INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

APPLICATION PERIODS

Applications are accepted two times a year: February 1 through March 1 and August 1 through September 1.

APPLICATION DEADLINE

Deadline for submission of applications to start the program in the fall semester is March 1. Deadline for submission of applications to start the program in the spring semester is September 1. If this date falls on a weekend, the deadline will be the last working day preceding the deadline date. Applications will not be considered for selection into the program if received after the deadline. Any applications that are not complete by the deadline may not be considered for selection into the program.

INSTRUCTIONS

1. Review the appropriate Advisement material before applying. This material is available in the Health Science Division Office, HSC100, in the Nursing Science Office, HSC 152, or online at http://www.rose.edu/nursing-science.
2. Apply for admission to Rose State College if you have not already done so. This can be done on-line at http://www.rose.edu/admissions. When asked, identify your major as “Nursing Science”.
3. Print, complete and submit this official application (only pages 6-10 need to be submitted).
4. Provide official Compass scores. If scores are obtained from somewhere other than Rose State College, they must be delivered in a sealed envelope and/or have the official school/College stamp/seal. Scores must be no > 3 years old at the time of application. If your points for the COMPASS Assessment tests are lower than you would like, you may be eligible to retake these tests. Be sure to complete retakes in time to submit before the application deadline. The Compass study guide can be found at http://www.rose.edu/compass.
5. Provide copies of all of your college transcripts. Either “Official” copies or “True” copies must accompany your application to the Nursing Program (including your transcript from Rose State College). An “Official” copy is one that is on the original paper from the College and has a Seal on it. A “True” copy is one that has been made by the RSC Admissions office and has been stamped and initialed as a “True” copy. You may submit “Official” copies with your application if you would like as long as you have also sent “Official” copies to the College Admissions office. Please note that a request for true copies of your transcripts must be submitted to the Office of Admissions and Records and you must allow 48 hours for your request to be processed. You may obtain a request form in the Admissions Office or in the Nursing Office.
6. Provide a completed Degree Audit for Transfer Credit if you have any out of state credit for College coursework. The Degree Audit evaluation of transfer credit should
be requested through the office of Admissions and takes 2-4 weeks to complete. A copy of this evaluation must be included with your application to the Nursing Program to ensure you will receive credit for your coursework when your application is processed.

7. Provide employment verification if applicable. **Career Ladder applicants:** Obtain a letter from your employer that verifies you have the experience required for the level for which you are applying (see Program Advisement for further information). This letter MUST be an original on letterhead and signed by the employer. **Beginning track applicants** wishing to validate patient contact experience may do so with a signed letter from the employer on company letterhead. The letter should include dates of employment and a brief description of job responsibilities. Documentation of completion of a training program involving direct patient care can be substituted for the letter at the four (4) point level.

8. **Calculate your Admission Points.** Directions for calculation of GPA can be accessed at [http://www.rose.edu/gpa-estimator-explanation](http://www.rose.edu/gpa-estimator-explanation)

9. **Career Ladder applicants:** LPNs provide a copy of your current LPN license. Paramedics provide a copy of your current state certification or national registry. Military medics provide documentation verifying your status as a medic.

10. **Provide documentation for residency points** if applicable. Documentation can be a Rose State transcript showing grades earned in at least 15 credit hours of coursework applicable to the Nursing Science Degree or copy of high school diploma from a Mid-Del or Choctaw school or documentation of current employment at a health care facility in the Mid-Del/Choctaw area or a recent (within the last 1-2 months) utility bill that shows your current mailing address in the Mid-Del/Choctaw area.

**SELECTION PROCESS**

Once the application period has closed, all applications received will be reviewed:

1. **If you have not submitted all of the required documents, your application will not be considered at this time.** You will be sent a letter identifying those items that were missing so you can be sure to include them the next time you apply.

2. Your total points for admission will be determined utilizing the criteria in the appropriate point system (see advisement material). GPA calculation only considers your grades in courses that are required for the Nursing Science Program. Be aware that if you have earned a grade in a required course that is below minimum grade requirements, that grade will be used in your “Calculated GPA” unless you have retaken the course and earned a higher grade.

3. Applicants are then rank ordered. The top applicants by points will be recommended for admission.

4. Once those recommended for admission are approved by the College administration, letters will be sent out to each applicant advising them of their status. An applicant’s enrollment in the program is contingent upon completion of all pre-requisite requirements. **It is the applicant’s responsibility to provide documentation of completion of all required coursework and/or other admission requirements prior to enrollment.**
PRIORITY POLICY

Applicants should rank their program track preferences. It is the desire of the Program to place students in the track of their choice if at all possible. We encourage applicants to carefully consider their learning styles before choosing to apply to the Online Option. If you are unsure whether you would be well suited to the Online Option, you may contact the Program Office at 736-0337 for more information. Applicants will be considered for admission to their second or third choice only if their ranking in the applicant pool for the track of first choice is not high enough to be admitted to that track. The top applicants, by ranking, to each track will be recommended for admission first. If an applicant does not indicate track preferences, that applicant will be considered for the traditional track only.

SUBMISSION OF THE APPLICATION

It is the applicant’s responsibility to supply complete application paperwork to the Nursing Science Office, HSC152, or to the Health Science Division Office, HSC100 by the application deadline.

- APPLICATIONS SHOULD BE SUMMITTED AS COMPLETE. ADDITIONAL MATERIALS MAY NOT BE ACCEPTED AFTER THE APPLICATION DEADLINE.

- STUDENTS WHOSE APPLICATIONS ARE INCOMPLETE WILL NOT BE CONSIDERED FOR SELECTION INTO THE PROGRAM.

THE APPLICATION BEGINS ON PAGE 6.

Only pages 6-10 need to be submitted, along with supporting documents, for consideration. Retain the remainder of this document for your information.
NOTICE

Graduates of this state-approved program are eligible to apply to write the National Council Licensure Examination (NCLEX) for registered nurses. Applicants for Oklahoma licensure must meet all state and federal requirements to hold an Oklahoma license to practice nursing. In addition to completing a state-approved nursing education program that meets educational requirements and successfully passing the licensure examination, requirements include submission of an application for licensure, a criminal history records search, and evidence of citizenship or qualified alien status. Applicants for practical nurse licensure must also hold a high school diploma or a graduate equivalency degree (G.E.D.) [59 O.S. §567.5 & 567.6]. To be granted a license, an applicant must have the legal right to be in the United States (United States Code Chapter 8, Section 1621). In addition, Oklahoma law only allows a license to be issued to U.S. citizens, U.S. nationals, and legal permanent resident aliens. Other qualified aliens may be issued a temporary license that is valid until the expiration of their visa status, or if there is no expiration date, for one year. Applicants who are qualified aliens must present, in person, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the United States;
2. A pending or approved application for asylum in the United States;
3. Admission into the United States in refugee status;
4. A pending or approved application for temporary protected status in the United States;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent resident status or conditional resident status.

The Board has the right to deny a license to an individual with a history of criminal background, disciplinary action on another health-related license or certification, or judicial declaration of mental incompetence [59 O.S. §567.8]. These cases are considered on an individual basis at the time application for licensure is made, with the exception of felony charges. An individual with a felony conviction cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received [59 O.S. §567.5 & 567.6].

THESE CONDITIONS MAY AFFECT YOUR ELIGIBILITY FOR LICENSURE & CONSEQUENTLY MAY HAVE A BEARING ON EMPLOYABILITY. IN ADDITION, STUDENTS WHO FALL INTO ONE OF THESE CATEGORIES MAY NOT BE ALLOWED INTO SOME CLINICAL FACILITIES WHILE IN THE PROGRAM, DUE TO THE POLICIES OF THAT FACILITY. THIS COULD HINDER COMPLETION OF THE PROGRAM REQUIREMENTS. APPLICANTS WHO FALL IN THE ABOVE CATEGORY ARE ENCOURAGED TO MEET WITH THE PROGRAM DIRECTOR PRIOR TO ENTERING THE PROGRAM. ALL INFORMATION WILL BE HELD CONFIDENTIAL.

Rev. 2.2015
PHYSICAL AND MENTAL QUALIFICATIONS

The following minimal physical and mental qualifications are necessary to be considered for admission into and progression through the Rose State College Nursing Science Program:

1. The ability to lift weights of up to 35% of recommended body weight independently.
2. The ability to move around in clients’ rooms and in work areas.
3. Visual acuity sufficient to observe and assess client behavior, prepares and administers medications, and accurately read monitors.
4. Auditory acuity sufficient to hear instructions, requests, and monitoring alarms, and to auscultate heart tones, breathe sounds, and bowel sounds.
5. The motor ability necessary to manipulate equipment and supplies and to utilize palpation and percussion in client assessment.
6. The ability to speak, writes, and comprehends the English language proficiently.
7. The ability to communicate in a professional manner and establish rapport with clients and colleagues.
8. The ability to think critically and use problem-solving skills.
9. The ability to resolve conflicts appropriately and function effectively in stressful situations.

Rose State College will provide reasonable accommodations to persons with disabilities in order for students to have access to educational programs and services. Students with disabilities requiring accommodations should make the initial request for accommodation to the Counselor for Students with Disabilities in the Student Development area. See Rose State College Student Handbook for further details.

Clinical Requirements

Prior to beginning a Health Sciences Division program, students who have been conditionally accepted to the program will be required to complete an application for an expanded background search. This background search includes a search for employment records, criminal history records, sexual offender records, and terrorist lists for the last 7 years. Cost for the background check is $45.00, but may be subject to change before submission of the application. In addition, a NIDA (National Institute of Drug Abuse) 11 Panel drug test is required. This includes, but is not limited to: Cocaine, Amphetamines, Opiates, Cannabinoids (THC), and Phencycline (PCP). The student will be responsible for cost incurred and completion of the test. The cost of the drug test is $20.00, but may be subject to change before the actual testing period. Drug testing results will be maintained at the College in strictest confidentiality, in a secure location. A letter will be mailed to conditionally accepted program students with information on the requirements and the deadline date for submission. A positive finding on any of these checks may prevent a student from completing the program clinical courses, and prevent admission to a program.
**APPLICATION FOR ADMISSION TO NURSING SCIENCE**

<table>
<thead>
<tr>
<th>Please check all that apply:</th>
<th>Rank, in order of preference, the track options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term: □ Fall □ Spring</td>
<td>(1(^{st}), 2(^{nd}), or 3(^{rd}))</td>
</tr>
<tr>
<td>Classification: □ Beginning □ Career Ladder</td>
<td>Traditional campus</td>
</tr>
<tr>
<td></td>
<td>Evening weekend (applications for this option accepted only in Feb)</td>
</tr>
<tr>
<td></td>
<td>Online (beginning track can apply only in Aug; career ladder can apply Aug &amp; Feb)</td>
</tr>
</tbody>
</table>

I previously applied to the Nursing Science Program.  YES  NO  (please circle one)

I submitted my previous application __________________________.

Month/Year

SOCIAL SECURITY # __________________________ RSC STUDENT ID# __________________________

NAME

(LAST)  (FIRST)  (MIDDLE INTIAL)

ADDRESS __________________________________________

(Number and street)

(City)  (State)  (Zip Code)

TELEPHONE __________________________ Pager/Cell Phone __________________________

EMAIL ADDRESS __________________________________________

PERMANENT ADDRESS __________________________________________

(Number and street)

(City)  (State)  (Zip Code)

PERSON TO CONTACT IF WE ARE UNABLE TO REACH YOU OR IN CASE OF EMERGENCY TO NOTIFY:

NAME __________________________ TELEPHONE __________________________

ADDRESS __________________________________________

(Number and street)

(City)  (State)  (Zip Code)

Rev. 2.2015
EDUCATIONAL INFORMATION

HIGH SCHOOL  _______________________________  GRADUATED OR GED  _______________________________

(Last High School attended)  (Year)

(City and State)

List all colleges or universities attended since leaving high school.

<table>
<thead>
<tr>
<th>NAME of COLLEGE or UNIVERSITY</th>
<th>CITY &amp; STATE</th>
<th>ATTENDANCE DATES MONTH &amp; YEAR</th>
<th>HOURS EARNED</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Have you ever been admitted to and attended classes in another nursing program?  yes  no
If yes, where?  ____________________________________________________________
(if yes, please provide reference letter as directed in the program advisement)

Do you currently hold/have you ever held a license or certification in a health field such as LPN, Paramedic, CNA, CMA, AUA?  yes  no
If yes, describe  ____________________________________________________________
If yes, has any disciplinary action e.g. reprimands/restrictions/conditions/suspensions ever been taken against the license/certification?  yes  no
If yes, please describe  ____________________________________________________________

School where you obtained previous education leading to licensure or certification:

SCHOOL NAME__________________________________________________________

City/State_______________________________________________________________

Date of graduation/completion____________________________________________

WORK EXPERIENCE (health related only)

Total Years Experience_______

Employer_______________________________________________________________

Address_______________________________________________________________

Phone Number_________________________________________ Employment Dates________________________________

Supervisor's Name______________________________________________________

CAREER LADDER APPLICANTS: If you have worked for this employer for less than 12 months, please submit an employment verification letter from your previous employer as applicable (see advisement material for work experience requirements).

Rev. 2.2015
I have **completed** the following coursework: (Fill in the second line if the course was repeated. If currently enrolled in a course, indicate so by writing an “E” in the grade column.)

<table>
<thead>
<tr>
<th>Course</th>
<th>When</th>
<th>Where</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Comp I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If course repeated fill in this line)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Comp II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If course repeated fill in this line)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(If course repeated fill in this line)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History to 1877 or after 1877</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If course repeated fill in this line)</td>
<td></td>
<td></td>
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<tr>
<td>Anatomy &amp; Physiology (or A&amp;P I or Anatomy)</td>
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<tr>
<td>(If course repeated fill in this line or note A&amp;P II or Physiology course)</td>
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<tr>
<td>Intro. to Clinical Microbiology</td>
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<tr>
<td>(If course repeated fill in this line)</td>
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<tr>
<td>American Federal Government</td>
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</tr>
<tr>
<td>(If course repeated fill in this line)</td>
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<td></td>
<td></td>
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<tr>
<td>Introduction to Psychology</td>
<td></td>
<td></td>
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<tr>
<td>(If course repeated fill in this line)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Developmental Psychology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If course repeated fill in this line)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dosage Calculations for Nurses (Career ladder only)</td>
<td></td>
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<td></td>
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<tr>
<td>(if course repeated fill in this line)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Transitions in Nursing (career ladder only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(if course repeated fill in this line)</td>
<td></td>
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</tbody>
</table>

**Additional Courses**

<table>
<thead>
<tr>
<th>Course</th>
<th>When</th>
<th>Where</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Chemistry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Terminology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid, or Health &amp; Wellness or CPR (list college level courses only)</td>
<td></td>
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</tbody>
</table>

**Beginning Track Applicant:**

I believe my beginning track points to be: Points
- Compass scores
- GPA
- Course Completion
- Health care experience
- Residence

**Career Ladder Track Applicant:**

I believe my career ladder points to be: Points
- Compass scores
- GPA
- Course Completion
- Residence

**Total:**
APPLICATION CHECKLIST

<table>
<thead>
<tr>
<th>I have:</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied for admission to Rose State College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed a current Nursing Science Program application (pages 6-10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided official Compass scores (see instruction #4, page 1)</td>
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<tr>
<td>Included transcripts of all college coursework or high school transcript if you have completed less than 6 credit hours of college coursework. (see instruction #5, page 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Included Degree Audit evaluation of all out of state coursework (see instruction #6)</td>
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<tr>
<td>Provided employment verification (see instruction #7, page 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided proof of residency (see instruction #10, page 2)</td>
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</tr>
</tbody>
</table>

**Career Ladder applicants only:**

| Provided Official LPN/Paramedic Transcript OR Proof of Military Training |     |    |     |

**If you cannot answer yes or N/A to the above questions, then your application is incomplete and may not be considered. Make sure that all materials are submitted to the Nursing Science Program Office by the specified deadline or your application may not be considered. If you have questions about required documentation, please call the Nursing Program office at 736-0337 for clarification prior to submission of the application. Please make sure all application materials are together and submit all materials at one time if at all possible."
STATEMENT OF ACKNOWLEDGMENT

- I understand that I must be able to meet the physical and mental qualifications independently or with reasonable accommodation.
- I understand that I am responsible for communicating requests for accommodation to the Counselor for Students with Disabilities.
- I understand that any past criminal record could potentially interfere with my ability to complete the nursing program and/or licensure as a Registered Nurse.
- I understand that a positive finding on my drug screen constitutes immediate removal from the Nursing Science Program and that the determination by the Medical Review Officer will be final. I may challenge the results by requesting a re-test of the same sample at my expense.
- I understand that any past, present or future disciplinary action taken against a license/certification I hold/held may interfere with my ability to be admitted to/complete the nursing program and/or licensure as a Registered Nurse.
- I understand verification of citizenship is required for licensure as a registered nurse. Documented proof must be presented in person prior to taking the licensure exam.
- I understand that falsification of any information on this application could jeopardize my position in the Nursing Science Program.

I affirm that the information, which I have provided in/with this application, is complete and accurate. I understand that my application will not be considered until all necessary official transcripts have been submitted and the application procedures completed.

SIGNATURE ________________________________    DATE ________________________________

REMOVE PAGES 6-10 OF THIS PACKET AND SUBMIT, WITH SUPPORTING DOCUMENTS AS NOTED ON PAGE 9, BY THE APPLICATION DEADLINE

Rev. 2.2015