

East Central University School of Nursing v10.01.24

Application to the Pre-licensure Nursing Program

(LPN Pathway Candidates)



For admission to a fall semester, application materials must be submitted no later than July 1st

For admission to a spring semester, application materials must be submitted no later than November 1st

*If the due date falls on a weekend or holiday, submissions will be due on the next business day.

**Applications may be mailed, faxed, emailed, or delivered in person to the nursing office.

Questions regarding international requirements; university applications; status, etc., must be directed to the International Student Services office at intlstu@ecok.edu or 580-559-5669. The SoN will only address nursing application questions. Webpage can be found at <https://www.ecok.edu/International>.

Email all correspondence and materials to nurse_sec@ecok.edu

East Central University, School of Nursing
1100 E. 14 th Street PMB V-8
Science Hall, RM 318
Ada, OK 74820
580-559-5434 OR 580-559-5933
FAX# 580-559-5785

Application Checklist

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

- Submit a nursing program application (pgs. 3-10) by the cycle closing date (pg. 6), making sure you have completed all areas, **to include signing, initialing, and dating in required areas**
Submission of an incomplete application may result in it being voided
- Apply to ECU & submit all required documentation (see links below) by the cutoff date (pg. 6)
- Submit all transcripts as instructed (pgs.6-7)
- Include copies of any licenses/certification, etc. with your application submission (pgs. 3-4).
- If accepted to the program, attend the **mandatory orientation**, held the Wednesday before the start of each semester. This will be a full day. The date, time, and location will be provided once you are accepted.
- Update the SoN of any changes to your contact information – this includes your email, phone, and mailing address

Please consider sending unofficial transcripts to the SoN so that your advisor can review and evaluate them, and advise you appropriately. You may email them to nurse_sec@ecok.edu. **Admission status notifications will be sent out approximately 2 to 4 weeks after the admission cycle closes, via the email address you provided on your application.** Please do not call or email the office to ask about your status; as that delays us being able to get that information to you. We are using that time to review applications and get the notifications out as quickly as possible, so these inquires may not be addressed.

Helpful Links

[Nursing Home Pages](#) (all about TigerNursing!)

[Admissions Home Page](#) (information on applying to ECU)

[SLATE Application Portal](#) (to create & submit your ECU application)

[Office of the Bursar Homepage](#) (enrollment fees, room & meal plans, course specific fees)

[Paying for College - Financial Aid](#) (to include ECU scholarships)

[ECU Foundation Scholarships](#)

[Transfer Student Homepage](#)

[ECU Transfer Matrix](#)

[Office of International Students](#)

[International Student Services & Payments](#)

[Student Clubs & Organizations](#)

[Student Resources](#)

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Instagram @ ecutigersnursing

Application for Admission – LPN Pathway v10.01.2024

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: _____

Are you a current ECU student? YES NO If yes, what is your ID#? _____

Are you a returning ECU student? YES NO

Are you a transfer student? YES NO If yes, have you already applied to ECU? _____

EDUCATIONAL BACKGROUND

Have or will you be graduating from an OK LPN Program? YES NO

If yes, please list the program attended & year graduated: _____

Have you earned an **Associate in Science or Arts from an Oklahoma college** or university? YES NO

<i>If yes, please list the college/university you attended and year you graduated.</i>	College/University	YR Grad
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Have you earned a **Bachelor's degree or higher**? YES NO

<i>If yes, please list the college/university you attended and year you graduated.</i>	College/University	YR Grad
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Must list all other colleges/ universities ever attended: _____

PRIOR ATTENDANCE IN A REGISTERED NURSING PROGRAM (ASSOCIATE OR BACHELOR)

If you have ever attended a **registered nursing program (including East Central University)**, please provide the following information:

Name of School	City	State/Country
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Entrance Date	Exit Date
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Reason for Leaving _____

***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 www.ecok.edu/nursing under Prospective Nursing Students - "Nursing Course Equating Policy and Form."**

Licensure &/or Certification Verification – Please provide a copy of your license/certification with app.

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, First Responder, or Vet experience? (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.

Are you currently working? YES NO
 If so, please tell us where?

Are you a student athlete? YES NO
 If so, please list what sport(s).

Are you involved in any student organizations on campus? YES NO
 If so, please list them.

Honesty Statement:

By signing & dating below, and initialing & dating each required section, I affirm that the information I am providing in all areas of the application is true and accurate to my knowledge. I understand that any misrepresentation I provide on this application will result in penalties, including, but not limited to, my application being immediately rejected.

Printed	Date
Signature	Date

Section A: 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.

Student Initials: _____ Date: _____

Section B: Criminal Background:

ENSURE YOU **ANSWER** THE QUESTION, AND **MARK ONLY ONE!**

Failure to do so may void your application!

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.

If I have a criminal record, 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, and provide documentation on the charge and current status.

Student Initials: _____ Date: _____

Section C: Application & Admission Acknowledgement

Please be sure **NOT** to confuse the ECU application for the application to the nursing program. They are two completely separate applications, and the due dates may be different than those of the university.

Nursing program applications must be received in the nursing office by the designated cutoff date. If this date falls on a weekend (Saturday or Sunday), or on a public holiday, the due date will be the following business day. Cutoff dates for **submitting the LPN Pathway nursing program application** are as follows:

For spring semesters, November 1st

For fall semesters, July 1st

Acceptance letters are sent out via email approximately four weeks from the cycle closing date. If you have not been accepted to ECU by that time, you will receive a provisional letter, pending your acceptance.

ECU applications must be completed/submitted to the portal by the designated cutoff date, **to include all required application documents.** Cutoff dates for **applying to ECU, with all required documentation** are as follows:

For spring semesters: **Applications & all documents must be in the portal no later than December 1st.**

For fall semesters: **Applications & all documents must be in the portal no later than July 1st**

Again, all applications and related/required materials must be submitted to your portal by the cutoff date to receive full acceptance and additional program information. If you have not applied to ECU, and/or submitted all required documents, by the cutoff date, your application will be voided.

Student Initials: _____ Date: _____

Section D: Transcript Requirement Acknowledgement

As part of the application process, you **MUST** submit transcripts from **each college and/or university** you have attended. 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. Initially, you may submit unofficial transcripts, but must submit **official** ones prior to the start of the admitted semester. Failure to submit all transcripts may result in the application being voided.

- If you are a **current ECU student** and have submitted your transcripts to the Admissions Office &/or your application portal, you **DO NOT** need to resubmit. Please make us aware of this when you submit your application.
- If you are a transfer or new student to ECU and have submitted your transcripts to the Admissions Office &/or your application portal, you **DO NOT** need to resubmit. Please make us aware of this when you submit your application.
- If your **official transcripts** are to be delivered **electronically**, please have them sent to nurse_sec@ecok.edu

- Official transcripts may be included with your nursing program application packet, or delivered in person as long as they remain sealed. If you are having official transcripts mailed, please have them sent to **ECU School of Nursing, 1100 E 14th Street PMB V-8, Ada, OK 74820**
Transcripts **MUST** be received, regardless of method, no later than the application cutoff dates
- **For classes that you are currently enrolled in OUTSIDE of ECU; these will require official transcripts to be submitted to the SoN upon the completion of the current semester. We will forward these to Admissions for you. You may send an unofficial while waiting for grades to post.**

Student Initials: _____ Date: _____

Section E: GPA, Grades, & CLEP Exams Acknowledgement

GPA

As part of the application process, transcripts are evaluated and 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”, “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.
- 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.
- 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.

Grades

For the purpose of nursing; To maintain the integrity of program policies, the following will be considered while advising, reviewing transcripts and applications, etc. A grade of “P” denotes course completion with a passing grade but is NOT considered to be equivalent to a grade of “C” toward any admission points and may not be considered for program retention requirement.

CLEP Exams

At ECU, students can receive credit for the College Board’s College-Level Examination Program (CLEP; Subject exams only). All credit for awarded will be transcribed with a P-grade (Passed). Unless previously accepted and transcribed at another Oklahoma regionally accredited institution, an original copy of the credit by examination must be submitted to ECU.

Student Initials: _____ Date: _____

Section F: Program & Clinical Requirements

Below is a list of clinical and program requirements that, once you have been accepted which will need to be completed **by the designated due date**. Once you have been accepted, you will receive additional information on these requirements and due dates.

- Background Check (Est Cost \$110.00, to include drug screen)
- Drug Screen
- CPR – Must be American Heart Association Basic Life Support (BLS) for Healthcare Providers

- **Immunizations:** Records must be legible, with name and date given visible. Statements such as “as a child,” “up to date,” or “not needed,” are not acceptable
 - Annual Influenza –for current flu season
 - Tetanus, Diphtheria, & Pertussis (Tdap)
 - Measles, Mumps, & Rubella (MMR)
 - Varicella (Chicken Pox)
 - Hepatitis B
 - Initial 2-Step Tuberculin Skin Test OR Negative Tspot blood test OR Negative QuantiFERON blood test
 - If previous or current positive test results, Clearance for Public Contact must be obtained from the Health Department
 - COVID-19 vaccination - complete series (boosters are not required at this time)

Vaccination Statement

The clinical facilities that have agreed to provide experiential education within the ECU School of Nursing program curriculum require designated vaccinations to participate in clinical and/or instruction at their facility. ECU SoN has no authority to waive the clinical sites vaccinations requirements. The clinical facilities are also responsible for the evaluation and administration of requests for exemptions to their respective vaccination requirements, which may vary among clinical facilities. **Due to these facility vaccination requirements, unvaccinated students may not be able to satisfy a required component of the curriculum and therefore may be unable to complete the nursing program.** Any student wishing to be exempt must contact the Clinical Coordinator, or in their absence, the Director. They will also be responsible for contacting their assigned clinical facility(ies) for the waiver process. Copies of any approved waivers must be submitted to the SoN, and the student will be required to sign a disclaimer acknowledging understanding.

It is highly recommended that the admitted student complies with all vaccinations for uninterrupted progress through the program.

Student Initials: _____ Date: _____

Section G: Admission Requirements & Consideration

Please remember that every application is reviewed and considered, **with any exceptions to admission requirements approved on a case-by-case basis by the Director and committee of faculty.** Please talk with your advisor and/or the nursing office if you are missing/deficient in any requirement, about submitting your application.

- Meet both ECU and SoN admission requirements and application deadlines; following the processes as instructed.
- Once admitted to the nursing program, complete/maintain all remaining requirements, related to clinical, attestations, and accreditation, to include attending the mandatory cohort orientation, held the Wednesday prior to the start of the semester.

Application Scoring

The application scoring rubric is not published, and is subject to change per admission cycle, based on assessment. Application scoring is based on points that may include, but not limited to: GPA (program and Cumulative/Grad /Retention), required related work (math and science courses) grades, earned degrees, relative experience, licensures, and certifications (found on application; with verification), and hours completed at ECU.

Student Initials: _____ Date: _____

Section H: Nursing Semester-by-Semester Schedule

(Please know that this is subject to change)

Semester 1: (Junior I)

Monday

NRSG 4318 LPN Transitions 900-1150

NRSG 3193 Pharmacology I 100-350

Semester 2: (Junior II)

Monday

NRSG 3883 Research 900-1150

NRSG 3218 Med-Surg II 100-350

Wednesday

NRSG 3393 Pharmacology II 900-1150

NRSG 3218 Med-Surg II 100-350

*You will have one clinical rotation during the week/weekend; schedule/location to be determined

Semester 3: (Senior I)

Tuesday

NRSG 4214 Psychiatric Mental Health 900-1150 (you can attempt to test out of this class in your 2nd semester)

NRSG 4375 Med-Surg III 100-350

Wednesday

NRSG 4164 Child Bearing Family 900-1150

*You will have clinical rotations during the week for all three courses, schedule/location to be determined

Semester 4: (Senior II – Final Semester)

Thursday

NRSG 4513 Prioritization & Critical Thinking 800-1050

NRSG 4283 Community Health 1200-150

NRSG 4382 Leadership 200-350

NRSG 4954 Transition to Professional Practice 400-450

*You will have a clinical rotation for NRSG 4283 during the first 8 weeks; Your 144 hours of preceptorship will be done in the second eight weeks, schedule to be determined

IMPORTANT: Clinicals may include, but are not limited to: 8- or 12-hour shifts; days, evening, nights, weekends, etc., and may occur on any day of the week that you are not scheduled to be in class. Our Clinical Coordinator will be working with you to help place you in the facility/clinical site that best fits your needs. However, we are limited to what our clinical sites have available for us for placement.

Student Initials: _____ Date: _____

Please submit pages 3 thru 11 to the ECU SoN to be considered for our next cohort. If you have any questions, or there is anything we can help you with, please do not hesitate to reach out via email to nurse_sec@ecok.edu or phone at 580-559-5434 OR 580-559-5933.

Please be aware that this information is subject to change, and once accepted too the program, you will receive additional instructions and information.

All International Student questions regarding application and acceptance to ECU, as well as requirements must be directed to that office.