

**APPLICATION FEE: \$25.00 Check or Money Order (non-refundable) made payable to
WVU Medicine/Reynolds Memorial Hospital, Inc. Enclosed with completed application form**

Application for Entrance to The B. M. Spurr School of Practical Nursing

1. Name _____
Last First Middle Name
2. Address _____
Street and Number City State
County _____ Zip _____ Social Security Number _____
3. Telephone number _____
4. Emergency Contact Name and Phone Number _____
Name Phone Number
5. VALID E-Mail Address _____ (Some school documents will be emailed)
6. Education: Name used while attending school if other than one listed above (maiden) _____
 - a. High School attended _____ Date of Diploma _____
If you did not finish the 12th grade, did you take the GED Exam? _____ If yes give date _____
The high school/GED transcript must be sent to the B. M. Spurr School. Date requested ____/____/____
 - b. If you have ever attended any school of nursing or college give the following information:
Name of School or College _____ Date of Entrance _____
City and State _____ Date of Leaving _____
Reason: _____
Name of School or College _____ Date of Entrance _____
City and State _____ Date of Leaving _____
Reason: _____
A Transcript must be sent to B. M. Spurr School for each school/college attended. Date requested ____/____/____

NOTE: The B. M. Spurr School of Practical Nursing exists to educate students, who meet the admission criteria, without discrimination, in regard to age, religion, creed, ethnic origin, marital status, race, gender/sex, veteran status or disability which does not interfere with attainment of program objectives.

FOR OFFICE USE ONLY:

Application Received ____/____/____ Fee Paid _____ Teas Scheduled ____/____/____ Fee Paid _____ Score _____
References Sent ____/____/____ References Received 1 ____/____/____ 2 ____/____/____ 3 ____/____/____
Transcripts: High School ____ GED ____ College ____ College ____ Interview Scheduled ____/____/____
Accept ____ Hold ____ Reject ____ Letter/Packet Sent ____/____/____
Drug Screen Scheduled ____/____/____ Registration Fee ____/____/____

7. If you have been employed give the following information beginning with the most recent employers.

| Your employer | Name of firm | Date and reason for leaving |
|---------------|---|-----------------------------|
| Your employer | Name of firm (may list additional information on back) | Date and reason for leaving |

8. Give the first and last name and current address of three persons for personal references who have known you in a **supervisory capacity** such as teachers, counselors, employers or supervisors. **Do not use relatives or friends.** Reference will receive a student questionnaire which must be completed and returned.

NAME ADDRESS (**street, box number, city, state, zip code**)

1. _____
2. _____
3. _____

9. Where did you first learn about the B. M. Spurr School of Practical Nursing? _____

10. Will it be necessary for you to apply for financial aid? _____

11. State reasons for being interested in practical nursing? _____

12. What are your future plans? _____

13. Have you ever been convicted, plead guilty or plead no contest to a felony, misdemeanor or any crime? _____

NOTE: Chapter 30, Article 7A, Section 10, Code of West Virginia. Disciplinary proceedings; grounds for discipline, states... The board shall have the right, in accordance with rules and regulations...to refuse to admit an applicant for the licensure examination..., and also to revoke or suspend any license to practice practical nursing, or to otherwise discipline a licensee upon satisfactory proof that the person; (1) is guilty of fraud or deceit in procuring or attempting to procure a license to practice practical nursing; or (2) was convicted of a felony or misdemeanor with substantial relationship to the practice of practical nursing in a court of competent jurisdiction..."; or (3) is habitually intemperate or is addicted to the use of habit-forming drugs; or (4) mentally incompetent; or (5) is guilty of professional misconduct as defined by the Board; or (6) who practices or attempts to practice without a license or who willfully or repeatedly violates any of the provisions of this article.

DATE: ____/____/____ SIGNATURE: _____