Name ____________________________________________ TCC ID # __________________________

Overall GPA meets minimum 2.5 Yes____ No____ (Verified on SHATERM), HS Transcript__________ (Verified on SOAHSC), GED_____________ (Verified on SOATEST), College Transcripts__________ (Verified on SOAPCOL)

All OFFICIAL transcripts must be submitted and evaluated by Enrollment Services. (If you have course work from any other college you must supply all OFFICIAL transcripts from each college you have attended). It is our suggestion that transcript submission be completed 90 days prior to the application deadline. If not, the Pre-Application Checklist cannot be completed by the Academic Advisor.

Major is declared as APP_NUR_NURA Yes____ No_____ (Verified on SFREGS)

TOEFL Required Score of 500 + (or 173 on International, online TOEFL) Yes____ N/A_____

General Education Prerequisite Requirements all courses included in the Nursing curriculum must be passed with “C” or better.

<table>
<thead>
<tr>
<th>Course</th>
<th>Yes</th>
<th>Enrolled</th>
<th>Substitution course and College</th>
<th>Semester (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1113</td>
<td></td>
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<tr>
<td>PSYC 1113</td>
<td></td>
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<tr>
<td>CHEM 1114(^1,2)</td>
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</tr>
<tr>
<td>BIOL 1224</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BIOL 2134(^2,3)</td>
<td></td>
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<tr>
<td>BIOL 2154(^2,3)</td>
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<tr>
<td>ENGL 1213</td>
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</tbody>
</table>

Other General Education requirements (not required for application)

<table>
<thead>
<tr>
<th>Course</th>
<th>Yes</th>
<th>Enrolled</th>
<th>Substitution course and College</th>
<th>Semester (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2164(^2,3)</td>
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<tr>
<td>PSYC 2023</td>
<td></td>
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<tr>
<td>POLS 1113</td>
<td></td>
<td></td>
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<tr>
<td>HIST 1483/1493</td>
<td></td>
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</tbody>
</table>

It is strongly recommended that as many general education courses as possible be taken before entering the Nursing Program.

The above pre-application requirements have been _____met _____not met for the application to the Nursing Program.

Advisor Signature __________________________ Date ______________ Campus __________________________

Student Signature __________________________ Date ______________

I agree that this is an accurate statement of my progress.

To be eligible to apply applicants MUST have a current Non-Restricted Oklahoma LPN License or National Paramedic Registration. (Please see Student Document Checklist for more details.)

Spring Annual Admission Deadline: September 1
Completed application and documentation must be submitted to the Metro Nursing Department Office (MP256) for program admission eligibility. Note: If requesting an exception or substitution, including previous nursing program coursework (see #3 on Checklist), your application must be submitted by August 1 and include a letter requesting the exception/substitution.

Fall Annual Admission Deadline: April 1
Completed application and documentation must be submitted to the Metro Nursing Department Office (MP256) for program admission eligibility. Note: If requesting an exception or substitution, including previous nursing program coursework See #3 on Checklist), your application must be submitted along with by March 1 and include a letter requesting the exception/substitution.

APPLICATIONS WILL NOT BE ACCEPTED AFTER DEADLINE

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\(^1\) Complete math proficiency before taking chemistry.
\(^2\) It is highly recommended for the Science courses be taken no more than 5 years prior to application to the nursing program.
\(^3\) Prerequisite of BIOL 1224 Bio for Majors

Revised: 1.5.2018 by D.B.
Student Document Checklist - Career Mobility Track:

___ 1. Attach a copy of current non-restricted Oklahoma LPN License or National Paramedic Registration.

___ 2. If you previously attended an RN nursing program at TCC or elsewhere, your application must be submitted by the Exception/Substitution deadline and will be reviewed on an individual basis. Attach official transcripts from the RN school in a sealed envelope. Attach a letter addressing any grade of “W”, “D”, or “F” you received for any Nursing courses.

___ 3. A paramedic student who is accepted to the Program is required to successfully pass NURS 1471, Activities of Daily Living, before beginning the Program.

___ 4. Submit Application Checklist signed by Academic Advisor and Student

___ 5. Submit completed Application for Nursing Program Admission with signature

___ 6. Sign Health & Hazard Exposure Information Sheet

___ 7. Sign Performance Standards in the Nursing Program Sheet

Please remember that upon acceptance into the program you will need the following:

1. National Background Check (more information will be given at orientation)

2. Drug Screening (more information will be given at orientation)

3. Cardiopulmonary Resuscitation Certification (CPR) - copy of the front and back of your current American Heart Association Healthcare Provider BLS CPR Card.

4. Immunizations (for more information please refer to the “Health and Hazard Exposure Information” form located on the last page of the application)
APPLICATION FOR NURSING

Check One of the following

1. Career Mobility Track
2. Transfer from another Nursing Program

TCC ID

Semester & Year Applying For

Have you ever applied to the TCC Nursing Program?
Yes ____ No ____ When? ______________

NAME:

Last  First  MI  Maiden/Other Name

ADDRESS:

Number  Street  City  State  Zip

TCC email:

Personal email:

PRIMARY PHONE:  ALTERNATE PHONE:

Should any of the above information change, please notify the Nursing Department immediately.

LIST ALL COLLEGES ATTENDED IN ORDER FROM MOST RECENT TO FIRST (Including TCC)

<table>
<thead>
<tr>
<th>College Name</th>
<th>City</th>
<th>State</th>
<th>From-To (Mo/Yr)</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

LIST NURSING PROGRAM(S) PREVIOUSLY ATTENDED, including TCC (see p.2 #2)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Date(s) Attended</th>
<th>Grad. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Paramedic</td>
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<td></td>
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<tr>
<td>LPN</td>
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</tbody>
</table>

I certify that the information given is complete and correct to the best of my knowledge.

I understand that submission of false information is grounds for denial of admission to or dismissal from the Tulsa Community College Nursing Program.

________________________________________________________

Student Signature  Date

Revised: 1.5.2018 by D.B.
HEALTH AND HAZARD EXPOSURE INFORMATION

As a nursing student you will be participating in laboratory and clinical settings which may put you at risk of exposure to environmental and physical hazards. For example:

You may be exposed to diseases such as tuberculosis, hepatitis, mumps, measles, tetanus, AIDS, etc.

You may also inadvertently expose clients and others to these diseases. In order to meet these challenges and protect yourself and others from the potentially harmful effects of these exposures you must:

- Be able to meet the Performance Standards For Admission in the Nursing Program
- Have received the required immunization and tuberculosis screening/testing (see below). In addition to the above precautions, you will be taught how to use protective devices to maintain a safe environment for yourself and others.

TULSA COMMUNITY COLLEGE assumes NO RESPONSIBILITY for any expenses associated with personal insurance premiums, immunizations, personal protective equipment or other medical expenses related to testing, such as TB screening, associated with exposure to environmental or physical hazards during your nursing education.

IMMUNIZATIONS/VACCINATIONS

The following is REQUIRED for nursing student clinical practice and may be obtained from the health care provider of your choice. The completed Health Record with a copy of the attached immunization documentation must be on file by the designated deadline. More details will be given at orientation. THERE ARE NO EXCEPTIONS!

1. **TB - Tuberculin PPD Mantoux Skin Test** – Provide evidence of one negative tuberculin PPD test, or Quantiferon Gold blood test, or T-Spot (IGRA) within the last 12 months and must be renewed/repeated every 12 months while enrolled in Health Science courses. (If results are positive, please contact the Nursing Department Office for more information.)

2. **Varicella (chickenpox)** – Provide evidence of two varicella immunizations received at least 4 weeks apart; OR provide evidence of a positive varicella titer (blood test); OR provide health care provider verification of medical history of chicken pox.

3. **Rubeola (measles)** – For students born after 1956 provide evidence of two MMR vaccinations received at least 4 weeks apart; OR provide copy of a positive rubeola titer (blood test); OR provide health care provider verification of medical history of chicken pox.

4. **Mumps** – For students born after 1956 provide evidence of two MMR vaccinations received at least 4 weeks apart; OR provide copy of a positive mumps titer (blood test)

5. **Rubella (German measles)** – for students born after 1956 provide evidence of two MMR vaccinations received at least 4 weeks apart; OR provide copy of a positive rubella titer (blood test). Those with a negative titer should have one dose of live rubella – containing vaccine. A titer must be drawn 4 to 8 weeks following the vaccine to prove immunity via a positive titer.

6. **Tetanus, Diphtheria, Pertussis (Tdap)** – One time adult booster required with evidence that it was obtained since 2005.

7. **Flu vaccine** – Current annual seasonal flu vaccine; OR TCC Influenza Vaccination Declination Form with medical documentation (clinical restrictions may apply).

The following is OPTIONAL for nursing student clinical practice and may be obtained from the healthcare provider of your choice.

- **Hepatitis B vaccine**, while not required, is highly recommended and students must provide evidence of three hepatitis B immunizations administered in 6 month sequence; OR provide a copy of a positive hepatitis B titer (blood test); OR provide completed official declination form obtained from Tulsa Community College

**Affidavit:** By signing this form, I acknowledge that it is my responsibility to maintain current documentation with the TCC vendor (CastleBranch.com) at all times while enrolled in TCC Health Sciences Programs coursework. Failure to maintain current documentation may result in an enrollment hold and/or a removal from the clinical facility.

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### PERFORMANCE STANDARDS FOR ADMISSION IN THE NURSING PROGRAM

Candidates for admission and progression in the Nursing Program, who are otherwise qualified academically must also have the following abilities and demonstrate proficiency in the listed patient care skills prerequisites.

<table>
<thead>
<tr>
<th>ABILITY</th>
<th>STANDARD</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.</td>
<td>Establish rapport with patients/clients and colleagues. Recognize appropriate boundaries in relationships with patients/clients and colleagues.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities for interaction with others orally and in writing.</td>
<td>Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room, maneuver in small spaces and provide assistance to others.</td>
<td>Move around in patient rooms/work spaces/treatment areas. Administer CPR. Provide physical assistance to clients and colleagues to ensure safety within the environment. Stand for extended periods. Push/pull and/or lift/carry up to 20 pounds. Exert up to 50 pounds of force occasionally and/or 20 pounds frequently and/or 10 pounds constantly.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe, effective nursing care in a timely manner.</td>
<td>Use supplies, safety devices and communication equipment in the care of clients. Perform repetitive tasks/motion.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
<td>Hear auscultatory sounds, monitor alarms, emergency signals and cries for help.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment and to perform nursing duties in a timely manner.</td>
<td>Perform palpation functions of physical exam. Administer oral, IM, subcutaneous and IV medications. Insert and remove tubes and perform wound care management.</td>
</tr>
</tbody>
</table>

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**Student Signature ____________________________________________________   Date __________________**

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Revised: 1.5.2018 by D.B.