TOTAL TESTING PROGRAM

Wesley College Department of Nursing requires all nursing students to participate in a comprehensive national testing program. This program is integrated beginning at admission and across the entire curriculum.

PROGRAM PURPOSE
To provide Wesley College nursing students with internet access to standardized tutorial and testing materials that will enhance their performance in a BSN program and their performance on the nation licensing (NCLEX) examination.

PROGRAM SERVICES
1. Web based remediation and study tools
2. Web based nationally standardized comprehensive achievement profile testing
3. Identification at risk areas in clinical knowledge and recommendation for remediation.
4. NCLEX-RN (Nation Council licensing examination for Registered Nurses) live review course and practice tests upon graduation.

PROGRAM POLICIES
1. All BSN student(s) at Wesley College must participate in the total program.
2. The charge for this required curricular component will be covered by the BSN student lab fee while enrolled in the nursing program
3. Students failing to complete required materials may receive an incomplete (+) grade for any nursing course as outlined in nursing syllabi
4. Achievement of a passing score at or above the required score on achievement exams are a condition of graduation.

STUDENT RESPONSIBILITIES
1. Complete required materials as assigned on Wesley College BSN course syllabi.
2. Use remediation materials as designated per syllabus and faculty member
3. Achieve required scores as directed by the faculty and meet all requirements
4. Monitor personal progress by reviewing online progress reports and advisement of faculty
TOTAL TESTING PROGRAM
AGREEMENT

I have reviewed the information about the Total Testing Program. As a nursing major at Wesley College, I agree to assume the student responsibilities related to the use and access to this program.

I agree to adhere to the program policies while enrolled at Wesley College with nursing as my declared major.

_________________________________________  _______________________________________
Student Signature                          Less Than 18 Years Old /Parent/Guardian Signature

_________________________________________
Address

_________________________________________
City/State

_____________________________________
Date