

# East Central University School of Nursing

Application to the Pre-licensure Nursing  
Program

(LPN Pathway Candidates)



**You may submit your application at any time. The semester you join the program will be dependent upon when the requirements are met.**

East Central University, School of Nursing
1100 E. 14 <sup>th</sup> Street PMB V-8
Science Hall, RM 318
Ada, OK 74820
580-559-5434 OR 580-559-5933

## **Application Checklist:**

**Please use the checklist below to ensure that you have completed and submitted all the required documents for application.**

- Items to submit no later than November 30, 2023 **@ 5pm (unless arrangements are made)**
  - 1) Application for Admission - All areas must be completed/questions answered
  - 2) Signature Form/Criminal Background attestation
  - 4) **Official** transcripts (see below) (LPN Program transcript will be accepted upon graduation)
  - 5) Valid LPN license (If new grad, will be accepted upon testing)
  - 5) HESI A2 or TEAS Exit Exam scores – If no scores available, candidate must take the HESI A2 Entrance exam
  
- TRANSCRIPTS** from EACH university or college you have attended are required:
  - If you are a current ECU student and have submitted all your transcripts to the Admissions office, You **do not** need to resubmit
  - If your transcripts are to be delivered electronically, please have them sent to [nurse\\_sec@ecok.edu](mailto:nurse_sec@ecok.edu)
  - Official transcripts may be included with your application packet as long as they remain sealed
  - If you are having transcripts mailed, please have them sent to **ECU School of Nursing, 1100 E 14<sup>th</sup> Street, PMB V-8, Ada, OK 74820**
  - If you are a transfer or new student to ECU and have sent official transcripts to ECU Admissions prior to submitting your nursing application, please note that on your application.
  - Transcripts **MUST** be received, regardless of method, prior to beginning the program.
  - Official transcripts for any classes you are currently enrolled in **OUTSIDE** of ECU will be required to submitted to the SoN upon the completion of your semester (date TBA). We will forward these transcripts on to Admissions for you.
  
- ORIENTATION** is mandatory and will be held the Wednesday before the start of each semester. You will receive the date, time, and location once accepted to the program.
  
- Update** the SoN of any changes to your contact information!!! This includes your email, phone and mailing address. Failure to reach you in regards to your application can deem it forfeited.
  
- Please find our Facebook page ECU #TigerNursing **@ECUTigerNurse**  
We would love to see and hear from you while you are on your journey! If you have any questions, or need assistance with your application, please don't hesitate to call our main office!
  
- Acceptance and Alternate Notifications will be sent out via email.**

## East Central University School of Nursing

### Application for Admission – LPN Pathway

APPLICANT INFORMATION							
Last Name				First Name			
Address (PO Box, Apt #, etc.)							
City		State		ZIP		County	
Preferred Phone			Alternate Phone				
E-mail Address (Required)							
SSN#:				DOB:			
EDUCATIONAL BACKGROUND							
Have you or will you be graduating from an <b>OK LPN Program</b> ?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If yes, please list the program you attended and year you graduated/will graduate.</i>				Career Technology Center		YR Grad	
Have you earned an <b>Associate in Science or Arts from an Oklahoma college</b> or university?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If yes, please list the college/university you attended and year you graduated.</i>				College/University		YR Grad	
Have you earned a <b>Bachelor’s degree or higher</b> ?						YES	NO
<i>If yes, please list the college/university you attended and year you graduated.</i>				College/University		YR Grad	
List all other colleges/universities ever attended:							
PRIOR ATTENDANCE IN A REGISTERED NURSING PROGRAM (ASSOCIATE OR BACHELOR)							
If you have ever attended a <b>registered nursing program (including East Central University)</b> , please provide the following information:							
Name of School				City		State/Country	
Entrance Date				Exit Date			
Reason for Leaving							
<p><b>*If you have previously attended a nursing program (Associate or Bachelor only), please become familiar with ECU School of Nursing’s policy for equating nursing courses, available on our website at <a href="http://www.ecok.edu/nursing">www.ecok.edu/nursing</a> under Prospective Nursing Students - “Nursing Course Equating Policy and Form.”</b></p>							

**Licensure &/or Certification Verification**

**Do you currently have a nursing license, in the U.S. or any other country?** (circle) YES NO  
If yes, what kind (LPN or RN) and from where (Country/State)?

Do you have a current Certified Nursing Assistant (CNA) license? (circle) YES NO  
If yes, where from (State)?

Do you have experience in the Military, Law Enforcement, Emergency Medical Services, or as a First Responder?  
(circle) YES NO  
If yes, please specify which of these and how many years.

Do you have a current medic license (any level)? (circle) YES NO  
If yes, what level and where from (State)?

Do you have any other training/certifications that you feel are pertinent to your application? YES NO  
If yes, please tell us what.

**I affirm that the information I am providing is true and accurate to my knowledge.**

**Printed**

**Date**

**Signature**

**Date**

## Signature Form

I, \_\_\_\_\_, hereby apply for admission to the nursing program at East Central University.

**Please Print Name**

I understand that the number of students admitted by the School of Nursing is limited by availability of faculty and clinical resources. Selection is competitive; therefore, the School may be unable to admit all potentially qualified applicants, as application submission does not guarantee admission. I affirm that I have read and understand the Student Nurse Position Description on the School of Nursing website. I certify that I can perform the essential job functions as set forth therein.

Signed: \_\_\_\_\_

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

Applicant's Signature

### **Criminal Background:**

**ENSURE YOU ONLY MARK ONE!**

**I understand that I will be required to have criminal background and sex offender searches during the spring semesters of my sophomore and senior years, and at other times if deemed necessary. Please select the ONE appropriate response to the following statements:**

\_\_\_\_ I affirm that I do NOT have a criminal record and/or history. I have never been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or plead guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter.

\_\_\_\_ I affirm that I do have a criminal record and/or history. I have been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or plead guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter. **I understand that I must immediately contact the School of Nursing Director to discuss my options PRIOR to submitting my application to the Nursing Program.**

Signed: \_\_\_\_\_

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

Applicant's Signature

### **Honesty Statement:**

I \_\_\_\_\_ affirm that the information I have provided is true and correct to the best of my

**Please Print Name**

knowledge. I understand that any misrepresentation I provide on this application will result in penalties, including but not limited to, my application be immediately rejected.

Signed: \_\_\_\_\_

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

Applicant's Signature

## GPA Acknowledgement

Dear Student,

As part of the application process, you must submit transcripts from each college and/or university you have attended, and will complete a School of Nursing GPA Form. These documents are used to determine your program, cumulative, and institution (retention) GPA based on currently completed courses, as well as assist in the assignment of points during the scoring process.

- Any “D” or “F” that you have made at East Central University or any other institution attended, in any course listed on the School of Nursing GPA Form may be used to calculate your School of Nursing GPA.
- Any “D” or “F” that you have made at East Central University or any other institution attended, may be used to calculate your cumulative and institution (retention) GPA.
- Any “D”, “F”, or “W” that you have made at East Central University or any other institution attended, will be used in the assignment of points during the scoring process.
- If you have a “D”, “F” or a “W” that does not show up on this form at this time, the admissions committee may add the “D”, “F” or “W” to this form and recalculate your School of Nursing, cumulative, and institution (retention) GPAs.

Please sign and date below, acknowledging understanding of the statements above.

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ ID#: \_\_\_\_\_

## Program & Clinical Requirements

Below is a list of clinical and program requirements that, once you have been accepted, will need to be completed prior to the beginning of your first semester in the program. Once you have been accepted, you will receive additional information on these requirements.

Background Check

Drug Screen

CPR – Must be American Heart Association Basic Life Support (BLS) for Healthcare Providers

Immunizations:

\*Annual Influenza – administered during the current flu season

\*Tetanus, Diphtheria, & Pertussis (Tdap) – administered within your lifetime

\*Td Booster – If your Tdap is 10 years old or more

\*Measles, Mumps, & Rubella (MMR)– (2) vaccines, administered a minimum of 28 days apart **OR** positive antibody titers

If titer is negative or equal, an MMR booster and repeat titer

\*Varicella (Chicken Pox) – (2) vaccines, administered a minimum of 28 days apart **OR** positive antibody titer **OR** medically documented history of the disease

If titer is negative or equal, a varicella booster and repeat titer

\*Hepatitis B – (3) vaccines, with no less than 4 weeks between doses 1 and 2, and no less than 6 months between doses 1 and 3 **OR** positive antibody titer

If titer is negative or equal, a Hepatitis booster and repeat titer

\*Initial Tuberculin Skin Test -For students entering the first semester of the SoN Program, and for any student where it has been more than one year since they have received last test, one of the following is required:

**2-Step Testing:**

\*2-Step Testing will look like this:

Visit 1 – Day 1: PPD antigen is applied under the skin

Visit 2 – Day 3 or 4: PPD test is read (within 48-72 hours of placement)

Visit 3 – Day 8: Second PPD skin test is applied (This is one week after the placement of you first test)

Visit 4 – Day 10 or 11: PPD test is read (within 48-72 hours after placement)

- i. **\*Submit a Negative 2-step skin test administered 1 week apart** (see above) within the past 12 months **OR**
- ii. Submit QuantiFERON gold blood test administered/renewed within the past 12 months **OR**
- iii. Submit a Negative Tspot blood test administered/renewed within the past 12 months **OR**
- iv. If previous or current positive test results, submit Clearance of Public Contact from the Health Department

**\*\* Annual Tuberculin Test (PPD/TB) - The renewal date will be set for (1) year from the date of last test, or Public Clearance.**

- i. Submit a Negative 1-step skin test administered/renewed every 12 months **OR**
- ii. Submit QuantiFERON gold blood test administered/renewed within the past 12 months **OR**
- iii. Submit a Negative Tspot blood test administered/renewed within the past 12 months
- iv. If previous or current positive test results, submit Clearance of Public Contact from the Health Department

\*COVID-19 – One of the following is required:

- i. Submit documented evidence of two-part CDC approved vaccine completion **OR**
- ii. Submit documented evidence of CDC approved single vaccination completion

This list is not all-inclusive and is subject to change if/as the requirements of our clinical sites change. ECU and the School of Nursing do not have a waiver for any of the required immunizations/vaccinations. Any waivers, if allowed, would have to be obtained from the clinical sites directly. Please feel free to call the nursing office if you have any questions or concerns.