

# East Central University

## School of Nursing v09.25.25

### Application to the Pre-licensure LPN Pathway



For admission to a fall semester, application materials must be submitted no later than May 1<sup>st</sup> at 5pm CST.

For admission to a spring semester, application materials must be submitted no later than October 1<sup>st</sup> at 5pm CST.

Questions regarding international requirements; university applications; status, etc., must be directed to the International Student Services office at [intlstu@ecok.edu](mailto:intlstu@ecok.edu) or 580-559-5669, or on the webpage [Office of International Student Services](#).

Email all correspondence and materials to [nurse\\_sec@ecok.edu](mailto:nurse_sec@ecok.edu)

|   |
|---|
| East Central University, School<br>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                  |
| FAX# 580-559-5785                             |



**ALL NURSING APPLICATION MATERIALS MUST BE SUBMITTED BY ONE OF THE METHODS BELOW:**

**1. Emailed to nurse\_sec@ecok.edu**

**OR**

**2. Mailed to ECU School of Nursing**

**1100 E 14<sup>th</sup> Street PMB V-8**

**Ada, OK 74820**

**OR**

**3. Brought into the Nursing Office, located in**

**Science Hall, RM 318**

**OR**

**4. Faxed to 580-559-5785**

**\*Application materials received to any other email address or by any other method than listed above will not be processed. Please make sure you submit all materials appropriately.**

## 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. 4 thru 13) by the cycle closing date/time, ensuring you have **completed all areas, to include signing, initialing, and dating in required areas.**  
**Incomplete/late application submissions will not be processed.**
- ☐ Submit transcripts from **EVERY** college/university you have attended, to include your LPN Program with or prior to your nursing application. **You MUST** submit transcripts to the SoN, even if you have sent them to Admissions or the International Office. Your transcripts **MUST** include GRADES from each semester you have attended. Transcripts showing courses in-progress (IP) will not be counted in hours or points. If you are taking courses at the time of application, you **MUST** include a course schedule or transcript that shows they are in progress/you are enrolled.
- ☐ If applicable, submit official scores for any/all CLEP exams by the cycle closing date. Scores received after the closing date will not be accepted.
- ☐ **Submit a minimum of two (2) letters of recommendation by the cycle closing date.** One (1) **MUST** be a professional reference, which can be from an employer, instructor, etc., and one (1) **MUST** be a personal reference.
- ☐ Apply to and **be accepted to ECU** by the nursing deadline (FA-June 1<sup>st</sup>; SP-November 1<sup>st</sup>).
- ☐ Have a valid, unencumbered, OK LPN license prior to the start of the program.
- ☐ 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. Failure to attend orientation will result in forfeiture of your seat.
- ☐ Update the SoN of any changes to your contact information – this includes your email, phone, and mailing address.

**Please note – applications will NOT be reviewed for accuracy, completion, etc. upon request. To ensure you have completed and included everything required, please review the FAQ and the checklist above. If you would like to ensure receipt, we encourage you to use a delivery receipt or something similar for email, or if mailing, a signature required option.**

**Admission decision letters will be sent out within 4 weeks of the application cycle closing date, via the email address you provided on your application.** Please do not call or email the office to ask about the receipt of your application materials, or your acceptance status. We are using that time to review applications and get the notifications out as quickly as possible.

**FIND US ON**  
**Facebook ECU #TigerNursing @ECUTigerNurse**  
**Instagram @ ecutigersnursing**

| Application for Admission – LPN Pathway v09.25.25   |  |       |                 |                    |  |                              |                             |
|---|--|-------|-----------------|--------------------|--|------------------------------|-----------------------------|
| APPLICANT INFORMATION: : What semester are you applying for: FALL _____ SPRING _____  |  |       |                 |                    |  |                              |                             |
| Last Name   |  |       |                 | First Name         |  |                              |                             |
| Address (POBox, Apt#, etc.)   |  |       |                 |                    |  |                              |                             |
| City  |  | State |                 | ZIP                |  | County                       |                             |
| Preferred Phone   |  |       | Alternate Phone |                    |  |                              |                             |
| Email Address (Required)  |  |       |                 |                    |  |                              |                             |
| SSN#:   |  |       |                 | DOB:               |  |                              |                             |
| Are you a current ECU student? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes & known, what is your ID#?   |  |       |                 |                    |  |                              |                             |
| Are you a returning ECU student? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |       |                 |                    |  |                              |                             |
| Are you a transfer student? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, have you already applied to ECU?   |  |       |                 |                    |  |                              |                             |
| EDUCATIONAL BACKGROUND  |  |       |                 |                    |  |                              |                             |
| Have or will you be graduating from an OK LPN Program?  |  |       |                 |                    |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please list the program attended & year graduated:  |  |       |                 |                    |  |                              |                             |
| Have you earned an <b>Associate in Science or Arts from an Oklahoma</b> college or university?  |  |       |                 |                    |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please list the college/university you attended and year you graduated.   |  |       |                 | College/University |  | YR Grad                      |                             |
| Have you earned a <b>Bachelor's degree or higher?</b>   |  |       |                 |                    |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please list the college/university you attended and year you graduated.   |  |       |                 | College/University |  | YR Grad                      |                             |
| Must 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: (A letter providing your standing in the nursing program and/or eligibility for readmission at the time of exit must be received from the nursing program, sent directly to nurse_sec@eok.edu). Please attach additional paper if needed. |  |       |                 |                    |  |                              |                             |

|  |             |
|--|-------------|
|  |             |
|  |             |
| <b>Licensure &amp;/or Certification Verification – Please provide a copy of your license/certification with app.</b>   |             |
| Do you currently have a nursing license, in the U.S. or any other country? (circle) YES      NO<br>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<br>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<br>If yes, please specify which of these and how many years.   |             |
| Do you have a current medic license (any level)? (circle) YES      NO<br>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<br>If yes, please tell us what.   |             |
| Are you currently working? YES      NO<br>If so, please tell us where?   |             |
| Are you a student athlete? YES      NO<br>If so, please list what sport(s).  |             |
| Are you involved in any student organizations on campus? YES      NO<br>If so, please list them.   |             |
|  |             |
| <b>Honesty Statement:</b><br>By signing & dating below, and initialing & dating each required section, I affirm that the information I am providing in all areas of the application are 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. |             |
| <b>Printed</b>   | <b>Date</b> |
| <b>Signature</b>   | <b>Date</b> |

### **Section A: Criminal Background:**

**ENSURE YOU 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 upon being admitted to the program, during the program for specific facilities, and at other times if deemed necessary. ***Please initial only 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 B: Letters of Recommendation:**

I understand that I am required to submit a minimum of two (2) letters of recommendation. One of these letters **MUST** be professional in nature (i.e., from an instructor or employer), the other **MUST** be of a personal nature (these cannot be from an employer or instructor). Any additional letters you choose to submit may be of either nature.

The professional Letters of Recommendation must be on school/company letterhead. All letters must include the person's full name, address, phone number, and email. These letters must be submitted by the application due date.

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 due dates may be different than those of the university.

### **NURSING APPLICATIONS:**

**Nursing program** applications and all pertinent material must be received in the nursing office by the designated cutoff date and time. Cutoff dates for **submitting the nursing program application** are as follows:

**For fall semesters – May 1<sup>st</sup> @ 5pm CST**

**For spring semesters –October 1<sup>st</sup> @ 5pm CST**

Admission decision letters will be sent out within 4 weeks of the application cycle closing date, via the email address you provided on your application. Please do not call or email the office to ask about receipt of your materials, or your acceptance status. If you have not been accepted to ECU by that time, your acceptance to nursing be dependent upon your acceptance to the university by the **NURSING** deadline.

### **ECU APPLICATIONS:**

**ECU applications and materials** must be completed/submitted to the portal in time to be **accepted to the University by the Nursing cutoff dates below:**

**For fall semesters – Must be accepted to ECU no later than June 1<sup>st</sup>**

**For spring semesters – Must be accepted to ECU no later than November 1<sup>st</sup>**

Again, all applications and related/required materials must be submitted to your portal in time to be processed and for you to be accepted to ECU by the deadline dates above. If you have not been accepted to ECU 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. Initially, you may submit unofficial transcripts, but must submit **official transcripts 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 sure you mark yes on the “Current ECU Student” on pg. 4. **ALL** outstanding official transcripts must be received **PRIOR** to the start of the admitted semester.
- If you are a transfer, returning, or new student to ECU, you **MUST** submit at least unofficial transcripts prior to or with your nursing application. **ALL** outstanding official transcripts must be received **PRIOR** to the start of the admitted semester.
- Please have all electronic transcripts sent to [nurse\\_sec@ecok.edu](mailto:nurse_sec@ecok.edu)
- If you are having official transcripts mailed, please have them sent to **ECU School of Nursing, 1100 E 14<sup>th</sup> Street PMB V-8, Ada, OK 74820.**
- Official transcripts may be delivered in person to Science Hall, RM 318.
- If being mailed or delivered in person, the official transcripts must be in a sealed envelope.
- For classes that you are currently enrolled in **OUTSIDE** of ECU; an unofficial transcript sent to the SoN must be submitted upon the completion of the current semester, and prior to start of the admitting term. Official transcripts must be submitted to Admissions prior to the start of the admitted term.

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: \_\_\_\_\_



Please complete the table below, ensuring there is something documented for EACH of the Required Courses listed. (If you have not yet taken a course – please just put NA)

| Required Course<br>(Gen Ed &/or<br>Required Related<br>Work)  | Where did<br>you take the<br>course?<br>(School) | What<br>semester did<br>you take the<br>course in? | Course Grade<br>Received | Have you<br>repeated the<br>course & if<br>so, how many<br>times? | If you have not<br>taken the course<br>yet – when are<br>you taking it &<br>where? |
|---|--|--|--------------------------|---|--|
| <b>*Courses below MUST be completed with a C or higher PRIOR to starting the program</b>                                |  |  |                          |   |  |
| English Comp I  |  |  |                          |   |  |
| English Comp II   |  |  |                          |   |  |
| College Algebra OR<br>Functions &<br>Modeling   |  |  |                          |   |  |
| General Chemistry<br>OR Chemical<br>Principles  |  |  |                          |   |  |
| General Biology   |  |  |                          |   |  |
| Human Anatomy   |  |  |                          |   |  |
| Basic Nutrition   |  |  |                          |   |  |
| General Psychology  |  |  |                          |   |  |
| <b>*Courses below MUST be completed with a C or higher PRIOR to starting the 3<sup>rd</sup> semester of the program</b> |  |  |                          |   |  |
| General<br>Microbiology OR<br>Epidemiology  |  |  |                          |   |  |
| Human Physiology  |  |  |                          |   |  |
| Developmental<br>Psychology   |  |  |                          |   |  |
| Basic Computer<br>Course  |  |  |                          |   |  |
| Basic Statistics  |  |  |                          |   |  |
|   |  |  |                          |   |  |

**NOTE:** If you have taken a CLEP exam for a course, please list that in the “Where” box, along with “CLEP”, and in the “What Semester” box, please list when you took it. If you intend on taking a CLEP exam, please note that on the form above. The exam must be taken/passed and official scores received by the application cycle closing date.

### **Section F: Admission Requirements & Consideration**

Satisfying the standards for candidacy does not guarantee admission to the program. The number of students admitted to the nursing program is limited to ensure quality didactic and clinical learning experiences for students, therefore potentially not all qualified applicants will be admitted. Every application is reviewed and considered, and nursing does utilize an alternate list.

To ensure objective, fair, and equal access to the nursing program admission, a points system is used to rank candidates. This rubric is subject to change per admission cycle, based on assessment. Applications are scored based on, but not limited to, GPA (Program and Grad Retention), Required Related Work course grades, course attempts, ECU Residency and completed college credits, entrance exam scores, prior degrees, relative experience, licensures and certifications, and letters of recommendation.

To be considered a candidate for admission, the following is required:

- Meet all nursing deadlines and material requirements; following the process as instructed
- Meet ECU Admission requirements; apply to and be accepted to ECU by the nursing deadlines
- Provide all college/university transcripts, to include your LPN Program transcript showing successful completion
- Have a valid, unencumbered OK/MSL LPN License prior to starting the program

#### **ADDITIONAL:**

- Upon admission to the nursing program, you are expected to complete/maintain all remaining requirements related to the program, clinical, attestations, and accreditation, to include attending the mandatory cohort orientation which is held on the Wednesday prior to the start of the semester. Failure to complete/maintain and/all requirements may result in a withdraw of acceptance and/or dismissal from the program.

Student Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Section G: Program & Clinical Requirements

Below is a list of clinical and program requirements that, if accepted, will need to be completed. If accepted to the program, additional information will be sent on the requirements and due dates.

- Background Check (Est Cost \$110.00, to include drug screen) (to be done upon acceptance)
- Drug Screen (to be done upon acceptance)
- 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 H: Nursing Semester-by-Semester Schedule – LPN Path**

(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 2<sup>nd</sup> 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: \_\_\_\_\_

### **Section I: Signature Form\Honesty Statement:**

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](#) (click on link to access), and confirm that I am able to perform the essential job functions as set forth therein.

By signing & dating below, and initialing & dating each required section above, I affirm that the information I am providing in all areas of the application are true & 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 and my not being allowed to apply to the program at a later date.

Student Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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 and status must be directed to that office.**