East Central University
School of Nursing

FA2023 Application to the Pre-licensure Nursing Program

Your application must be submitted via mail or in person (date postmarked by is irrelevant) to the ECU School of Nursing at the following address no later than February 1, 2023 by 5:00 pm CST.

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

◊ **Application Checklist – The following are DUE February 1, 2023 by 5:00 p.m.**◊

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

☐ Items to submit:
  o 1) Application for Admission
  o 2) Curriculum Plan Form
  o 3) Signature Form
  o 4) **Official** transcripts (see below)

☐ Completion of the HESI A2 Pre-Entrance Exam; Last test appointment to be scheduled February 1, 2023 at 10pm, CST. Instructions regarding the HESI A2 Exam can be found at [Major in Nursing](#)
  o You MUST take the HESI A2 offered through ECU SoN. We will not accept HESI A2 entrance exam results from another university or school.
  o You MUST take all the required sections of the exam, to include the Learner Profile and the Critical Thinking
  o Your results will be automatically sent to the ECU School of Nursing upon completion of your exam.
  o The HESI A2 is offered remotely, multiple times a day.
  o The cost of the exam is $70.00 per attempt. You are allowed two attempts for each application cycle, and the results are good for 12-months from the date of exam
  o Minimum composite score of 75% is required

☐ **TRANSCRIPTS** from EACH university or college you have attended are required:
  o If you are a current ECU student and have submitted all your transcripts to the Admissions office, you **do not** need to resubmit
  o If your transcripts are to be delivered electronically, please have them sent to nurse_sec@ecok.edu
  o Official transcripts may be included with your application packet as long as they remain sealed
  o If you are having transcripts mailed, please have them sent to **ECU School of Nursing, 1100 E 14th Street, PMB V-8, Ada, OK 74820**
  o 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. We will be happy to work with Admissions to get a copy from them. Also, we will send a copy of your official over to Admissions if we receive them, so you do not have to send an additional copy.
  o Transcripts MUST be received, regardless of method, no later than 5pm on February 1, 2023.
  o 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.

☐ **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.

☐ Be ready to join the greatest profession ever and be a **#TigerNurse!!!**

☐ 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 approximately Feb 13, 2023. Please do not call the office to ask about your status. We cannot release this information over the phone.** ◊

East Central University School of Nursing
Application for Admission

APPLICANT INFORMATION				

Last Name		First Name	

Address (PO Box, Apt #, etc.)	

City		State		ZIP		County	

Preferred Phone		Alternate Phone	

E-mail Address *(Required)*	

SSN#:	

EDUCATIONAL BACKGROUND			
Have you earned an Associate in Science or Arts from an Oklahoma college or university?	YES ☐	NO ☐	
If yes, please list the college/university you attended and year you graduated.	College/University		YR Grad
Have you earned a Bachelor's degree or higher?	YES ☐	NO ☐	
If yes, please list the college/university you attended and year you graduated.	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 **registered nursing program (including East Central University)**, please provide the following information:

Name of School	City	State/Country
Entrance Date	Exit Date	
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

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**

EXAMPLE: CURRICULUM PLAN

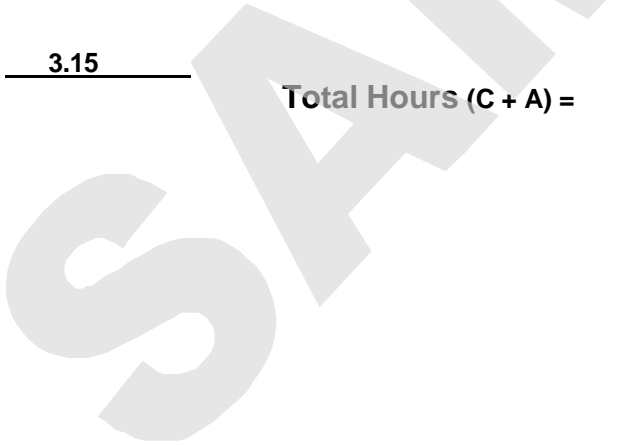**STUDENT NAME:** Susie Sample   **DATE:** _____

For "Gen Ed/Required Related Work Courses Remaining," please indicate the college you will be attending in order to meet these requirements. For example, if you are attending ECU in the Spring of 2023, please put ECU in the corresponding box. For "Gen Ed/Required Related Work Courses Completed," if you clepped out of a course, put CLEP under "Grade" section and insert hours under "CLEP Hours." Calculate the CLEP hours using the points received for a grade of "A". If you received a "Pass", no points are counted in Program GPA. For all others, enter when & where taken and grade earned. Then complete the "Calculation of Program GPA" section by entering the number of hours in the course, earned credits, and finally multiply them for total course credits.

SUPPORT COURSES	Gen Ed/Required Related Work Courses Remaining			Gen Ed/Required Related Work Courses Completed				CALCULATION OF PROGRAM GPA Earned Credits: A=4; B=3; C=2, P=0		
	SP23	SU23	FA23	When Taken	Where Taken	Grade	CLEP Hours	No. of Hrs in Course	Multiply by Earned Credits	Total Course Credits
ENGLISH COMPOSITION I				SP17	OSU	CLEP	3	3	X =	12
ENGLISH COMPOSITION II				SU17	OSU	CLEP	3	3	X =	12
COMPUTER LITERACY				SP17	ECU	A		3	X 4 =	12
COLLEGE ALGEBRA OR FUNCTIONS & MODELING				FA15	OU	C		3	X 2 =	6
CHEMICAL PRINCIPLES/ GENERAL CHEMISTRY				SU17	ECU	C		4	X 2 =	8
GENERAL BIOLOGY				SP17	ECU	B		4	X 3 =	12
ANATOMY/ A & P I	ECU	■							X =	
PHYSIOLOGY/ A & P II		SE							X =	
MICROBIOLOGY				FA15	OU	B		5	X 3 =	15
NUTRITION				SP16	ECU	A		3	X 4 =	12
GENERAL PSYCHOLOGY				FA16	ECU	A		3	X 4 =	12
DEVELOPMENTAL PSYCHOLOGY		SE							X =	
INTRO. TO PROF. NURSING		ECU	■						X =	
STATISTICS				SP16	OU	B		3	X 3 =	9
							6	34	**TOTALS**	110
							C	**A**		**B**

Retention GPA: 3.15

Total Hours (C + A) =   34   **B ÷ A** _____3.23_____
                                                           Program GPA

CURRICULUM PLAN

STUDENT NAME: _____   **DATE:** _____

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	SP23	SU23	FA23	When Taken	Where Taken	Grade	CLEP Hours	No. of Hrs. in Course	Multiply by Earned Credits	Total Course Credits
ENGLISH COMPOSITION I									X =	
ENGLISH COMPOSITION II									X =	
COMPUTER LITERACY									X =	
COLLEGE ALGEBRA OR FUNCTIONS & MODELING									X =	
GENERAL CHEMISTRY									X =	
GENERAL BIOLOGY									X =	
ANATOMY/ A & P I		███							X =	
PHYSIOLOGY/ A & P II									X =	
MICROBIOLOGY									X =	
NUTRITION									X =	
GENERAL PSYCHOLOGY									X =	
DEVELOPMENTAL PSYCHOLOGY									X =	
INTRO. TO PROF. NURSING	███								X =	
STATISTICS									X =	
									TOTALS	

Retention GPA: _____

C   A   B

Total Hours (C + A) = [   ]   **B ÷ A = _____**
                                              Program GPA

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