



## Nursing Science Program Application



Please check all that apply: ☐ Beginning Track ☐ Career Ladder Track (LPN or Paramedic)

- ☐ Requesting first-time admission to the track selected above  
☐ Requesting readmission to the track selected above  
☐ Requesting transfer into track selected above

Rank, in order of preference, the track options available during each application period: (1<sup>st</sup> or 2<sup>nd</sup>)  
(The program is a hybrid program with lecture/theory taught as FLEX classes.)

\_\_\_\_\_ Traditional Option  
\_\_\_\_\_ Evening/Weekend Option

Have you previously applied to the Nursing Science program? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when: \_\_\_\_\_ Name on previous application: \_\_\_\_\_

RSC Student ID #: \_\_\_\_\_ (You must apply to Rose State to get a student ID number.)

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Home Phone with area code: \_\_\_\_\_ Cell Phone with area code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Have you ever attended classes in another nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Do you currently hold any of the following certifications/licensures?

AUA, CNA, CHHA, RRT, CRT, CMA (certified medical assistant), EMT, OTA, PTA, LPN

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

School where you obtained previous education leading to certification/licensure. **(You must attach a copy of your transcript or certification.)**

School name: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of graduation/completion: \_\_\_\_\_

Has any disciplinary action (i.e. reprimands, restrictions, conditions, suspensions) ever been taken against any previous or currently held certification/licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

\*COURSES MUST BE COMPLETE AT THE TIME OF APPLICATION TO RECEIVE POINTS. \*

If currently enrolled in a course, write an “E” in the grade column.

Course	List name of school where course was taken	Grade (Must be “A, B, C” or “E”)	Points for Beginning Track only
<b>English Comp I</b>			<b>2</b>
<b>English Comp II</b>			<b>2</b>
<b>U.S. History to/after 1877</b>			<b>2</b>
<b>American Federal Government</b>			<b>2</b>
<b>Introduction to Psychology</b>			<b>2</b>
<b>Medical Terminology</b>			<b>3</b>
<b>Human Anatomy or A&amp;P I</b>			<b>5</b>
<b>Intro Chemistry or General Chem</b>			<b>5</b>
<b>Human Physiology or A&amp;P II</b>			<b>5</b>
<b>Intro to Clinical Microbiology or Principles of Microbiology</b>			<b>5</b>
<b>Concepts for Transitions to Prof Nursing</b> (Career Ladder Students only)			<b>N/A</b>
<b><i>Optional courses (2 points max)</i></b>			
<b>Nutrition</b>			<b>1</b>
<b>Developmental Psychology</b>			<b>1</b>
<b>Human Pathology</b>			<b>1</b>

**Total Point Calculations.** Please list the points that you believe you have in the appropriate area below. This is a double-check for administration. Only calculate points for the program track for which you are applying.

Note: Career Ladder track applicants will not receive points for course completion, only for bonus courses completed with a “C” or better.

<b>Beginning Track</b>	<b>Points</b>	<b>Career Ladder Track</b>	<b>Points</b>
Accuplacer scores (Max is 45)		Accuplacer Scores (Max is 45)	
Residence (Either 2 or 0)		Residence (Either 2 or 0)	
GPA (Max is 40)		GPA (Max is 40)	
Course completion + optional courses (Max is 35)		Optional Courses (Max is 2)	
Health care experience (Max is 3)			
<b>Total:</b>		<b>Total:</b>	

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### Application Checklist

If you cannot answer yes or N/A to each statement,  
your application is incomplete and may not be considered.

**If you have questions about required documentation, please call the Nursing Program office at 405-736-0337 for clarification prior to submission of the application.**

<b>I have:</b>	Yes	No	N/A
Applied for admission to Rose State College			
Submitted all <b>official</b> college transcripts to the Admissions office. * Original documentation for CLEP/AP scores must also be on file.  <b>* If you are enrolled in any course(s) at a different school, you must include a transcript copy with this application showing that you are currently enrolled or your application may not be considered. Failure to disclose all schools/programs attended will render the application incomplete and will disqualify the applicant.</b>			
Completed a current Nursing Science program application			
Included official Next-Generation Accuplacer scores (if test was taken somewhere other than RSC)			
Included completed Degree Audit evaluation of all out-of-state coursework			
Included official LPN/Paramedic transcript (Career Ladder only)			
Included proof of healthcare certification or current licensure			

You may turn in your application and materials by email to: [Nursing@rose.edu](mailto:Nursing@rose.edu). **All documents submitted via email must be in PDF format. Photos are not accepted.**

The secretary will send you an email once she has verified receipt of your documents. You will receive notification of your standing within 45 days of the application deadline via letter in the mail.

You may also submit your application in person to the Health Sciences Division Office. For office hours, call the Division office at 405-733-7359.

**Deadline for applications:** September 1 for Spring program and April 1 for Fall program.

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

## STATEMENT OF ACKNOWLEDGMENT

(Refer to <https://rose.edu/program/nursing-science-beginning-track-program/> and <https://rose.edu/program/nursing-science-career-ladder/> for more information.)

- I understand that I must be able to meet the physical and mental qualifications independently or with reasonable accommodation.
- I understand that I am responsible for communicating requests for accommodation to the Coordinator of Student Access Services.
- I understand that any past criminal record could potentially interfere with my ability to complete the nursing program and/or licensure as a Registered Nurse.
- I understand that a positive finding on my drug screen constitutes immediate removal from the Nursing Science Program. I may challenge the results by requesting a re-test of the same sample at my expense; however, the determination by the Medical Review Officer will be final.
- I understand that any past, present or future disciplinary action taken against a license/certification I hold/held may interfere with my ability to be admitted to/complete the nursing program and/or licensure as a Registered Nurse.
- I understand verification of citizenship is required for licensure as a registered nurse. Documented proof must be presented in person prior to taking the licensure exam.
- I understand that falsification of any information on this application could jeopardize my position in the Nursing Science Program.

I affirm that the information which I have provided in/with this application is complete and accurate. I understand that my application will not be considered until all necessary official transcripts have been submitted and the application procedures completed. I agree to comply with all immunization requirements for admission to the program.

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SIGNATURE

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DATE