Admission Application For Nursing Major

THE
UNIVERSITY
of TULSA

COLLINS COLLEGE OF BUSINESS
SCHOOL OF NURSING

Complete the following information and return to:

School of Nursing
The University of Tulsa
800 South Tucker Drive
Tulsa, OK 74104-9700

Deadline for first consideration is February 1 ***(TYPE or PRINT)*** ***Fall Enrollment Year_____***

Full Name _____
Last First MI

Mailing Address _____
Street or PO Box Number City State Zip

Phone Number _____ Cell Phone _____

E-mail Address _____

Social Security Number _____ Date of Birth _____

Are you presently a member of Tulsa University Student Nurse Association (TUSNA)?_____
If not, do you plan to become a member? _____

Please describe any background nursing experience:
_____
_____

A 250 word essay is required (typed, on a separate page, double spaced), in response to the following:

I want to be a baccalaureate-prepared, professional registered nurse because ……..

NOTE: Applicants must be admitted to The University of Tulsa prior to admission to the nursing program. It is your responsibility to make sure that your file is complete.

Offers of admission to the School of Nursing are conditional pending receipt and evaluation of all items listed below.

1. Copies of all transcripts from other colleges/universities are due by February 1.
2. List of Spring and Summer transfer course enrollment, if any.
3. Copies of current semester transcripts are due by May 15.
4. 10 panel drug testing by SAMHSA Certified Lab(report sent by lab directly to School of Nursing)
5. Criminal background check including OK Department of Corrections Sex Offenders Registration List (Background check is conducted by the School of Nursing, see attached for directions.)
6. Performance Standards for Admission and Progression in the Bachelor of Science in Nursing
7. Documentation of the following is due by August 15.
   A. MMR (Measles/Mumps/Rubella)
   B. Td (Tetanus/Diphtheria) renew every ten years
   C. Hepatitis B (or sign waiver)
   D. TB screening (due yearly) or chest x-ray. Initial screening is a 2-step process.
   E. Documentation of varicella (chicken pox) or vaccination.
   F. American Heart Association "*HealthCare Provider*" CPR certification.
8. Documentation of influenza immunization before November 30.

Date: _____ Signature:_____

The University of Tulsa does not discriminate on the basis of personal status or group characteristics including, but not limited to, the classes protected under federal and state law in its programs, services, aids, or benefits. Inquiries regarding implementation of this policy may be addressed to the Office of Personnel Services, 800 S. Tucker Drive, Tulsa, OK 74104-9700, (918) 631-2259. Requests for accommodation of disability may be addressed to the University's 504 Coordinator, Dr. Jane Corso, (918) 631-2334. To assure availability of an interpreter, 5-7 days notice is needed; 48 hours is recommended for all accommodations.