



Bridgerland Technical College Practical Nursing Program

Application Steps

Step 1	<p>Complete all seven prerequisite and pre-admission courses with a "C" grade or higher ("C-" is not acceptable) and a cumulative GPA of 3.0 or higher:</p>								
	<p>Prerequisite Courses <i>Must be taken at a regionally-accredited college or university. USU course numbers are shown (WSU course numbers are in parentheses)</i></p>	<p>USU</p> <ul style="list-style-type: none"> ➤ BIOL 2060 Microbiology ➤ BIOL 2320 Human Anatomy ➤ BIOL 2420 Human Physiology ➤ NDFS 1020 Nutrition ➤ PSY 1010 Psychology <p><i>*WSU course numbers for A&P also include HTHS 1105 & 1106 or HTHS 1110 & 1111.</i></p>	<p>WSU</p> <ul style="list-style-type: none"> (MICRO 1113) (ZOO 2200*) (ZOO 2100*) (NUTR LS1020) (PSY 1010) 						
	<p>Pre-Admission Courses <i>Available at Bridgerland</i></p>	<ul style="list-style-type: none"> ➤ Medical Terminology ➤ Drug Dosages & Calculations 							
<p>IMPORTANT NOTE: A cumulative GPA of 3.0 or higher is required for <i>all</i> "regionally accredited" college credits when added together at time of application.</p>									
Step 2	<p>Take and pass all areas of Bridgerland's academic assessment exam for the Practical Nursing Program. A minimum of 4-6 weeks before the deadline is recommended. Contact the Assessment Center at (435) 750-3188 for an appointment. The test score is valid for one year. The assessment test may be taken a maximum of two times within a year. Include a copy of the test score sheet with your application.</p>								
Step 3	<p>Complete the Bridgerland Practical Nursing Program Application. Applications must be received or postmarked by the application deadline; or, if the deadline is on a weekend, the last business day prior.</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">➤ Fall Deadline</td> <td style="padding-left: 20px;">June 1</td> <td style="padding-left: 20px;"><i>Courses begin week of August 1</i></td> </tr> <tr> <td style="padding-left: 20px;">➤ Spring Deadline</td> <td style="padding-left: 20px;">November 1</td> <td style="padding-left: 20px;"><i>Courses begin week of February 1</i></td> </tr> </table> <p>The complete application packet may be mailed to the NURSING Administrative Assistant/Student Advisor, 1301 North 600 West, Logan UT 84321, or may be submitted in person to the Nursing Administrative Assistant Monday through Friday, 9 a.m. to 4 p.m.</p> <p>Applicant is responsible to collect and return the materials listed on the Application Checklist sheet as a complete packet.</p>			➤ Fall Deadline	June 1	<i>Courses begin week of August 1</i>	➤ Spring Deadline	November 1	<i>Courses begin week of February 1</i>
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Step 4 (Optional)	<p>You may print and complete the Nursing Point Worksheet at www.btech.edu, found on our Nursing web page, to get a tentative assessment of your points. Or you may make an appointment with the Nursing Administrative Assistant/Student Advisor by calling (435) 750-3140. Be prepared by bringing your unofficial transcripts.</p>								



Bridgerland Technical College

Practical Nursing Program

Application Checklist

Complete the following checklist and return it with your application. It is your responsibility to ensure that all items are completed. Please note that any missing information will render your file incomplete and you will not be considered as a possible candidate for this program.

Please **initial** or write N/A on each of the following statements:

_____ I have completed the Bridgerland academic assessment exam and enclosed a copy of the Assessment Center score sheet given to me by the Assessment Center Technician.

_____ I have fully completed the Bridgerland Nursing Application Form including the Goal Statement and sealed Reference Evaluation forms.

_____ I understand that after acceptance into the program, I will be required to submit to a national criminal background check, drug screen, and sex offender check.

_____ I have completed all prerequisite courses (from a regionally-accredited college or university) and preadmission courses with a grade of 'C' or better (a 'C-' is not acceptable). My prerequisite and preadmission courses' cumulative GPA is 3.0 or higher.

NOTE: If you attended an out-of-state school, please do the following: 1) find the school's accreditation status on its website and print; 2) go to the accrediting body's website and print out the page that says the school is regionally accredited. Include these documents in your packet.

_____ I understand that in order to receive a point for completing a degree, the degree must have been awarded from a regionally accredited college or university.

_____ I have submitted official transcripts from *all* of the colleges/universities where I *originally* completed the 7 prerequisite and preadmission courses. Transcripts may be submitted either by mail (please send Attn: Nursing Student Advisor) or in a sealed official envelope with my application. Transcripts not received by the application deadline, or which are opened, will render my file incomplete.

NOTE: We will **not** accept high school transcripts for college credit. You will need to submit the official transcript from the college. If you took your preadmission courses at Bridgerland during high school or as an adult, you may request a Bridgerland transcript by visiting our website at <http://btech.edu/students/student-guide#transcripts>; mail, fax, or bring the form to Bridgerland's Student Services in person. Allow 3-5 business days for processing transcripts once information/payment has been received. Official Bridgerland transcripts are \$3 each.

_____ I have a cumulative GPA of 3.0 or higher for all "regionally accredited" college credits when added together at time of application.

_____ I am submitting transcripts from another state and I have provided a course description for each course so it can be determined if transfer credit can be given. I understand I only need to submit course descriptions for the prerequisite courses I want to transfer.

_____ I understand that if Bridgerland will not accept my out-of-state prerequisite courses for transfer credit, I may need to retake those courses and my application will be considered incomplete.

_____ I have included a copy of my current certification as a CNA or MA (if applicable).

_____ I have initialed or placed N/A on every line of this application checklist. I understand that failure to provide the above information by the application deadline will render my file incomplete and it will be returned.

Please include this form with your application. If you have questions concerning the application process, please contact the Nursing Administrative Assistant/Student Advisor at (435) 750-3140.

Signature of Applicant

Date



**Bridgerland Technical College
Practical Nursing Program
Application Form Fall 2021**
(Please print legibly in black or blue ink)

Full Name *First Middle (Maiden) Last* _____

Home Address _____

City, State, Zip _____

Mailing Address *(if different from above)* _____

Email Address _____ Date of Birth _____

Cell Phone _____ Home Phone _____

Emergency Contact: Name _____ Phone _____

Education

List high schools and/or colleges attended (beginning with high school). Degrees must be from a regionally-accredited college or university to be considered for application points.

Name of School	Dates of Attendance		Degree?	
	From	To	Yes	No

Previous Applicant/Alternate to the Bridgerland Practical Nursing program:

Applicant Dates Applied _____

Alternate Dates Applied _____

Health Care Training (Must have current certification to be awarded point)

Certified Nursing Assistant (CNA) Yes No Date of Expiration _____

Medical Assistant (MA) Yes No Date of Expiration _____

If "Yes", please include a copy of current certification in your application to be awarded a point.

Health Care Work or Health Care Volunteer Experience

List most recent work or volunteer experience first. If none, indicate by N/A.

May attach separate sheet if necessary.

Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)
Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)
Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)
Agency _____	Phone _____
Address _____	
Position _____	Supervisor _____
Job Description _____	
Total months and/or years employed or volunteered: _____	
_____ years	_____ months
<input type="checkbox"/> Full-Time (32+ hrs/wk)	<input type="checkbox"/> Part-time (2-31 hrs/wk)

References

List the names of the three professional people who will be completing your reference evaluation forms. These must be people who are now or who have been your employer, supervisor, former instructor, or community leader. They must have known you for at least six months and cannot be related to you. You must have three reference forms returned in order to potentially receive the maximum three points. Two reference forms are required for application consideration but will not qualify for all three points.

Name _____	
Address _____	
Institution _____	Position _____

Name _____	
Address _____	
Institution _____	Position _____

Name _____	
Address _____	
Institution _____	Position _____

IMPORTANT! Be Sure to Read the Following:

In order to be a licensed nurse in the State of Utah, the applicant must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony; treated for mental illness or substance abuse; have been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse; or may pose a threat to themselves, patients, clients, or to the public health, safety, or welfare because of any circumstances or conditions, should discuss their eligibility status with the Utah State Board of Nursing at the following telephone numbers: (801) 530-6628; (866) ASK-DOPL (toll free in Utah); (866) 275-3675

Acceptance and completion of the Bridgerland Practical Nursing Program does not ensure eligibility to sit for the Nursing licensure exam.

The Utah Board of Nursing makes the final decision on issue of license to practice in the State of Utah. If you have a record of convicted criminal actions it may affect your eligibility for admission to the Bridgerland Practical Nursing Program. Admission to the program is contingent upon submission of a satisfactory background check and random drug testing. If a background check reveals a history of convicted criminal actions you may be expelled from the program.

Prerequisite Unofficial Grade Worksheet

Applicant Name _____

Please fill out the information below concerning your prerequisite and preadmission courses. This will assist us in making sure all of your courses are accounted for. Be sure to transfer the **exact** grade, with a plus or minus as applicable. Please be aware that all grades will be verified using official transcripts.

All prerequisite and preadmission courses must be completed with a grade of "C" or better. Grades of "C-" or below are unacceptable. The prerequisite and preadmission cumulative GPA must be 3.0 or higher. Prerequisite courses must be taken from a regionally-accredited college or university.

Prerequisite Course Title	School	Year	Semester	Grade
BIOL 2060 - Microbiology				
BIOL 2420 - Human Physiology				
BIOL 2320 - Human Anatomy				
NDFS 1020 - Nutrition				
PSY 1010 - Psychology				
Pre-Admission Course Title	School/Class	Year	Semester	Grade
Drug Dosages & Calculations (or Math 1050)				
Medical Terminology				

I understand that providing false or misinformation regarding the grades I received in any of the prerequisite or pre-admission courses may render my application incomplete.

Signature of Applicant

Date



Bridgerland Technical College
Practical Nursing Program

Personal Reference Evaluation Instructions

TO THE APPLICANT: Please complete this section only.

Applicant Name _____

Please Note: *The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. However, students are permitted to waive their rights to access recommendations.*

The following signed statement indicates the applicant’s wish regarding this recommendation:

I waive / do not waive my right to see this form or any supplementary notes or letters pertaining to this reference form.

Applicant’s Signature

Date

TO THE EVALUATOR: Please complete the remainder of this document.

The above-named applicant has chosen you as a reference in support of an application for the Practical Nursing Program at Bridgerland Technical College. This is based on the understanding that you have known the applicant for at least six (6) months.

We are particularly interested in your appraisal of the applicant’s abilities and potential for further education. Please take a few moments to complete the bottom of this form and the next three (3) pages. When complete, please seal the forms in an envelope, sign the seal, and return the envelope to the applicant.

Thank you,

Yvonne Manning, MSNed, RN
Director, Practical Nursing Program

Evaluator’s Signature _____ Date _____

Title _____

Institution _____

Address _____

City, State, Zip _____

Phone Number _____

Length of time you have known Applicant _____

Capacity in which you have known Applicant _____



Bridgerland Technical College Practical Nursing Program

Personal Reference Evaluation Form

Instructions: The following questions or statements identify a variety of traits, skills, attitudes, etc. Please indicate the degree to which each quality is characteristic of the candidate you are rating by reading the statement carefully, reading the points on the scale, and circling the number of your choice on the scale. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

Problem Solving: Ability to identify and solve problems					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
Comment: _____					

Attitude: Outlook projected towards life, school, job, etc.					
1	2	3	4	5	Unable to Assess
Negative		Average		Positive	
Comment: _____					

Stress/Anxiety Response: Deals with stressful, anxiety-producing situations					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent, calm & effective	
Comment: _____					

Motivation/Accountability: Extent to which individual applies self and is accountable					
1	2	3	4	5	Unable to Assess
Uninspired/ blames others		Average		Self-starter; motivated; accountable	
Comment: _____					

Appearance: Extent to which standards of appearance are met					
1	2	3	4	5	Unable to Assess
Untidy		Average		Well-groomed	
Comment: _____					

Health: Extent to which health or physical disability affects performance					
1	2	3	4	5	Unable to Assess
Health problems often interfere		Average		Health almost never interferes	
Comment: _____					

Communication Skills: Ability to communicate with peers, coworkers, teachers, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
Comment: _____					

Integrity: Extent to which the candidate displays an ethical code					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
Comment: _____					

Interpersonal Relationships: Ability to cooperate and get along with peers, coworkers, teachers, employees, etc.					
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
Comment: _____					

In summary, please indicate the degree to which you support this applicant for study in Nursing:

- I strongly support this applicant
- I support with reservation. Please indicate your concerns in the comments section below.
- I **do not** support this applicant. Please indicate your concerns in the comments section below.

Comments: _____

Additional comments may be placed on a separate page.

**Place in envelope, seal the envelope,
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Yvonne Manning, MSNed, RN
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Evaluator’s Signature _____ Date _____

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Yvonne Manning, MSNed, RN
Director, Practical Nursing Program

Evaluator’s Signature _____ Date _____

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Institution _____

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