



WITHIN REACH – BEYOND IMAGINATION

## Selkirk College Bachelor Of Science In Nursing (BSN) Program Application Information Letter

Dear Applicant:

Welcome to the Nursing Program at Selkirk College and thank you for your interest in our program. Graduates from schools of nursing in British Columbia now must complete four years of study leading to a Bachelor of Science degree in Nursing (BSN) to meet requirements for entry to practice.

Selkirk College in collaboration with the University of Victoria will offer the four-year BSN Program on the Castlegar Campus. The degree conferred will be a University of Victoria at Selkirk College Bachelor of Science in Nursing.

Detailed information about the program is enclosed with this letter and can be found on the Selkirk College website <http://selkirk.ca/programs/hhs/health/nursing>. Please contact the Admissions officer or myself to answer any questions you may have.

Sincerely,

Teresa Petrick  
Chair, School of Health and Human Services

/ls

To All Applicants of the BSN Program

The BSN Program is a demanding one and requires academic ability; physical, mental and emotional fitness; self-directed learning practices; and responsible and accountable behaviours. These qualities should be evident in your academic records, references and life experiences. Since we wish to assist you in succeeding in your goal of becoming a nurse, we need the completed documents specified below to supply us with as much useful information about you as possible.

The entrance requirement for the program is B.C. High School graduation on the Arts and Sciences Program; or its equivalent. The following academic prerequisites with a minimum grade of C+ (67%) are required for entrance into the Nursing Program:

- § Principles of Mathematics 11 or equivalent
- § Chemistry 11
- § English 12
- § Biology 12 and
- § one of:     Biology 11 (recommended)  
                  Physics 11 or 12  
                  Chemistry 12

Before an applicant's file is considered complete, the following documents must be submitted.

- a. a completed Application for Admission form with the required processing fee (this is critical first step!); [www.selkirk.ca/apply](http://www.selkirk.ca/apply)
- b. an official final transcript of High School grades, or, if applicant is still attending school, an interim statement of grades 11 and 12;
- c. an official transcript from all post-secondary educational institutions attended (other than Selkirk College);
- d. three personal reference forms, to be completed by teachers, employers, or others who are familiar with your abilities, work habits, and personal qualities;
- e. Applicant Information Questionnaire;
- f. Criminal Record Search: <http://www.pssg.gov.bc.ca/criminal-records-review/act/index.htm>

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Fully-qualified applicants are selected in order according to the date of file completion; therefore, it is important that your application form and *all supporting documents* be submitted as early as possible. You will not be considered for the wait list until your file is complete.

An application checklist is enclosed for your convenience. It is the applicant's responsibility to ensure that all application documents are received by the deadline date in the College Calendar. Because many of the required forms must be submitted by individuals other than yourself, it is recommended that you contact the Admissions Office to confirm that your application is complete. Applications must be completed by the date stated in the Nursing section of the College Calendar.

It is also recommended that all persons considering entry to the Nursing Program consult a Selkirk College counsellor regarding admission criteria and prerequisites. The counsellor will assist you in assessing your present academic standing and planning a program of study which will, when successfully completed, satisfy the academic entrance requirements.

The Consent for Criminal Record Search can be done online through the Ministry of Public Safety & Solicitor General (see following page). The cost for this search is the responsibility of the applicant. Applicants who are concerned that the results of the criminal record search may prevent or delay CRNBC registration should confer with the Chair, School of Health and Human Services, or contact the College of Registered Nurses prior to entering the program.

The College of Registered Nurses of BC (CRNBC) has identified certain basic skills and abilities required to pursue a career as a registered nurse. Applicants are encouraged to read the document *Becoming a Registered Nurse in BC: Required Skills and Abilities* to identify their personal fit with professional nursing practice. This document can be accessed on the CRNBC website [www.crnbc.ca](http://www.crnbc.ca). Applicants who have questions or concerns about whether or not they have the required skills and abilities are encouraged to contact Rhonda Schmitz at 250-365-1327.

If you have any questions about the status of your application, please contact the Admissions Officer (extension 233).

Best wishes for success in your academic pursuits.

Yours sincerely,

Rachel Thomas  
Admissions Officer

/ls

  
**Selkirk College**  
School of Health and Human Services

**CRIMINAL RECORDS CHECKS**

**Overview of the Act**

Dear Health and Human Services Students:

This letter is to inform you about a new process for Health and Human Services Criminal Record Check process. The Criminal Records Review Program is part of the Ministry of Public Safety and Solicitor General. The program is responsible for processing criminal record checks under the Criminal Records Review Act. As always criminal record checks are to protect the most vulnerable people in our society from and physical, social, economic or sexual abuse. This new Criminal Record Check is more extensive, increasing public safety and confidence in our institutions, while providing a professional and efficient administrative process.

Every learning institution has been requested to have their students, within Health and Human Services Programs, complete this check. The Criminal Record Check is good for 5 years while at this institution. It is up to the receiving institution or employer whether they request another Criminal Record Check.

To download the “Criminal Record Check Consent Form”:

1. Go to the website at <http://www.pssg.gov.bc.ca/criminal-records-review/eservice/index.htm>
2. In the left hand column, click on **On-line Services** (yellow circle with red arrow inside).
3. Scroll down to “Individual Applicants” and click on **“Forms and Payment”**.
4. Scroll down to “Download Consent Form” and click on **“Criminal Record Check Consent Form”**
5. You can type on this form.
  - a. Check off **Schedule “B”**
  - b. Ensure you type in the College address:  
Selkirk College  
301 Frank Beinder Way  
Castlegar BC V1N 4L3
  - c. You will need your Driver’s License
  - d. You will also need the College Employer ID#, which is **“112980”**
  - e. If you fill out Section A with the College ID# you NO NOT need to fill out Section B.

Read the full [Criminal Records Review Act](#) for specific information such as definitions, the use of information, the effects of finding an individual is a risk or fines that may be imposed for failure to comply with the act. (Note, this electronic version of the act is being updated and may not contain the recent changes.)

Go to this site: <http://www.pssg.gov.bc.ca/criminal-records-review> .

**PLEASE NOTE: YOU MUST** print off the copy from the website and send it to the Ministry of Public Safety and Solicitor General at the address on the bottom of the printed form.

**ALSO:** On page 2 of the Criminal Record Check Consent Form, “Information and Instructions”, please choose payment form.

**\*\*The Record Check will be sent directly to the College. You will only be contacted by the Governor General if there is a relevant offence found.**



ADMISSIONS OFFICE  
School of Health and Human Services

## Bachelor of Science in Nursing Program Application Checklist

Fully-qualified applicants are selected in order according to the date of file completion. Therefore, it is important that your application and supporting documentation be submitted as early as possible.

Before an application is considered to be complete, the following must be received by the Admissions Office:

(Please Check When Completed.)

- A. Completed application form and processing fee.
- B. Official transcripts or interim grades, for all prerequisite courses (mailed directly by educational institution).
- C. Official transcripts of all other post-secondary education grades (mailed directly by educational institution).
- D. Three completed reference forms (mailed directly by referees).
- E. Criminal Record Search.
- F. Applicant Information Questionnaire.
- G. Completed immunization form received by July 31 preceding the start of classes.

### NOTES:

1. Applicants with prerequisite courses in progress at the time of application may be granted conditional acceptance.
2. References (Item D) must be completed by teachers, employers, or others who are familiar with your abilities, work habits, and personal qualities. References from family members and friends are NOT acceptable.
3. Because some documentation (Items B, C, D, and E) must be forwarded by persons other than yourself, it is recommended that you contact the Admissions Office to confirm that your application is complete.



ADMISSIONS OFFICE

School of Health and Human Services

## IMMUNIZATION INSTRUCTIONS (Health Programs)

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*(Please complete the attached immunization record.)*

### Immunization Requirements

1. Diphtheria, Tetanus: Primary series, and reinforcing immunization if more than 10 years have elapsed since previous immunization. *(Free at Health Units)*
2. Poliomyelitis: Primary immunization with IPV (if no previous course of OPV or IPV). *(Free at Health Units)*.
3. Rubeola (Measles): Two doses of live, attenuated vaccine, if born after 1957. *(Charge for second dose)*.
4. Rubella: One dose live, attenuated vaccine, or serological test indicating immunity.
5. T.B. Testing: Do only when accepted into the program.
  - a. Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor.
  - b. Chest X-ray, if positive reactor.
6. Hepatitis B: A 3-dose series. The second dose is one month after first dose, and third dose 6 months after first dose.
7. Varicella (Chickenpox): This vaccine is only administered to those individuals who have not had the disease. If you have no history of chicken pox or are unsure, you can arrange to have a blood titre for antibodies done through your physician. If negative, you will require the vaccine, which is two doses, 4-8 weeks apart.

For information on receiving the varicella and hepatitis B vaccines, please contact the Tse Tse Travel and Vaccine Immunization Clinic at 250 304-1880. There is a one-time fee to cover the administration costs of these vaccines.

### Instructions to the Applicant

1. Community Health Units do not keep records earlier than 1990 on file. Applicants are responsible for keeping and maintaining records of immunization. Complete the immunization record in consultation with the Public Health Nurse.
2. Many immunizations are done free of charge by local Health Units in B.C.
3. Arrangements for a chest X-ray, if required, can also be made through local health units.
4. Take this form with you when arranging for immunization.
5. Immunization is not a requirement for acceptance into the program; however; it must be completed at least one month prior to entry into the program.
6. Applicants should be aware that lack of immunization will affect their ability to work in some health care facilities during the program.
7. Any costs involved in meeting the above requirements are clearly the responsibility of the applicant.



School of Health and Human Services  
**HEALTH PROGRAMS**  
**IMMUNIZATION RECORD**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

To Be Completed by Applicant, Community Health Unit And/or Physician.

Primary Immunization			
	Date	Date of Last Dose	Signature
Diphtheria			
Tetanus			
Poliomyelitis			

Rubella Antibody Test			Rubella Vaccine (if immunity not documented)	
Date	Result	Signature	Date	Signature

Rubeola (if born after 1957)			Hepatitis B		
	Date	Signature		Date	Signature
1 <sup>st</sup> Dose			1 <sup>st</sup> Dose		
2 <sup>nd</sup> Dose			2 <sup>nd</sup> Dose		
			3 <sup>rd</sup> Dose (if applicable)		

Varicella: Document history of disease?				YES 9	NO 9
Varicella Antibody Test <i>(If no history of disease)</i>	Date	Result	Signature	Varicella Vaccine (if immunity not documented)	
				Date	Signature

Tuberculin Test <input type="checkbox"/>			Chest X-Ray (if positive reactor)		
Date	Result	Signature	Date	Result	Signature

Do only when accepted into the nursing program.

Please return this form by July 31 to:

Admissions Office  
 Selkirk College  
 301 Frank Beinder Way  
 Castlegar BC V1N 4L3

**PLEASE MAKE SURE YOU KEEP A COPY OF THIS FORM FOR YOUR FILES AS YOU WILL REQUIRE THIS INFORMATION IN THE FUTURE.**



ADMISSIONS OFFICE B CASTLEGAR, BC  
School of Health and Human Services

## Bachelor of Science in Nursing Program Personal Reference Form

Applicant's Name: \_\_\_\_\_

The above-named is applying for entry to the Bachelor of Science in Nursing Program at Selkirk College, and is requesting your assistance by providing a personal reference. Please be aware that completion of the applicant's file is dependent on receipt of all documents. Thank-you for responding to the items below at your earliest convenience:

1. Does this person demonstrate a respect for and an ability to relate effectively to people?  
 YES                       NO                       UNABLE TO COMMENT
2. Does this person demonstrate effective work habits?  
 YES                       NO                       UNABLE TO COMMENT
3. Does this person demonstrate effective problem-solving skills?  
 YES                       NO                       UNABLE TO COMMENT
4. In your experience, has this person been responsible and reliable?  
 YES                       NO                       UNABLE TO COMMENT
5. To the best of your knowledge, is this person honest and trustworthy?  
 YES                       NO                       UNABLE TO COMMENT
6. Does this person respond effectively to pressure situations?  
 YES                       NO                       UNABLE TO COMMENT
7. Does this person respond constructively to feedback?  
 YES                       NO                       UNABLE TO COMMENT
8. What is your impression of this person's academic ability?  
 HIGH                       AVERAGE                       LOW                       UNABLE TO COMMENT
9. What is your impression of this person's suitability for a caring profession?  
 HIGH                       AVERAGE                       LOW                       UNABLE TO COMMENT

(CONTINUED NEXT PAGE) ▽

Personal Reference Form (cont=d)

10. Please add any comments which you feel may be of assistance in the selection process. Use a separate page if necessary.

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11. How long have you known this applicant?

\_\_\_\_\_ MONTHS          \_\_\_\_\_ YEARS

12. In what capacity have you known this applicant?

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Name: *(please print)* \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM DIRECTLY TO:

Admissions Office  
Selkirk College  
301 Frank Beinder Way  
Castlegar, BC V1N 4L3



ADMISSIONS OFFICE B CASTLEGAR, BC  
School of Health and Human Services

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 YES                       NO                       UNABLE TO COMMENT
2. Does this person demonstrate effective work habits?  
 YES                       NO                       UNABLE TO COMMENT
3. Does this person demonstrate effective problem-solving skills?  
 YES                       NO                       UNABLE TO COMMENT
4. In your experience, has this person been responsible and reliable?  
 YES                       NO                       UNABLE TO COMMENT
5. To the best of your knowledge, is this person honest and trustworthy?  
 YES                       NO                       UNABLE TO COMMENT
6. Does this person respond effectively to pressure situations?  
 YES                       NO                       UNABLE TO COMMENT
7. Does this person respond constructively to feedback?  
 YES                       NO                       UNABLE TO COMMENT
8. What is your impression of this person's academic ability?  
 HIGH                       AVERAGE                       LOW                       UNABLE TO COMMENT
9. What is your impression of this person's suitability for a caring profession?  
 HIGH                       AVERAGE                       LOW                       UNABLE TO COMMENT

(CONTINUED NEXT PAGE) ▽

Personal Reference Form (cont=d)

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\_\_\_\_\_ MONTHS          \_\_\_\_\_ YEARS

12. In what capacity have you known this applicant?

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---

Name: *(please print)* \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM DIRECTLY TO:

Admissions Office  
Selkirk College  
301 Frank Beinder Way  
Castlegar, BC V1N 4L3



ADMISSIONS OFFICE B CASTLEGAR, BC  
School of Health and Human Services

## Bachelor of Science in Nursing Program Personal Reference Form

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1. Does this person demonstrate a respect for and an ability to relate effectively to people?  
 YES                       NO                       UNABLE TO COMMENT
2. Does this person demonstrate effective work habits?  
 YES                       NO                       UNABLE TO COMMENT
3. Does this person demonstrate effective problem-solving skills?  
 YES                       NO                       UNABLE TO COMMENT
4. In your experience, has this person been responsible and reliable?  
 YES                       NO                       UNABLE TO COMMENT
5. To the best of your knowledge, is this person honest and trustworthy?  
 YES                       NO                       UNABLE TO COMMENT
6. Does this person respond effectively to pressure situations?  
 YES                       NO                       UNABLE TO COMMENT
7. Does this person respond constructively to feedback?  
 YES                       NO                       UNABLE TO COMMENT
8. What is your impression of this person's academic ability?  
 HIGH                       AVERAGE                       LOW                       UNABLE TO COMMENT
9. What is your impression of this person's suitability for a caring profession?  
 HIGH                       AVERAGE                       LOW                       UNABLE TO COMMENT

(CONTINUED NEXT PAGE) ▽

Personal Reference Form (cont=d)

10. Please add any comments which you feel may be of assistance in the selection process. Use a separate page if necessary.

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11. How long have you known this applicant?

\_\_\_\_\_ MONTHS          \_\_\_\_\_ YEARS

12. In what capacity have you known this applicant?

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Name: *(please print)* \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM DIRECTLY TO:

Admissions Office  
Selkirk College  
301 Frank Beinder Way  
Castlegar, BC V1N 4L3



School of Health and Human Services  
**BACHELOR OF SCIENCE IN NURSING PROGRAM**  
Applicant Information Questionnaire

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

1. High School Graduation

Year of graduation \_\_\_\_\_

Name & location of high school \_\_\_\_\_  
\_\_\_\_\_

2. Prerequisite Courses Completed (Note: This section must be completed. Do not write Asee transcripts@.)

	<u>Grade Obtained</u>	<u>Educational Institution</u>
Biology 12 (minimum grade of "C+" or 67%)	_____	_____
Chemistry 11 (minimum grade of "C+" or 67%)	_____	_____
Biology 11, Physics 11 or 12 or Chemistry 12 (minimum grade of "C+" or 67%)	_____	_____
English 12 (minimum grade of "C+" or 67%)	_____	_____
Principles of Mathematics 11 (or equivalent) (minimum grade of "C+" or 67%)	_____	_____

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Application Information Questionnaire (cont=d)

3. Are you currently enrolled in any educational program or course?  Yes  No

*If yes:*

Course	Educational Institution	Anticipated Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you hold current licensure as a Licensed Practical Nurse (LPN)?  Yes  No  
*(If yes, enclose a copy of your current license.)*

5. Do you hold current licensure as a Registered Psychiatric Nurse (RPN)?  Yes  No  
*(If yes, enclose a copy of your current card.)*

**LIFE EXPERIENCES:**

Please outline any of your life experiences, including employment or volunteer work, which may have relevance to your application. (Use a separate page, if necessary.)

**LANGUAGE:**

1. Is English your first language?  Yes  No

2. a. If no, how would you describe your abilities in English?

Speak fluently \_\_\_\_\_

Read and write fluently \_\_\_\_\_

Other \_\_\_\_\_

CONTINUED NEXT PAGE) ∇

Application Information Questionnaire (cont=d)

b. have you taken a TOEFL test?                      Score Obtained: \_\_\_\_\_

3. In what other languages are you fluent?

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**INTEREST IN NURSING:**

1. When did you first become interested in nursing?

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2. Please state, briefly, why you want to become a nurse.

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3. What career direction have you considered once you become a Registered nurse?

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4. Are you currently applying to any other nursing programs?                       Yes                       No

*If yes, where?*

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*(CONTINUED NEXT PAGE) ▽*

Application Information Questionnaire (cont=d)

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

PLEASE SUBMIT THIS FORM TO: Admissions Office  
Selkirk College  
301 Frank Beinder Way  
Castlegar, BC V1N 4L3