

TO: Nursing School Applicant

FROM: Carolyn T. Kornegay, RN, PhD  
Director, School of Nursing

RE: **General Information**

This information is being provided in an effort to assist in the completion of your application. As a starting point you will need to submit, **no later than March 1**, 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 written statement describing:
  - a. Educational, work, community and social activities in which you have been involved since you last attended school.
  - b. Your reasons for selecting nursing as a career.
  - c. Any special reasons for choosing the Langston University School of Nursing.
  - d. What you enjoy doing during your leisure time.
  - e. Things you have accomplished that have given you the most satisfaction.
  - f. Your future plans and goals beyond nursing school

Also, be aware that the following will be **required during your tenure** in the School of Nursing (SON):

1. Verify completion of all prerequisites.
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.
3. Obtain textbooks (may be purchased through the Langston University Bookstore).
4. Provide own transportation to clinical facilities and class.
5. Maintain current immunization record indicating freedom from tuberculosis, proof of MMR, varicella, hepatitis, and tetanus immunizations.
6. Maintain CPR certification (CPR card: ARC: CPR for the professional rescuer or AHA: BLS for health care providers).
7. Maintain professional liability insurance coverage through the SON. Liability/professional insurance coverage is due before enrollment (after official admission to the nursing program). Submit \$16 certified check or money order.
8. Enroll in the Total Testing Program (TTP) at \$62 each semester (submit certified check or money order).

*Langston University*  
*School of Nursing*

**Estimated Costs (LU tuition and fees not included)**

<b>Books (estimate)</b>	<b>\$1007.00</b>
<b>Professional Liability Insurance</b>	<b>16. 00</b>
<b>OSBI Criminal History Background Check</b>	<b>15. 00</b>
<b>CPR Certification</b>	<b>30.00/60.00</b>

**Immunizations: (cost determined by facility administering service)**

**Tetanus**  
**TB Skin Test**  
**MMR**  
**Hepatitis B & Titer**

**Supplies:**

<b>Uniforms (2)</b>	<b>60. 00</b>
<b>Shoes (1 pair)</b>	<b>80. 00</b>
<b>Lab Coats (2)</b>	<b>60. 00</b>

**Nursing and Health Professions Academic Course Fees**

	<b>Per course</b>
<b>NR 3335 Health Assessment</b>	<b>30.00</b>
<b>NR 3445 Nsg Care of the Cldbrg Fam</b>	<b>15.00</b>
<b>NR 3435 Psychosocial Nsg</b>	<b>15.00</b>
<b>NR 4334 Nsg Care of the Cldrng Fam</b>	<b>15.00</b>
<b>NR 4336 Adult Nursing</b>	<b>15.00</b>

**Other Fees:**

<b>Total Testing</b>	<b>62.00</b>
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# APPLICATION FOR ADMISSION

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

Date		Social Security #	
Last Name	First Name	Middle Name	Maiden Name
Home Phone		Work Phone	
School Address:			
Permanent Address:			
Permanent Phone		Place of Birth	
OK Resident?		U.S. Citizen?	Other Citizenship:
Person to notify in an emergency: (Please give name, complete address and phone number)			

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? If YES, please complete the information below:

Institution	City/State	Date Attended	Reason Left
		to	
		to	
		to	
		to	

Have you ever previously applied to the Langston University School of Nursing? \_\_\_\_\_. If so when? \_\_\_\_\_.

Do you plan to be a **Full-time** [ ] or **Part-time** [ ] student?

Semester date of expected entry (**choose only one**): **FALL 20**\_\_\_\_\_ **SPRING 20**\_\_\_\_\_

Are you licensed as a **RN** [ ] or **LPN** [ ] in the state of Oklahoma? License # \_\_\_\_\_

**PLEASE FILL IN THE DATE AND GRADE FOR EACH REQUIRED COURSE. IF YOU HAVE TAKEN A COURSE MORE THAN ONCE, LIST THE DATE AND GRADE (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>					
(NA for transfer student) PSD			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			ELEM STATISTICS		
NATURAL SCI BIOLOGY			GEN PSYCHOLOGY		
HUM ANATOMY			HUM GROW & DEVEL		
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.)

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

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

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

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

