

Spring 2023

ETBU



TEAGUE SCHOOL OF NURSING

Bachelor of Science in Nursing

Student Application Packet – Spring 2023 Admission

Application Deadline – August 15th, 2022

Application form must be received in the Teague School of Nursing office by this date

Packet Contents:

1. Admission Information and Requirements
2. Admission Forms
 - Student Application for Admission to the Nursing Program
 - Recommendation Forms
 - Health Information Form
 - Health Information Update Form
 - Criminal Background Check Consent and Compliance Agreement

Mail (or deliver) completed application to:

**East Texas Baptist University
Teague School of Nursing
Marshall Grand
One Tiger Drive
Marshall, Texas 75670**

Spring 2023

Admission Information and Requirements

The ETBU Teague School of Nursing enrolls a new nursing cohort at the beginning of each fall and spring semester. Classes are initiated based on current university guidelines for class size, available resources, and at the discretion of the university.

Completed applications for admission to the Spring 2023 Level 1 Cohort are due to the Teague School of Nursing main office (Suite 403) on the 4th floor of Marshall Grand by Monday, August 15, 2022 at 5:00 p.m.

Applicants are considered for acceptance into the program once all admission requirements have been completed, with the exception of successful completion of outstanding pre-requisite coursework in which the applicant is enrolled prior to the start of the entering term.

Letters notifying applicants of their acceptance into the fall nursing cohort will be mailed at the close of the respective spring or fall semester prior to entry into the program. **Once accepted, applicants must indicate, in writing, their acceptance by the date stated in their acceptance letter in order to secure their place.** Letters to applicants who are not offered a seat in the upcoming program will also be mailed within this same time frame.

Admission requirements:

- Accepted or currently enrolled as a student at ETBU
- Completed application packet
 1. Application form (Due Date: August 15, 2022)
 2. Recommendation Forms (2); one personal and one from a former high school or college teacher or employer
 3. ETBU Health Information Form (*Note: A copy of the ETBU health information form on file in Student Services may be provided in lieu of completing the form a second time.*)
 4. Health Information Update Form (only if Health Information Form is older than 6 months)
 5. Immunization Record
 6. Criminal Background Check consent and compliance agreement form.
- Pre-admission Exam: ATI TEAS. Overall and Reading scores must be within the Proficiency Range. NOTE: The maximum TEAS testing limit is 2 full test attempts at least 3 months apart within a calendar year. Tests taken at ALL testing locations count towards the maximum number of test attempts. TEAS exam must have been completed within 5 years prior to application for admission.
- Grades of C or higher in BIOL 1322, ENGL 1301, ENGL 1302, CHEM 1305, CHEM 1105, PSYC 2314 and MATH 1342.
- Of the following courses, only one (1) grade of C is accepted; the other four course grades must be either A or B: BIOL/NURS 1421, 1422, 2421, NURS 3311 and 3350.
- Cumulative GPA of 2.8 or higher in all coursework.
- Criminal Background Check completed and cleared by the Texas Board of Nursing as eligible to sit for the NCLEX-RN exam.

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**Teague School of Nursing
One Tiger Drive
Marshall, Texas 75670-1498
(903) 923-2210**

Application for Admission to the Bachelor of Science in Nursing Program

(Please type or print neatly in ink)

1. Name _____
Last First Middle Maiden
2. SS# _____ Date of Birth _____
Month/Day/Year
3. ETBU ID# _____
4. Semester applying for entry into nursing program _____
5. Current Mailing Address _____
Address City State Zip
6. Permanent Mailing Address _____
(Only if different from current mailing address) Address City State Zip
7. ETBU Campus Box # _____
8. ETBU E-mail Address: _____
9. Personal E-mail Address (cannot be ETBU e-mail address): _____
10. Telephone (____) _____ (____) _____
Home Cell
11. Emergency Contact Information
Name _____ Telephone (____) _____
Last First
Address _____
Street City State Zip
Relationship _____

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12. Educational Background (List most recent first; list all attended; attach a second sheet if necessary)

| College, University, or Professional School | Location | Major | Dates of Attendance | Degree & Date Conferred |
|---|----------|-------|---------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. Have you been enrolled in any professional nursing program in the past? ___ Yes ___ No

| Nursing School | Location | Dates Attended | Reason Program Not Completed |
|----------------|----------|----------------|------------------------------|
| | | | |

Note: Applicants who have been previously enrolled in a professional nursing program **must secure a letter of standing from the Dean or Director of that nursing school in order to be considered for acceptance into the ETBU nursing program.** The letter must be mailed directly to the ETBU School of Nursing at the address shown on the front of this packet. In addition, the applicant must provide a written explanation as to why the program previously enrolled in was not completed.

14. The courses listed below are the required prerequisite courses. Coursework transferred from elsewhere will be evaluated for equivalency or appropriate substitution upon receipt of official transcript(s). These courses must be completed prior to final acceptance into the nursing program:

- LEAD 1111* Learning & Leading (*1st time Freshman; Transfer students w/ <20 hours)
- RLGN 1320 or 1330 Old or New Testament
- RLGN 3352 or 3355 Christian Ethics or Bioethics
- ENGL 1301 Rhetoric & Composition I,
- ENGL 1302 Rhetoric & Composition II
- ENGL 2321/2326/2331 Sophomore Literature
- HIST 1301 US History to 1877
- KINE 1238 Lifetime Fitness
- SPCH 1318 Interpersonal Speech
- Fine Arts Music, Theatre, or Arts (3 hours)
- POSC 2305 American Government
- MATH 1342 Elementary Statistics
- PSYC 2314 Development Thru Life Span
- BIOL 1322 Nutrition
- CHEM 1305 & 1105 Chemical Concepts & Lab
- BIOL/NURS 1421 & 1421L Fundamentals of A&P I & Lab
- BIOL/NURS 1422 & 1422L Fundamentals of A&P II & Lab
- BIOL/NURS 2421 & 2421L Fundamentals of Micro & Lab
- NURS 3350 Concepts of Pathophysiology
- NURS 3311 Intro to Professional Nursing

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List any prerequisite course(s) that you have not yet completed, your schedule for completion, and where you plan to take the course(s):

I certify that the information on this application is complete and accurate in every respect. I understand that failure to provide accurate and complete information or providing false information may result in cancellation of the application, denial of admission, and/or revocation of admission.

Printed Name: _____

Signature: _____ Date: _____

Required Notice to Students:

The email address that you provide to the Board is required in order to schedule fingerprinting for your criminal background check.

The email address that you provide to the Board is subject to release to the public pursuant to the Texas Public Information Act.

**East Texas Baptist University
Teague School of Nursing
One Tiger Drive
Marshall, TX 75670-1498
903-923-2210**

Personal Recommendation Form

Applicant: Complete the information in the box below. Send this form to an individual, who is **not a relative**, in a position to comment on your qualifications for entering the nursing program. **Provide the individual with a stamped envelope addressed to the ETBU School of Nursing at the address listed on the Admission Information document in this packet.**

| | | | | | |
|---|-------|--------|-------------|-------------------|--|
| Name: _____ | | | | | |
| Last | First | Middle | Maiden | Other Surname (s) | |
| I hereby waive my right to have access to this recommendation form and understand that the contents are confidential. | | | | | |
| Applicant Signature: _____ | | | Date: _____ | | |

To Whom It May Concern:

The above-named individual has made application to the East Texas Baptist University School of Nursing. The information you provide will be reviewed by the Nursing Admissions Committee when considering this individual for acceptance into the program. Please complete both sides of the form and send (or fax) directly to the ETBU School of Nursing.

1. How long have you known this individual and in what capacity? _____

2. What characteristics do you consider to be this individual's strengths? _____

3. What characteristics or traits do you recommend that this individual work to improve? _____

4. Do you have confidence in this individual's integrity? Yes ___ No ___

Explain briefly: _____

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5. Rate this individual in terms of the qualities listed below by checking the appropriate spaces:

| Characteristics | Superior | Good | Fair | Poor | No Basis for Judgment | Comments |
|----------------------------------|----------|------|------|------|-----------------------|----------|
| Intellectual ability | | | | | | |
| Dependability | | | | | | |
| Emotional stability | | | | | | |
| Attitude | | | | | | |
| Motivation | | | | | | |
| Ability to get along with others | | | | | | |
| Ethical behavior | | | | | | |
| Self confidence | | | | | | |
| Maturity | | | | | | |
| Initiative | | | | | | |

6. Indicate below your overall recommendation of this individual:

____ Recommend

____ Do not recommend

7. Please write any additional comments in the space below.

Signature: _____ Date: _____

Name (print): _____

Daytime Telephone: _____

E-mail: _____

East Texas Baptist University
Teague School of Nursing
One Tiger Drive
Marshall, TX 75670-1498
903-923-2210

High School, College Teacher, Employer Recommendation Form

Applicant: Complete the information in the box below. **Send this form to a former high school teacher, college professor, or employer** who is in a position to comment on your qualifications for entering the nursing program. **Provide the individual with a stamped envelope addressed to the ETBU School of Nursing at the address listed on the Admission Information document in this packet.**

Name: _____
Last First Middle Maiden Other Surname (s)

I hereby waive my right to have access to this recommendation form and understand that the contents are confidential.

Applicant Signature: _____ Date: _____

To Whom It May Concern:

The above-named individual has made application to the East Texas Baptist University School of Nursing. The information you provide will be reviewed by the Nursing Admissions Committee when considering this individual for acceptance into the program. Please complete both sides of the form and send (or fax) directly to the ETBU School of Nursing.

1. How long have you known this individual and in what capacity? _____

2. What characteristics do you consider to be this individual's strengths? _____

3. What characteristics or traits do you recommend that this individual work to improve? _____

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4. Do you have confidence in this individual's integrity? Yes ___ No ___

Explain briefly: _____

5. Rate this individual in terms of the qualities listed below by checking the appropriate spaces:

| Characteristics | Superior | Good | Fair | Poor | No Basis for Judgment | Comments |
|----------------------------------|----------|------|------|------|-----------------------|----------|
| Intellectual ability | | | | | | |
| Dependability | | | | | | |
| Emotional stability | | | | | | |
| Attitude | | | | | | |
| Motivation | | | | | | |
| Ability to get along with others | | | | | | |
| Ethical behavior | | | | | | |
| Self confidence | | | | | | |
| Maturity | | | | | | |
| Initiative | | | | | | |

6. Indicate below your overall recommendation of this individual:

___ Recommend

___ Do not recommend

7. Please write any additional comments in the space below.

Signature: _____ Date: _____

Name (print): _____

Daytime Telephone: _____

E-mail: _____

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Criminal Background Check Consent and Compliance Agreement

The emphasis on patient safety in healthcare organizations is a high priority. The ETBU Teague School of Nursing is required to have documentation on file showing completion of criminal background checks on students prior to their entry into clinical agencies for the purposes of observing or providing patient care.

Please initial each statement below and sign this agreement.

_____ I consent to a criminal background check as part of the requirements for application to the ETBU nursing program, to comply with Board of Nursing requirements for licensure as a Registered Nurse, and to meet requirements of clinical agencies used for my training and education. I understand that this will require that my name, mailing address, social security number, and date of birth be sent to the Texas Board of Nursing. I also understand that I will be required to pay the current fee and provide my fingerprints via a computer scan at a MorphoTrust location

_____ I agree to present the ETBU Teague School of Nursing with the original criminal background check notification card or letter as provided to me by the Texas Board of Nursing. I understand that this document must be provided by the due date stated in the acceptance letter that I may receive from the ETBU School of Nursing in order for me to be unconditionally admitted to the program. I further understand that the ETBU School of Nursing will retain a copy or the original and that I am responsible for maintaining the original copy in my personal records.

_____ I agree to comply with and consent to any additional background checks, which may include use of my fingerprints, which may be required by ETBU clinical affiliates.

_____ I agree that the ETBU Teague School of Nursing may provide evidence, as provided to me by the Texas Board of Nursing, of my criminal background check for the purpose of securing and maintaining agreements with clinical sites and agencies necessary for my training and education in professional nursing.

Applicant Printed Name

Date

Applicant Signature

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NAME _____

School of Nursing T-Shirt

The School of Nursing requires and ETBU School of Nursing T-Shirt for selected SON events.

Please indicate your preferred T-Shirt size below:

- Small
- Medium
- Large
- 1X-Large
- 2X-Large
- 3X-Large

Health Information

Personal Information

Name _____ Phone (____) _____ Date of Birth _____

Student ID #: _____ Date Form Completed: _____

Address _____

City/State/Zip _____

In case of serious accident or illness, notify:

Name _____ Phone (____) _____

Relationship _____

Address _____

City/State/Zip _____

Personal History

| Have you ever had? | Yes | No | | Yes | No | | Yes | No | | Yes | No |
|------------------------|-----|----|----------------------------------|-----|----|------------------------|-----|----|--------------------------|-----|----|
| AIDS or HIV positive | | | Frequent Anxiety | | | Malaria | | | Rubella (German Measles) | | |
| Albumen/Sugar in Urine | | | Frequent Depression | | | Measles | | | Scarlet Fever | | |
| Bacterial Meningitis | | | Frequent Urination | | | Menstrual Difficulties | | | Shortness of Breath | | |
| Cancer | | | Hay Fever/ Asthma | | | Mental Illness | | | Tuberculosis | | |
| Chicken Pox | | | Head Injury with Unconsciousness | | | Migraine Headaches | | | Tumor, Cancer Cyst | | |
| Chronic Cough | | | Heart Disease | | | Mumps | | | Venereal Disease | | |
| Currently Pregnant | | | High/Low Blood Pressure | | | Pain/Pressure in Chest | | | Weakness/ Paralysis | | |
| Diabetes | | | Heart Murmur | | | Palpitations (Heart) | | | Worry or Nervousness | | |
| Dizziness/Fainting | | | Infectious Hepatitis | | | Recurrent Colds | | | | | |
| Epilepsy/Convulsions | | | Insomnia | | | Rheumatic Fever | | | | | |

1. How would you describe your general health? Good _____ Fair _____ Poor (If not good, please explain) _____

2. List any physical or emotional problems about which the school might need to know in providing for your personal or medical needs. _____

3. Has your physical activity been restricted during the past five years? (Give reasons and durations) _____

4. Have you received treatment or counseling for a nervous condition, personality disorder or emotional problem? (If so, please explain) _____

5. Have you had any other illness or injury, been hospitalized, or had surgery within the past five years? (Give details) _____

6. Do you need or take any prescription medication? (Please list) _____

7. Are you allergic to any drug, medication, serum, etc.? (Please explain) _____

8. Do you have any allergy to latex? Yes _____ No _____ Unknown _____

9. Personal Physician: Name: _____ Address: _____ Phone: _____