

Fall 2023

# ETBU



## TEAGUE SCHOOL OF NURSING

**Bachelor of Science in Nursing**

**Student Application Packet – Fall 2023 Admission**

**Application Deadline – January 31st, 2023**

**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**

Fall 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 Fall 2023 Level 1 Cohort are due to the Teague School of Nursing main office (Suite 403) on the 4<sup>th</sup> floor of Marshall Grand by Tuesday, January 31, 2023 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: January 31, 2023)
  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. **TEAS exam scores must be submitted no later than July 1<sup>st</sup>, 2023.**
- 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.

**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 Teague 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):

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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 Teague 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 Teague 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 Teague 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 Teague 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 Teague 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 Teague 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: \_\_\_\_\_

### **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 Teague School of Nursing in order for me to be unconditionally admitted to the program. I further understand that the ETBU Teague 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 \_\_\_\_\_

Teague School of Nursing T-Shirt

The Teague School of Nursing requires and ETBU Teague 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: \_\_\_\_\_