**NORTHEASTERN OKLAHOMA A&M COLLEGE**

**ASSOCIATE DEGREE IN NURSING PROGRAM**

**APPLICATION FOR ADMISSION – 2025 – Fast Track (Miami Campus)**

**Northeastern Oklahoma A&M College, Nursing Department**

**200 I Street NE, Miami, Oklahoma 74354**

**Phone: 918-540-6316**

**Email:** **nurse@neo.edu**

*If you plan to seek licensure in a state other than Oklahoma, please refer to program disclosure about the educational preparation requirements for licensure in that state or states. State Program Disclosure information is available at* [https://neo.edu/app/uploads/2021/11/State-Disclosure-for-Licensure-Programs-1.pdf](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fneo.edu%2Fapp%2Fuploads%2F2021%2F11%2FState-Disclosure-for-Licensure-Programs-1.pdf&data=05%7C01%7Cdonnie.james%40neo.edu%7C050e48548e904df457cb08dadd57a777%7C2a69c91de8494e34a230cdf8b27e1964%7C0%7C0%7C638065665778018986%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=uu5QsPWKJQx4Tl1k%2FRLRl5y%2BB5PHa9u2hJsgaao6n0o%3D&reserved=0)

**NOTE: BEFORE** submitting this Application for Admission to the Nursing Program, you **MUST first complete the separate process of applying for admission and being admitted to NEO A&M College for Summer/Fall 2025.** You can apply for admission to NEO at no charge at <https://apply.neo.edu>. Once admitted to the College, you will receive your NEO campus wide ID (CWID) and be able to establish your NEO email account. (You **must** have your campus wide ID and email address in place prior to applying for admission to the Nursing Program.) If you do not receive an email from the NEO Admissions Office following submission of your application for admission to NEO, be sure to check your junk/spam folder. *If you are not selected for acceptance into the Nursing Program, you may allow your NEO College admission to lapse.*

**To be considered for admission to the Summer 2025 Fast Track Nursing Class, the following documentation MUST BE SUBMITTED TO THE NURSING OFFICE BY March 31, 2025 (NO EXCEPTIONS):**

* **Completed Application for Admission** (Pages 7-9 of this document).
* **Signed Acknowledgement of Approximate Program Costs** (Pages 5-6 of this document).
* **Official, sealed transcripts**:
	+ High school transcript, GED certificate, or HiSET certificate/transcript.
	+ Transcripts from **ALL** colleges previously attended.
	+ Transcript from LPN or Paramedic program.

**NOTE: If you have previously submitted official, sealed transcripts to the NEO Admissions Office, you should request that a copy of the transcripts be emailed by NEO Admissions to the Nursing Office at** **nurse@neo.edu****, or you may pick up a copy of the transcripts at the Admissions Office to submit with your Application for Admission to the Nursing Program.**

* **ACT scores** (National ACT or NEO Residual ACT scores are accepted) **OR Accuplacer Next Gen scores** (Accuplacer must be taken at NEO).If your individual ACT exam scores are below 19, or if you have never taken the ACT, you may be required to complete Accuplacer test(s) at NEO to remove any academic deficiency. Your advisor will inform you if Accuplacer testing is required once you have submitted all your required transcripts. Accuplacer tests may be scheduled through the NEO Success Center by calling 918-540-6242, and there is no charge for the first in-person attempt.
* **ATI TEAS® test results** (TEAS must be taken within the last 2 years and no later than June 2023).
* **NEO campus wide ID and NEO email address**.
* **Current Oklahoma or Multi-State PN license or National Registry Paramedic license in good standing**. You must hold licensure for at least one year prior to starting the NEO Nursing Program.
* **Verification of Employment as an LPN or Paramedic for a minimum of one year** prior to starting the NEO Nursing Program.
* **Midterm letter grades (Spring 2025) for “in-progress” program prerequisite courses**. (If you are enrolled at a college other than NEO, you are required to request your instructor(s) to email grade(s) from the college email address to nurse@neo.edu. We cannot accept grades submitted by students.
* **TOEFL-iBT** (Test of English as a Foreign Language internet based), if applicable. See Page 4 of this document for further information about TOEFL-iBT and IELTS.]

**To be eligible for admission to the Nursing Program, you MUST HAVE:**

* + - 1. **All academic deficiencies cleared for Reading, English, and Math**. You must satisfy one of the criteria listed on the NEO College Course Placement table (last update June 2024). After review of your transcripts, your advisor will inform you is you have an academic deficiency.
1. **Academic Profile score of 60 points or higher**. The Academic Profile is calculated from the following criteria:
	1. ACT Composite and/or Accuplacer Next Gen Scores.
	2. TEAS Scores (see 8.D., Page 3).
	3. Credit hours completed of required prerequisites for the Nursing – RN Degree (general education and technical support courses).
	4. Grade point average (GPA) of required prerequisites for the Nursing – RN Degree.
	5. Completion of Anatomy & Physiology.
	6. Completion of Microbiology.
	7. Cumulative grade point average (GPA) of all college course work.
	8. *Points added for completion of LPN Program at the NE Tech location.*
	9. *Deduction of points for repeat of or withdrawal from required science courses.*
2. **Grade of “C” or higher in all required prerequisite courses**.A grade of “D” or “F” must be repeated and will not be calculated for application points.
3. **Minimum GPA of 2.5 in required prerequisite courses, minimum GPA of 2.33 in required science courses** (minimum science grades of one “B” and two “Cs”),and **minimum 2.00 cumulative GPA in all college coursework**. The higher your GPA in required prerequisite general education and science courses, the more competitive your application will be for admission to the Nursing Program.
4. **Completed all science courses OR completed two science courses and be currently enrolled in the final required science course while maintaining the required GPA of 2.33**. Repeated attempts to complete a required science course will result in a 1-point deduction (maximum 3-point deduction).
5. **Completed all course requirements as set out above before starting Transitions class in Summer 2025. Exception:** As stated above, you can be enrolled in and completing your final science course. Class dates for Summer 2025 will be June 5th, 12th and 26th and July 3rd and 10th from 9 am to 3 pm. These classes are required to progress in the program, and there will be no makeup classes.
6. **Read “Attachment A: Licensure Criteria”** and “**Attachment B: Criminal Background Checks, Sexual Offender, and Drug Screens”** attached to this document **prior** to signing your completed Application for Admission. Each student admitted to the NEO Nursing Program is **required** to have **drug testing**, **criminal background checks**, and **sexual offender checks** for Oklahoma, Missouri, Kansas, Arkansas, and all states of residence for the past seven (7) years and for all name changes. Federal background checks are also required, which include fingerprinting. **The student is responsible for all costs of criminal background checks, sexual offender checks, and drug testing. All costs are non-refundable.**
7. **Assessment Technologies Institute (ATI) Test of Essential Academic Skills (TEAS®) scores.** All applicants are required to complete ATI TEAS® as part of the admission process. **This test is taken at applicant’s expense and must be taken within the last two years (no later than June 2023)**. See the following detailed explanation for online registration and review process.
	1. **Overview of ATI TEAS®:** The Test of Essential Academic Skills (TEAS**®**) measures basic essential skills in academic content area domains of reading, mathematics, science, and English and language usage. The test is intended for use primarily with adult health science program applicant populations. The objectives assessed on TEAS**®** are those which health educators deemed most appropriate and relevant to measure entry level academic readiness of nursing program applicants.
	2. **Guidelines for TEAS® Testing:** The TEAS® is a 170-item, four option, multiple-choice assessment: 150 scored items and 20 unscored pretest items. The examination is administered in a computer-based format with scores available for printout immediately following the examination. Total time available to test is 209 minutes. There is not a break between sections.

|  |  |  |
| --- | --- | --- |
| **Content Area** | **Number of Test Items** | **Amount of Time Allotted** |
| Reading | 45 items | 55 minutes |
| Mathematics | 38 items | 57 minutes |
| Science | 50 items | 60 minutes |
| English and Language Usage | 37 items | 37 minutes |
| **Total** | **170 items** | **209 minutes** |

* 1. **Preparation for ATI TEAS® Testing:** To prepare in an organized and efficient manner, you should know what to expect from the assessment. ATI TEAS® Prep products can be found at <https://www.atitesting.com/teas-prep>, including a study guide, *ATI TEAS®* *Study Guide,* available for purchase as eBook for $20.00 or print copy for $25.00. Copies of the ATI TEAS® study guide are also available on reserve in the NEO Library Resource Center (LRC). These can be used for two-hour periods in the LRC but may not be checked out from the LRC. Study packages with online practice assessments are also available for purchase at <https://www.atitesting.com/teas-prep>.
	2. Scoring on ATI TEAS® is utilized in the nursing admission process as points based on the student’s percentage score equivalent. A score of DEVELOPMENTAL on ATI TEAS is not eligible for admission to the Nursing Program. You MUST score a minimum of “BASIC,” however NO admission points will be awarded unless a score of “PROFICIENT” or higher is achieved. (The higher your ATI TEAS® score, the more competitive your application will be for admission to the Nursing Program.
	3. **Registering for ATI TEAS®: It is the student’s responsibility to schedule to take the test.**
1. **Create an ATI user account, if you do not already have one, PRIOR to starting the registration process**
2. Log on to <https://www.atitesting.com/teas/register>
3. Select “Register Now”
4. Select “Remote Online”
5. Select “ATI Remote Proctor – Nursing”
6. **The cost of the ATI TEAS® is $120.00 – Missed exams are non-refundable**
7. Be sure to select “Northeastern OK A&M Fast Track Miami” when prompted to ensure your scores are sent to the correct facility.
	1. **PLEASE NOTE:**
8. **ATI TEAS® may be repeated once during any semester application cycle. A student may not test more than two times in a 12-month period.**
9. **A minimum of 30 days is required between ATI TEAS® exam attempts.** It is recommended that students remediate in the areas identified by the ATI TEAS® Individual Profile Sub-Scale scores before retaking the exam.
10. **ATI TEAS® test scores are valid for two years.**
11. **ATI TEAS® scores MUST be attached to the Application for Admission to the Nursing Program.**
12. **Required Testing for Fast Track LPN/Paramedic-RN Nursing Program during Transition Course.** Students will be admitted to the NEO A&M College Fast Track Nursing Program based on consideration and eligibility for meeting admission requirements as discussed on Pages 1 and 2 of the Program Information.

**Dosage Calculation Exam** will be administered during Transitions (NURS 1122) with a required score of 88% or higher. Two attempts will be allowed. If a minimum score of 88% is not achieved after two attempts, the student will be required to complete remediation.

**ATI Fundamentals and ATI Maternal Newborn Assessments** will be administered during Transitions (NURS 1122), with the following requirements:

1. If the student scores a Level 2 or Level 3 on both the ATI Fundamental and ATI Maternal Newborn assessments, the student has satisfactorily completed this section of the class.
2. If the student scores a Level 1 or Below Level 1 on either or both the ATI Fundamentals and/or ATI Maternal Newborn assessments, completion of the following remediation is required:
	1. Print the Individual Performance Profile for the assessment(s), which will include a list of Topics to Review.
	2. Complete an ATI template for **EACH** listed Topic to Review. Templates should be printed from atitesting.com. Each template **must be handwritten** and completed with **thorough** answers in each area. You will be given instructions in class on how to complete the templates.
	3. Complete all four practice tests available on atitesting.com for Fundamentals and/or Maternal Newborn.
	4. All templates and test results must be personally submitted in a manilla envelope to Jan Allen on or before date to be announced. **TEMPLATES AND TEST RESULTS SENT BY EMAIL WILL NOT BE ACCEPTED.** If templates are not completed correctly, the student will have one week to correct and resubmit them. If corrected work is not resubmitted or not completed satisfactorily, the student will no longer be eligible to remain in the program.
	5. A proctored retest will be scheduled for a second attempt for the student to achieve a Level 2 or Level 3 score. If the desired score is not achieved, the student must complete the remediation requirements listed above to remain in the program.

**NOTE: If you do not complete your required remediation, you will have the option of applying for admission to the Traditional Program or reapplying for admission to the next application cycle for the Miami Fast Track Program. You must advise Jan Allen of your decision immediately. Any expenses incurred by the student will be non-refundable**.

**English Requirements – TOEFL Exam**

Acceptable English scores include:

* [**TOEFL**](https://www.ets.org/toefl) (minimum score of 61), [**IELTS**](https://www.ielts.org/en-us) (minimum score of 5.0), or [**Duolingo**](https://englishtest.duolingo.com/applicants) (minimum score of 85)
* International students from countries where English is an official language may not be required to submit TOEFL scores. Students from these countries will be assessed by NEO’s standard entry Accuplacer Test.

International students who are planning to enter specialized medical training programs at NEO may be required to take the TOEFL iBT (internet Based Test), which contains a speaking and listening component. Required minimum scores on the TOFEL iBT may be higher for admittance to the NEO Nursing, Medical Lab Technician, or Physical Therapy Assistant programs. Contact these programs directly for additional information.

**\*\*\*\*\*\*\*\*\*\*\***

**DO NOT SUBMIT YOUR APPLICATION UNTIL THE REQUIREMENTS**

**ABOVE HAVE BEEN MET AND ALL INFORMATION IS ATTACHED**

**\*\*\*\*\*\*\*\*\*\*\***

**ACKNOWLEDGEMENT OF**

**APPROXIMATE PROGRAM COSTS**

Once accepted into the Nursing Program, students will be notified of enrollment day (*tentatively scheduled for April 24, 2025*).

The items listed in the table below need to **be paid in full at the time of enrollment**:

|  |  |
| --- | --- |
| **CHARGES AT THE TIME OF ENROLLMENT IN PROGRAM** | **APPROXIMATE COST** |
| **Uniforms (***Prices may vary depending on sizes and styles)** Embroidered Uniform Scrub Sets (top/bottom) X 2
* Optional - Embroidered Uniform Scrub Jacket ($26.10 - $32.40 each)
* Optional - Long sleeved T-shirt ($16.95 each)
 | $170.00 |
| **Investigative Concepts - Criminal Background Check** (includes fingerprints and drug screen) | $218.00 |

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| --- | --- |
| **PROGRAM CHARGES** **(charged to your Bursar Account throughout the Program)** | **APPROXIMATE COST** |
| **Assessment Technologies Institute** (ATI – technology-based educational and assessment tools) | $825.00 (4 x throughout program) |
| **ExamSoft (**computer-based assessment) | $43.50 (2 x throughout program) |
| **ONE-TIME CHARGES** |  |
| **Backpack (**embroidered NEO Backpack) | $35.00 |
| **Scrub Tops/Jacket Embroidery** ($6.00 per item – 2 tops / 1 jacket) | $18.00 |
| **Name Tag** | $9.00 |
| **Student ID** | $15.00 |
| **ANNUAL CHARGES** |  |
| **GoReact** (allows capture of student skill demonstration on video) | $67.50 |
| **Skills Lab Supply Kit** | $210.00 |
| **Liability Insurance** (student professional liability during Clinicals) | $19.00 |
| **Student Parking Permit**  | $50.00 |

**These prices do not include college tuition and fees or nursing lab fees.**

**These can be found on the NEO website** [**www.neo.edu**](http://www.neo.edu) **under Become a Student / Tuition Fees.**

**There are NO REFUNDS on any fees charged during the application/enrollment process.**

***Additional costs for items required before classes begin***

* **Laptop Computer**
* **Textbooks/ATI Engage** (Can be added to your bursar account when purchased through the NEO Bookstore)
* **Solid Black, Non-permeable Shoes**
* **Watch with Second Hand**
* **Stethoscope**

***Clinicals***

Transport to and from clinical rotations and any other costs required to complete clinicals are the responsibility of the student.

***Licensure Costs***

There are costs incurred with licensure:

* **State Licensure Fee** *(varies by state)*
* **Criminal Background Check and/or Drug Screen** *(varies by state)*
* **Board Exam Review Course** *(Fee set by company who administers the exam)*
* **NCLEX Board Exam / Exam Site Fee** *(Fee set by company who administers the exam)*

***Documents which must be submitted prior to the start of the program***

* **Medical Examination Form** (varied cost)
* **Medical History Form**
* **Immunizations** (varied cost)
* **CPR Certification** – **MUST** be American Heart Association – BLS Provider (varied cost)

**Your signature below serves as your acknowledgement of the approximate program costs of the NEO A&M Nursing Program AND understanding that there are NO refunds of any fees charged during the application/enrollment process.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* SUBMIT THIS FORM WITH YOUR APPLICATION \*\*\***

**NORTHEASTERN OKLAHOMA A&M COLLEGE**

**2025 APPLICATION FOR ADMISSION (MIAMI CAMPUS)**

**TO THE FAST TRACK ASSOCIATE DEGREE NURSING PROGRA**

**Please Type or use Black Ink**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth:** |  | **Social Security #:** (Required for Transcript Verification) |  |

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

 Last First Middle Maiden

**Mailing Address While in School:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

**Permanent Mailing Address** (if different than above)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

**Cell Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEO Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a U.S. Citizen?** Yes No

If not, are you a legal resident of the U.S.? Yes No Immigration Status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your native (first) language? Yes No

**Are you a High School Graduate?** Yes No Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GED or HiSET? Yes No Date of GED or HiSET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you attended NEO A&M College?** Yes No **NEO A&M CWID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you attended a college or university other than NEO A&M College?** Yes No

If yes, complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of College/University** | **City, State** | **Date of Entrance** | **Date of Leaving** | **Diploma, Degree or****Credit Hours Received** |
|  |  |  |  |  |
|  |  |  |  |  |
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**Have you previously attended NEO or any other School of Nursing?** Yes No

If yes, complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School** | **City, State** | **Date of Entrance** | **Date of Leaving** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |

**List all states in which you have lived in the past seven (7) years** (include all names used in those states):

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has a complaint ever been filed against you as**

**LPN, Paramedic, or certified health care worker?** Yes No

**Have you had traffic violations?** Yes No

**Have you ever been arrested, charged, or convicted of the following:**

Felony\*\* Yes No

 Misdemeanor\*\*Yes No

If you answered yes to any of the offenses above, list the **type of offense**(s), the **state**(s) in which the offense(s) occurred, and **year**(s) of occurrence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*See “Attachment A: Licensure Criteria” and “Attachment B: Criminal Background Check, Sexual Offender Checks, and Drug Screens.”

***If you have a criminal history, including diversions, misdemeanors, felonies, as well as arrests for which action is still pending, contact Kathleen Norman, Director of the Nursing Program, at (918) 540-6312, or email*** ***kathleen.norman@neo.edu*** ***AS SOON AS POSSIBLE.***

**List the person to be notified in case of emergency:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

**Failure to complete all questions or provide all requested information may result in nullification of your application.**

For further information, contact the Director of the Nursing Program at (918) 540-6312.

***I have read and will retain “Attachment A: Licensure Criteria” and “Attachment B: Criminal Background Checks, Sexual Offender Check, and Drug Screens.” The information I have provided is, to the best of my knowledge, true and correct.***

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Northeastern Oklahoma A&M College does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, genetic information, gender identity or expression, national origin, disability, protected veteran status, or other protected category, in any of its policies or procedures. This provision includes, but is not limited to, admissions, employment, financial aid, and education services.

**Accreditation Commission for Education on Nursing Oklahoma Board of Nursing**

3390 Peachtree Rd NE Suite 1400 2915 North Classen Blvd, Suite 524

Atlanta, GA 30326 Oklahoma City, OK 73106-5437

Phone: (404) 975-5000 Phone: (405) 962-1800

Website: [www.acenursing.org](http://www.acenursing.org) Website: [www.ok.gov/nursing](http://www.ok.gov/nursing)

**2025 APPLICATION FOR ADMISSION WORKSHEET**

|  |  |  |
| --- | --- | --- |
| **PLEASE COMPLETE THE SHADED AREAS ONLY** | **NEO CWID #** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST NAME:** |  | **FIRST NAME:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please confirm if you are certified as:** | **LPN:** | YES/NO |  | **PARAMEDIC:** | YES/NO |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Categories** | **ACT** | **Accuplacer Next Gen** | **Deficiencies Cleared:** **YES/NO** | **ATI TEAS****Categories** | **Score:** |
| **Highest Score** | **Date** | **Highest Score** | **Date** | **Date:** |
| **Student** | **Mean** |
| English |  |  |  |  |  | **Reading** |  | **73.8** |
| Math |  |  |  |  |  | **Math** |  | **74.7** |
| Reading |  |  |  |  |  | **Science** |  | **56.5** |
| Science |  |  |  |  |  | **English** |  | **64.4** |
| Composite |  |  | N/A | N/A |  | **Total** |  | **66.5** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Courses Completed and/or Enrolled in Spring 2025** | **Semester/Year of Course** | **Course #/College****if other than NEO** | **Letter Grade** | **Credit Hours** | **GPA** |  |
| **ENGL 1113:** **English Composition I** |  |  |  |  |  |
| **ENGL 1213:****English Composition II** |  |  |  |  |  |
| **HIST 1483 or HIST 1493:****American History** |  |  |  |  |  |
| **POLS 1113:****American Government** |  |  |  |  |  |
| **PSYC 1113:****General Psychology** |  |  |  |  |  |
| **PSYC 1603:****Developmental Psychology** |  |  |  |  |  |
| **CHEM 1144:****Chemistry for Health Sciences****CHEM 1215: Principles of Chemistry I****CHEM 1315: General Chemistry I** |  |  |  |  |  | **Science GPA:** |
| **BIOL 2114:****Anatomy & Physiology** |  |  |  |  |  |  |
| **MCRO 2124:****Intro to Microbiology** |  |  |  |  |  |
|  | **TOTALS:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Documents Received:** |  | **Age:** |  |  |  | **Check 1** | **Check 2** | **Check 3** |
| HS Transcript or GED | **q** |  | **DOB:** |  | **ACT/ACCU** |  |  |  |
| College Transcripts | **q** |  | **Ethnicity:** |  | **TEAS** |  |  |  |
| **If LPN:**  | Transcript | **q** |  | **Race:** |  | **TEAS-Sub** |  |  |  |
|  | License | **q** |  | **Gender:** |  | **Cr Hrs** |  |  |  |
| **If Paramedic:** | Transcript | **q** |  | **Grad Date:** |  | **GPA x 10** |  |  |  |
|  | License | **q** |  | **Cumu GPA:** |  | **A&P** |  |  |  |
|  |  |  |  | **Micro** |  |  |  |
|  | **Cumu GPA** |  |  |  |
| **Points:** | **NE Tech** |  |  |  |
| **ACT Composite: 19-20 = 1 / 21-22 = 2 / 23-25 = 3 / 26 & above = 4** | **Total** |  |  |  |
| **Accuplacer Next Gen: English 250 = 1 / Math 253 = 1 / Reading 251 = 1** | **Sci Ded** |  |  |  |
| **ATI TEAS: Basic = 0 / Proficient = 5 / Advanced = 6 / Exemplary = 7** | **Final Score** |  |  |  |
| **TEAS Sub Scores (2):**  | **Reading =**  | **Math =**  | **Science =**  | **English =**  | **Initials** |  |  |  |
| **Cumulative GPA: 2.75 – 2.99 = 3 / 3.00 or above = 6** | **Date** |  |  |  |
| **NE Tech Graduate: 3** |  |  |  |  |

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**ATTACHMENT A: Licensure Criteria**

The Northeastern Oklahoma A&M College Nursing Program is approved by the Oklahoma Board of Nursing. Graduates of this state-approved program are eligible to apply to write the National Council Licensure Examination (NCLEX) for registered nurses. Applicants for Oklahoma licensure must meet all state and federal requirements to hold an Oklahoma license to practice nursing. In addition to completing a state-approved nursing education program that meets educational requirements and successfully passing the licensure examination, requirements include submission of an application for licensure, a criminal history records search, and evidence of citizenship or qualified alien status [59 O.S. §§ 567.5 & 567.6].

To be granted a license, an applicant must have the legal right to be in the United States (United States Code Chapter 8, Section 1621). In addition, Oklahoma law only allows a license to be issued to U.S. citizens, U.S. nationals, and legal permanent resident aliens. Other qualified aliens may be issued a temporary license that is valid until the expiration of their visa status, or if there is no expiration date, for one year. Applicants who are qualified aliens must present to the Board office, in person, valid documentary evidence of:

1. A valid, unexpired immigrant or nonimmigrant visa status for admission into the United States;
2. A pending or approved application for asylum in the United States;
3. Admission into the United States in refugee status;
4. A pending or approved application for temporary protected status in the United States;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent resident status or conditional resident status.

The Board has the authority to deny a license, recognition or certificate; issue a license, recognition or certificate with conditions and/or an administrative penalty; or to issue and otherwise discipline a license, recognition or certificate to an individual with a history of criminal background, disciplinary action on any professional or occupational license or certification, or judicial declaration of mental incompetence [59 O.S. § 567.8]. These cases are considered on an individual basis at the time application for licensure is made, with the exception of felony convictions.

**Potential applicants to state-approved education programs, with a criminal history, may obtain an initial determination of eligibility for licensure or certification from the Oklahoma Board of Nursing for a fee.** The initial determination of eligibility for licensure petition can be accessed at <http://nursing.ok.gov/initialdeterm.pdf>.

**OKLAHOMA BOARD OF NURSING STANDARDS RELATED TO CRIMINAL HISTORY FOR**

**CURRENT NURSING LICENSEES AND CERTIFICATE HOLDERS, APPLICANTS FOR LICENSURE OR CERTIFICATES, AND FOR PREDETERMINATION OF ELIGIBILITY FOR LICENSURE OR CERTIFICATES**

All crimes listed in this subsection are as described in Title 21, 47, and 63 of the Oklahoma Statutes. In addition, the Board recognizes and gives similar treatment to similar offenses charged in other jurisdictions. Felony convictions that disqualify an individual from retaining licensure or becoming licensed as a nurse, or retaining certification or becoming certified as an AUA in Oklahoma include:

1. Crimes involving fraud, theft, lying and/or falsification.
	1. Robbery 21 O.S. § 791 et seq.
2. Crimes involving sexual misconduct.
	1. Human trafficking 21 O.S. § 748.
	2. Trafficking in children 21 O.S. § 866.
	3. Incest 21 O.S. § 885.21.
	4. Forcible sodomy 21 O.S. § 888.
	5. Indecent exposure, indecent exhibitions, obscene material or child pornography, solicitation of minors 21 O.S. § 1021.
	6. Procure, cause the participation of a minor in any child pornography, buys, or knowingly possesses, procures, manufactures, or causes to be sold or distributed child pornography 21 O.S. §§ 1021.2 and 1024.2.
	7. Commercial sale or distribution of pornography 21 O.S. § 1040.13.
	8. Soliciting/offering sex with minor 21 O.S. § 1040.13a.
	9. Offering or transporting one under 18 for sex 21 O.S. § 1087.
	10. Child Prostitution – unlawful detainment in prostitution house 21 O.S. § 1088.
	11. Lewd or indecent proposals to minor, sexual battery of minor 21 O.S. § 1123.
3. Crimes involving drugs and/or alcohol.
	1. Aggravated trafficking in subsection C of 63 O.S. § 2-415.
4. Crimes involving threats, violence and/or harm to another individual.
	1. Assault, battery, or assault and battery with a dangerous weapon 21 O.S. § 645.
	2. Aggravated assault and battery 21 O.S. § 646.
	3. Aggravated assault and battery on a law officer 21 O.S. § 650.
	4. Murder, first or second degree 21 O.S. §§ 701.7 and 701.8.
	5. Manslaughter, first degree 21 O.S. § 711.
	6. Kidnapping 21 O.S. § 741.
	7. Extortionate kidnapping 21 O.S. § 745.3
	8. Child endangerment by permitting child abuse 21 O.S. § 852.1.
	9. Rape by instrumentation and Rape, first or second degree 21 O.S. §§ 1111 and 1114.
5. Crimes involving harm to property.
	1. Violation of Oklahoma Antiterrorism Act 21 O.S. § 1268 et seq.
	2. Arson, first degree 21 O.S. §§ 1401, 1402, and 1403.
	3. Burglary, first degree 21 O.S. § 1431.

Felony convictions that disqualify an individual from retaining licensure or becoming licensed as a nurse, or retaining certification or becoming certified as an AUA in Oklahoma if a conviction or plea of guilty or nolo contendere for which less than five (5) years has elapsed since the date of conviction, plea, or release from incarceration, whichever is later, include:

1. Crimes involving fraud, theft, lying and/or falsification.
2. Falsely personating another to gain money or property 21 O.S. § 1532.
3. Identify theft 21. O.S. § 1533.1.
4. Crimes involving sexual misconduct.
5. Knowingly engaging in acts likely to spread Human Immunodeficiency Virus 21 O.S. § 1192.1.
6. Crimes involving drugs and/or alcohol.
7. Causing, aiding, abetting minor to commit controlled dangerous substance crimes 21 O.S. § 856.1.
8. Drug trafficking 63 O.S. § 2-415.
9. Crimes involving threats, violence and/or harm to another individual.
10. Aggravated assault and battery on medical personnel with firearm or other dangerous weapon 21 O.S. § 650.5.
11. Malicious intentional intimidation or harassment based on suspect classification 21 O.S. § 850.
12. Desertion-abandonment of child under ten 21 O.S. § 851.
13. Rape in the second degree 21 O.S. § 1114.
14. Mistreatment of a mental patient, as provided for in 21 O.S. § 843.1.
15. Abuse of a vulnerable adult as defined in 43 A O.S. § 10-103.
16. Endangering or injuring a person during arson or attempt 21 O.S. § 1405.
17. Failure to stop after fatal accident 47 O.S. § 10-102.1.
18. Mingling poison, drugs, or sharp objects with food, drink 21 O.S. § 832.
19. Crimes involving harm to property.
20. Arson, second or third degree 21 O.S. §§ 1402, and 1403.

OBN: Effective: 11/7/22

**ATTACHMENT B: Criminal Background Checks, Sexual Offender Checks, and Drug Screens**

Due to clinical agency requirements, the Nursing Program requires a criminal background check, sexual offender check, and drug screen for all students admitted to the nursing program.

**Criminal Background Check and Sexual Offender Check**

Students are required to undergo criminal background and sexual offender checks for Oklahoma, Missouri, Kansas, Arkansas, and any other state in which the student has resided in the last seven (7) years and for all name changes, as well as a federal background check using fingerprints. Clinical agency representative(s) review the reports that have any criminal history (or “hits on the designated areas of concern”). The agency alone can accept or deny clinical access to a student. If a student is denied access to clinical sites, he/she will be unable to successfully complete the course or the program. **Any break in continuous enrollment will require another complete Background Report**. In the event a statewide registry does not exist, a background and sexual offender check from the last county of residence will be explored. International students are subject to the same review as herein stated. It may be necessary for the student to contact his/her embassy in order to comply with this requirement, at his or her own expense.

Costs for the background checks and requests for any additional information will be the responsibility of the student.

**All applicants to the nursing program who hold a nursing license and/or paramedic license must be unencumbered for admission and progression in the program.**

**Drug Screening**

Due to clinical agency requirements, drug testing is required for all students admitted to the Nursing Program. Each student will provide a sample for a 11 panel, pre-placement drug test during the enrollment process in the Nursing Program. Students must produce a negative drug result to remain eligible for the program. A Medical Review Officer with the third party drug screening organization will investigate any positive drug screen and determine eligibility. Any student receiving a confirmed positive drug test from the MRO, will be allowed to repeat the drug screen one time prior to the beginning of the first nursing class in accordance with Nursing Program Drug Screening policy. **Any break in continuous enrollment will result in an additional pre-placement drug test, at the cost of the student**. Licensing agencies require that any criminal history or positive drug test results must be reported to the appropriate licensing agency.

Revised: 12/21/22