to leave the area accompanied by an BCC employee and go directly to an assigned laboratory and submit to drug testing at the student's expense. The BSN Program Director will designate a company to do the drug screen and will not accept results from any company other than the one designated.

Any student with a positive drug screen will be immediately suspended from the BSN program for a minimum of one calendar year. Any student who refuses to submit to a required drug screening will be

immediately suspended from the Program. If readmitted to the BSN program, the student must be retested by the school approved laboratory and have a negative drug screen. This testing is at the student's expense.

### **CPR Certification**

Students must show evidence of current CPR certification by the American Heart Association - Health Care Provider (BLS) before beginning nursing courses; other programs are not acceptable. The student will not be allowed to begin or continue in clinical courses unless this requirement is met. It is suggested students take the training during the summer, before nursing clinical courses have begun in order to be in compliance for the entire academic year. Training may be available as part of new student orientation. If so, the information will be included in the student admission material. A copy of the certification should be posted online with Certified Background. The certification will be verified before registration each year.

### **Nursing Student Orientation**

Nursing students entering the BCC BSN program will be required to attend an orientation of several days, specific to nursing in addition to any orientation that is required by BCC.

## **Application Checklist**

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

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

Application letter (typed). (Include Personal statement regarding your choice in the career of nursing and goal(s))

Proof of complete Hepatitis B Series including antibody titer results. If completed series leaves no detectable antibodies on titer then one additional dose needs to be administered.

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: 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. These documents are to be included in the application process and submitted by May 21, 2021.

I understand that I will be notified in writing whether or not I have received placement in the Nursing Program beginning 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, clinical resources and ability to pass a federal background check.

I have evaluated my transcript(s) and academic standing and I am confident that I can complete or have completed, all with a grade of "B" or higher, all of the required prerequisite courses for Nursing placement by the end of current Spring Semester.

Math courses taken within 10 years and Science courses taken within the last 5 years. General courses taken within the last 10 years.

I have included my signed Acknowledgment 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 have signed the application below and included the \$30.00 non-refundable processing fee payment receipt.**

I have retained a copy of this application for my records (*it is my responsibility to make my own copy*).

**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>             |  |

|   |  |
|---|--|
| <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>             |  |

## 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 232, Foundations of Nursing is a class offered in the initial semester of the ASN program, 3 credits of didactic learning. Therefore, a **minimal** study expectation for this course would be 6-9 hours of study per week. 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 may 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. Most 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 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."

| <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                                  |                    |                      |                |                      |             |            |
| 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.

**In order to help us evaluate this recommendation form, please answer the following:**

- |   |     |    |
|---|-----|----|
| The evaluation characteristics were clear and easy to rate  | yes | no |
| This evaluation form allows a fair picture of the Applicant | yes | no |
| The evaluation process took an acceptable amount of time    | yes | no |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:

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**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:**

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 additional paper if needed.

**In order to help us evaluate this recommendation form, please answer the following:**

The evaluation characteristics were clear and easy to rate                      yes      no

This evaluation form allows a fair picture of the Applicant                      yes      no

The evaluation process took an acceptable amount of time                      yes      no

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:

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