

curriculum. Indicate the grade received for courses completed and check those which you are currently enrolled.

_____ 1214 Principles of Biology	_____ 1113 English Comp I
_____ 2114 Physiology	_____ 1213 English Comp II
_____ 2214 Human Anatomy	_____ 1483/93 U. S. History
_____ 2224 Microbiology *	_____ 1113 U. S. Government
_____ ---3 hours Psychology or Sociology Elective	_____ 1113 General Psychology

* Microbiology 2224 may be substituted for NURS 1222 Applications of Clinical Microbiology.

The following items are pertinent to your application for writing the RN licensure examination upon graduation, but not for consideration for admission to the Nursing Program.

13. Have you ever been arrested for or convicted of any offense including expunged offenses within the past five years? Yes _____ No _____
14. Have you ever had disciplinary action taken against any health-related license? Yes _____ No _____
15. Have you ever been judicially declared incompetent? Yes _____ No _____

If your answer to 13, 14 or 15 is yes, please submit in writing the type of action, location of action and a description of the action. You must contact the Nursing Director's Office for further instruction on this matter. (This information has implications regarding the applicant's eventual eligibility to write the RN licensure examination but does not effect admission to the Nursing Program).

NOTE: Candidates for registered nurse licensure with felony convictions 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 (Oklahoma Board of Nursing, 11/04).

I verify the above to be correct information:

Signature _____

Date _____

Official transcripts, ACT, Nelson-Denny Reading Test, and/or Nurse Entrance Test (NET) scores must be submitted to validate the information.

I understand that applicants who are admitted to the program will be required to submit a **background check** and a **drug screen** that meet the specific requirements of the healthcare agencies where clinical learning experiences occur. Based on the results of my background check and/or drug screen, the healthcare agencies may not allow my attendance which will prevent successful completion of the Nursing Program.

Signature: _____

Date: _____