TCC RN Nursing Program Traditional Track Application Checklist
To be filled out by a TCC Academic Advisor

Name ___________________________________________ TCC ID # ______________________________

Overall GPA meets minimum 2.5 Yes____ No_____ (Verified on SHATERM), HS Transcript___________ (Verified on SOAHSCH),
GED_____________ (Verified on SOATEST), College Transcripts__________ (Verified on SOAPCOL)

All OFFICIAL transcripts must be submitted and evaluated by TCC 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 SFAREGS)

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

Prerequisite coursework must be completed or enrolled in at time of application. All general education courses must be passed with “C” or better.

<table>
<thead>
<tr>
<th>Course</th>
<th>Yes</th>
<th>No</th>
<th>Enrolled</th>
<th>Substitution course and College</th>
<th>Semester (Year)</th>
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<tbody>
<tr>
<td>ENGL 1113</td>
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<td>PSYC 1113</td>
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<tr>
<td>BIOL 1224</td>
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<td>CHEM 1114</td>
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<td>BIOL 2134</td>
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Co-requisite requirements (see degree plan sheet for sequence). All general education courses must be passed with “C” or better.

<table>
<thead>
<tr>
<th>Course</th>
<th>Yes</th>
<th>No</th>
<th>Enrolled</th>
<th>Substitution course and College</th>
<th>Semester (Year)</th>
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<tbody>
<tr>
<td>BIOL 2154</td>
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<td>ENGL 1213</td>
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<td>BIOL 2164</td>
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<td>PSYC 2023</td>
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<td>POLS 1113</td>
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<tr>
<td>HIST 1483/1493</td>
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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.

Applications will be accepted:
May 1 - September 1, 2019 for spring 2020 admission
January 1 – April 1, 2020 for fall 2020 admission

Completed application and documentation must be submitted to the Metro Campus School of Nursing Office (MP256) for program admission eligibility.

See page 2 for additional application requirements.

APPLICATIONS WILL NOT BE ACCEPTED AFTER DEADLINE

1 Complete math proficiency before taking chemistry.
2 It is recommended that science courses be completed no more than 5 years prior to application to the Nursing Program.
3 Prerequisite of BIOL 1224, Bio for Majors

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Student Document Checklist – Traditional Track:

___ 1. Attach results from ATI TEAS test. Visit www.atitesting.com and create a user account. Instructions available on our website. Testing policy: Students may take the exam no more than 3 times in a 12 month period; and must wait 30 days between each attempt. The cost is $70/attempt.

___ 2. Attach a copy of current Oklahoma CNA Certification Card with expiration date good through the first month of Semester 1 of the program. (Enter name of training facility in appropriate space on application.) or...

Substitutions Automatically Accepted: (no need to apply prior to September deadline.)

a. Attach print-out from the OK State Dept. of Health Nurse Aide Registry. (OR)

b. Attach copy of a current Oklahoma AUA Certification Card or proof of successful completion of an Oklahoma Patient Care Technician (PCT) course within the last 2 years or be listed on the AUA registry. (OR)

c. Attach copy of a current non-restricted Oklahoma LPN license or provide an “official” transcript from your LPN school showing proof of graduation from the program. (OR)

d. Attach documentation proving successful completion of a "Foundations" nursing course from an ACEN accredited RN nursing program.

NOTE: Students requesting a CNA substitution NOT LISTED ABOVE must apply 1 month prior to the application deadline to be CONSIDERED for approval. Attach letter requesting the substitution and any substantiating documentation.

___ 3. If you previously attended an RN nursing program at TCC or elsewhere, your application must be submitted 1 month prior to the application deadline and will be reviewed on an individual basis. Attach official transcripts from the RN school in a sealed envelope. Attach a letter in which you address any grade of “W”, “D”, or “F” you received for any Nursing courses.

Completed applications include the following application documents:

- Application Checklist signed by Academic Advisor and student
- Application for Nursing Program Admission, signed
- Health & Hazard Exposure Information, signed
- Performance Standards for Admission in the Nursing Program, signed

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 (AHA) Basic Life Support (BLS) Healthcare Provider 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)

1. AUA Certification may be obtained from the Oklahoma Board of Nursing after successfully completing a qualified PCT Program.

Tulsa Community College does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, status as a veteran, sexual orientation, gender identity, genetic information, or any other basis protected by applicable discrimination law in its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational programs, activities, or services.

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APPLICATION FOR NURSING PROGRAM ADMISSION

TCC Nursing - Traditional Track

Semester & Year Applying For __________________________

Have you ever applied to the TCC Nursing Program?

Yes __ No ___ When? ______________

TCC ID #

NAME:

Last__________First__________MI__________Maiden/Other Name

ADDRESS:

Number__________Street__________City__________State__________Zip

TCC email:

Personal email:

PRIMARY PHONE:

Should any of the above information change, please notify the Nursing office 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>
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<tbody>
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</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>
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<tr>
<td>LPN</td>
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<tr>
<td>PCT</td>
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<tr>
<td>CNA</td>
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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_____________________

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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 Nursing courses. (If results are positive, please contact the School of Nursing 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)

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 in the past 10 years.

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 Nursing program.

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PERFORMANCE STANDARDS FOR ADMISSION IN THE NURSING PROGRAM

The following performance standards describe the nonacademic qualifications that nursing faculty and administration consider essential for successful admission and progression in the Nursing program. These standards were developed upon consideration of various factors, including the minimum competencies expected of any nurse, the demands of nursing education and clinical training, and the welfare of patients who will entrust their health and lives to nursing college graduates. Students accepted into the Nursing program need to demonstrate sufficient abilities and skills in these core performance standards. The examples corresponding to each standard are not inclusive of all expected abilities.

<table>
<thead>
<tr>
<th>ABILITY</th>
<th>STANDARD</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Communication</td>
<td>Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds. Ability to convey messages, orally and in writing.</td>
<td>Establish rapport with clients and colleagues. Recognize appropriate boundaries in relationships with clients and colleagues. Explain treatment and procedures. Initiate teaching. Document health related actions and client responses.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room, maneuver in small spaces &amp; provide assistance to others.</td>
<td>Move around in client 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, ID, IM, subcutaneous and IV medications. Insert and remove tubes and perform wound care management.</td>
</tr>
</tbody>
</table>

Student Signature ____________________________ Date ____________________

Student Signature ____________________________ Date ____________________

TCC ID # ____________________

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