

TO: School of Nursing Applicant

FROM: Teresa Hunter, PhD, RN  
Director, School of Nursing

This information is being provided in an effort to assist in the completion of your application. You will need to submit the following documentation, **between January 1st and March 1**. Your consideration for acceptance into the Nursing Program will be a full-time enrollment. Along with your application:

1. Official transcripts from **all** universities and/or colleges attended (including current LPN, RN license).
2. Completed top portion of the Admissions Committee Worksheet. Please indicate coursework currently enrolled in or to be completed prior to Fall enrollment.
3. **Brief type written statement describing:**
  - a. Educational, work, community and social activities in which you have been involved during and since last attending school.
  - b. Plan for completing prerequisite courses.
  - c. Your reasons for selecting nursing as a career.
  - d. Reasons for choosing the Langston University School of Nursing.
  - e. What you enjoy doing during your leisure time?
  - f. What are your plans to insure your success in the nursing program?
  - g. What is your philosophy about academic integrity?
  - h. Your future plans and goals beyond nursing school.

After admittance to the program be aware that the following will be **required during your tenure** in the School of Nursing (SON):

1. Verify completion of all prerequisites with an official transcript(s).
2. Have a criminal background check through the Oklahoma State Bureau of Investigation (OSBI) or a comparable out-of-state or out-of-country organization and a drug screening for clinical experiences will be administered on campus after fall semester begins. A nationwide background check will also be required.
3. Obtain textbooks (may be purchased through the Langston University Bookstore).
4. A complete current immunization record indicating freedom from tuberculosis, proof of MMR, varicella, hepatitis, and tetanus immunizations. (All clinical agencies require current immunizations. You will not be allowed to enroll without a complete current immunization record on file.)
5. Provide own transportation to clinical facilities and class.
6. Maintain a current American Heart Association CPR Basic Cardiovascular Life Support (BCLS) for the health care provider.

Your **Application** must be received on or before or postmarked by **March 1<sup>st</sup>** to:

Langston University School of Nursing (Langston Campus)

ATTN: Admissions Committee

215 Allied Health Center, Langston, OK 73050

or

Langston University School of Nursing (Tulsa Campus)

ATTN: Admissions Committee

700 N. Greenwood, Tulsa, OK 74106

### APPLICATION FOR ADMISSION

**PLEASE PRINT OR TYPE & SIGN THE APPLICATION**

Date:	University ID #:
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>

Home Phone:	Work Phone:
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Current Address:
Permanent Address:

OK Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Other Citizenship:
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth:

<b>Person to notify in an emergency: (Please give name, complete address and phone number)</b>
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**List all colleges, universities or other schools attended including Langston University:**

Institution	City/State	Date Attended	Diploma/Degree
		to	
		to	
		to	
		to	

**Have you every attended ANY school of nursing [ ] YES [ ] NO? If YES, please complete the information below:**

Institution	City/State	Date Attended	Reason Left
		to	
		to	
		to	

1. Have you ever previously applied to the Langston University School of Nursing? YES NO  
If so when? \_\_\_\_\_.
2. Are you licensed as a RN  or LPN  in the state of Oklahoma? License# \_\_\_\_\_.  
Number of years you have worked as an RN or LPN: \_\_\_\_\_
3. Are you certified as Certified Nursing Assistant? YES NO. Attach a copy of your Certification Card.

## ADMISSION COMMITTEE WORKSHEET

**PLEASE FILL IN THE DATE COURSE WAS TAKEN AND A GRADE FOR EACH COURSE LISTED BELOW. IF YOU HAVE TAKEN A COURSE MORE THAN ONCE, PLEASE INDICATE (use a separate sheet if necessary).**

COURSE TITLE	SEMESTER-YR COURSE TAKEN	Grade	COURSE TITLE	SEMESTER-YR COURSE TAKEN	Grade
<b>GENERAL EDUCATION PREREQUISITES</b>					
PSD(Freshman Orientation) (NA for transfer student)			AMERICAN GOVT		
US HISTORY			(Computer Information Course) INTRO TO INFO PROC		
<b>NURSING PREREQUISITES</b>					
ENGLISH COMP 1			COLLEGE ALGEBRA		
ENGLISH COMP 2			CHEMISTRY		
ADV COMPOSITION/ TECHNICAL WRITING			ELEM STATISTICS		
NATURAL SCI BIOLOGY			GEN PSYCHOLOGY		
HUM ANATOMY			DEVELOPMENTAL PSY		
HUM PHYSIOLOGY			INTO SOCIOLOGY		
MICROBIOLOGY			NUTRITION		

**Have you ever been charged with a felony?** If YES, explain disposition of the case. (Note: An individual who has been convicted of a felony, has been declared judicially incompetent, or has had a drug problem, **may not** be permitted to take the Registered Nurse licensure exam.) Additional information can be found at the Oklahoma Board of Nursing website [www.yourOklahoma.com/nursing](http://www.yourOklahoma.com/nursing).

I certify the above statements to be true to the best of my knowledge.

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

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

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