WVUMedicine

REYNOLDS MEMORIAL HOSPITAL

B.M. Spurr School of Practical Nursing
800 Wheeling Avenue
Glen Dale, WV 26038
Phone / 304-843-3255

November 4, 2020

John Marshall High School
Attn: Counselors
1300 Wheeling Avenue
Glen Dale, WV 26038

To Whom It May Concern,

The B.M. Spurr School of Practical Nursing is now accepting applications for the 2021-2022 Class. The B. M. Spurr School of Practical Nursing was established in 1951 to prepare qualified applicants to meet the demands of the community for licensed practical nurses.

Each student is important as an individual and personal attention is given, by instructors in their efforts to stimulate interest and ability in the development of the individual. Further information about our school can be found at www.wvumedicine.org/bmspurr .

We are enclosing brochures and applications for students that may be interested in attending. We enroll classes in September each year and our next class opening will be for the September 2021-2022 class. We will hold our entrance testing on February 5, 2021, April 2, 2021, April 23, 2021 and May 14, 20201 for the fall enrollment.

The interested student should complete the application and return it with their application fee to our office as soon as possible. We will send the student their testing date with instructions on how to register for the test. The testing fee is $80.00 and payment is due prior to the testing date.

It is advisable to review math concepts using whole numbers, fractions, decimals, ratio and proportion, percentages and algebra prior to testing. The student can test more than once, however the testing fee is $80.00 each time.

If you have any questions, please feel free to call our office at the above number between the hours of 6:30 a.m. and 3:00 p.m., Monday through Friday. We shall look forward to hearing from your students in the near future.

Sincerely,

B. M. Spurr School of Practical Nursing

Enclosures

B.M. Spurr
School of Practical Nursing

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WVUMedicine

800 Wheeling Ave · Glen Dale, WV · 304-843-3255

APPLICATION FEE: $25.00 Check or Money Order (non-refundable) made payable to 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 _____ Secondary telephone number _____

4. VALID E-Mail Address _____ (Some school documents will be emailed)

5. 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 _____ ___/___/____

6. 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	Date and reason for leaving

(may list additional information on back)

7. 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. _____

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

_____

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

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

_____

11. What are your future plans? _____

12. 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: _____

Reviewed/Revised: 5/81, 2/82, 8/85, 8/87, 9/90, 3/93, 3/94, 3/96, 4/98, 4/00, 4/01, 6/05, 11/06, 4/11, 4/12, 4/13; 4/14; 4/15; 4/16; 4/17; 3/18; 7/18; 6/19