



Langston University School of Nursing

FROM:

Teresa Hunter, RN, PhD
Dean, School of Nursing and Health Professions

RE: Application for Admission to the LPN-BSN Option

Thank you for your interest in applying for admission to Langston University School of Nursing. To apply for the LPN-BSN option, you must submit the following documentation per the date posted on the Langston University website at <https://langston.edu/>. After all transcripts have been reviewed, credit will be granted for **up to 24 hours** for courses successfully completed in your LPN program.

Indicate: [] Langston campus, [] Tulsa campus, [] Ardmore site

Step 1: Apply to Langston University

Before applying to the nursing program, you are required to complete an application for admission to Langston University. The application can be found at <http://www.langston.edu/apply-now>.

Step 2: Submit the following documentation along with your application:

1. Official transcripts from all universities and/or colleges attended.
2. TOEFL score (required if secondary education was completed outside of the United States).
3. A typed one-page essay (12-point Times New Roman font) that addresses:
 - a. Your reasons for choosing Langston University School of Nursing.
 - b. Why did you decide to earn a BSN degree, and how will it help you achieve your career goals?
 - c. Your specific plans to ensure success in the nursing program.

Step 3: Post-Admittance Requirements

After admittance to the program, the following will be required before your official admission to the School of Nursing (SoN):

1. Verification of your LPN license.
2. Verification of completion of all prerequisites with an official transcript(s) from all schools attended.
3. A nationwide criminal background check is required before classes begin. Information on how to complete this will be provided during orientation.

4. A drug screen is required before classes begin. Information on how to complete this will be provided during orientation.
5. A complete current immunization record, including the following:
 - Freedom from tuberculosis.
 - Proof of MMR, varicella, hepatitis, tetanus immunizations, and the influenza vaccine.
(All clinical agencies require current immunizations. You will NOT be allowed to enroll without an up-to-date immunization record on file.)
6. Provide your own transportation to clinical facilities.
7. Maintain a current American Heart Association CPR Basic Cardiovascular Life Support (BCLS) certification for healthcare providers.

Submit your completed application and all required documents to:

Langston University
School of Nursing and Health Professions
Nursing Department
914 Greenwood Avenue
Tulsa, OK 74106
Attn: Tamara Bolding, Administrative Assistant

OR

You may email your application and required documents to:
tamara.bolding@langston.edu

Official transcripts must be sent directly from your school via **Parchment** or any other official transcript delivery service.

If you have any questions, please contact us at **918-877-8129**.



Langston University School of Nursing (LUSoN)

APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE & SIGN THE APPLICATION

Date:		I.D. Number (Langston Students only):	
Last Name	First Name	Middle Name	Maiden Name
Home Phone:	Cell Phone:	Alternate Phone:	Email:
Current Address:			
Permanent Address:			
OK Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Other Citizenship:	
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Location of high school education:	
TOEFL Score is required if secondary education was at a school outside of the United States:			
Person to notify in an emergency: (Please give name, complete address, and phone number)			

List all colleges, universities, or other schools attended, including Langston University: (attach additional paper if needed)

Institution	City/State	Date Attended	Diploma/Degree
		to	
		to	
		to	

Have you ever attended ANY school of nursing ☐ YES ☐ NO? If YES, please complete the information below: Failure to disclose the information will result in dismissal from LUSoN, if accepted.

Institution	City/State	Date Attended	Reason Left
		to	
		to	
		to	

1. Have you ever previously applied to the Langston University School of Nursing? ☐ YES ☐ NO

If so, when? _____.

2. Have you been previously admitted to an RN program? ☐ YES ☐ NO

3. Have you ever been admitted to a nursing program? ☐ YES ☐ NO

3. Are you licensed as an **LPN** [] License# _____. State: _____. Year: _____.

OBN Information:

Oklahoma Board of Nursing website: www.yourOklahoma.com/nursing.

Applicant Name: (Print): _____

Applicant Signature: _____

Date: _____