

EASTERN KENTUCKY UNIVERSITY

College of Health Sciences

Admission Application for **Associate Degree Nursing** (2-year RN Program)

Deadlines for admission: **March 1st** for fall entrance and **October 1st** for spring entrance

NOTE: To be eligible for admission, students must first apply to the University and be admitted to Eastern Kentucky University before applications can be processed.

Applications can be hand-delivered to the Nursing Office or mailed to:

**Department of Associate Degree Nursing
Rowlett 220
521 Lancaster Avenue
Richmond, KY 40475**

Questions regarding application submission can be directed to the Associate Degree Nursing Office at
(859) 622-1942

Applicant Checklist for Submission:

1. _____ Completed Nursing Application
2. _____ Submitted application for University admission (if not a current ECU student)
3. _____ Completed (or scheduled) HESI A2 Nursing Assessment Exam
4. _____ Transfer or Advanced Placement: Students transferring from another nursing program or applying for Advanced Placement must also submit:
 - a. _____ Completed application including Supplement to application (page 2) and Applicant Information form (page 3). The Applicant Information form must be completed by the Director of the former nursing program(s). It is the responsibility of the applicant to complete the top portion of this form and forward to the nursing program.
 - b. _____ Submit all course syllabi for all previously-completed nursing courses for review. Eligibility for Advanced Placement is determined on a case-by-case basis.
5. _____ Submit application and all required information prior to application deadline

In addition to academic admission requirements, applicants must meet the standards written into the Commonwealth of Kentucky Nurse Practice Act. Specifically, the Nurse Practice Act requires that each student be of good moral and ethical character, good mental and physical health, and be academically qualified to fulfill the role and responsibilities of a person licensed to practice as a professional nurse. Applicants for nursing programs should review licensure information posted on the Kentucky Board of Nursing's website (www.kbn.ky.gov), including information for candidates with a history of prior criminal convictions. Criminal convictions may serve to disqualify a person from participating in required clinical learning experiences. Students must meet all clinical agency placement requirements (including up-to-date immunizations and health screenings, CPR certification, criminal background check, and urine drug screening, etc...) Applicants should refer to the ADN Student Handbook (www.adn.eku.edu) for specific requirements and procedures.

Admission Application for Associate Degree Nursing

Application for admission to: Fall semester 20____ Spring semester 20____

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)	Social Security #:	EKU ID (if known):
Address:		
City/State:	County:	Zip Code:
Email:		Home phone: Cell phone:
High School (attending/attended):		Date of graduation (month/year):
Are you currently enrolled at EKU? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previously enrolled at EKU? <input type="checkbox"/> Yes <input type="checkbox"/> No
List all previous Colleges and Universities attended:		
Total University/College hours completed:		Degree received:

1. Are you a licensed healthcare professional? Yes No If yes, please specify and provide license number/licensure information: _____
2. Have you ever been enrolled in a Health Sciences program that you did not complete? Yes No
If yes, a letter of explanation must be attached to this application.
3. Have you been enrolled in a Nursing Program within the past 8 years? Yes No
If yes, Supplemental pages 3-4 of this application must be completed before your application will be processed.
4. Have you ever been convicted of a crime? Yes No
If yes, applicants are encouraged to contact the Kentucky Board of Nursing to determine licensure eligibility. A letter of explanation must be attached to this application.

I have reviewed program admission criteria and Kentucky Board of Nursing licensure information. I understand that I must meet all clinical placement requirements to participate in clinical learning experiences and that withholding or giving false information on this application will make me ineligible for admission. I certify that the provided information is correct and complete.

Signature

Date

Applicant Information Form for Previous Nursing Program Enrollment

To be completed by the nursing applicant:

Student name:	Student ID number:
School name and type of Nursing Program:	Telephone/Contact information:
Dates enrolled: _____ / _____ to _____ / _____ <div style="text-align: center; margin-top: 5px;"> Month / Year to Month / Year </div>	

I request that the following information be provide to the ECU Department of Associate Degree Nursing. I do/do not (circle one) waive my right under the Buckley Amendment to inspect this reference that will be filed in my student record.

Signature

Date

To be completed by the Nursing Program Director:

The above student has applied for admission to the Associate Degree Nursing Program at Eastern Kentucky University and has requested the following information be provided:

Was the student's performance satisfactory in all areas while in your program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please indicate any deficiencies by selecting the appropriate category(ies) below:
<input type="checkbox"/> Nursing theory grade below passing
<input type="checkbox"/> Clinical performance unsatisfactory
<input type="checkbox"/> Withdrew from course(s) in which performance was deficient /unsatisfactory at the time of withdrawal
<input type="checkbox"/> Other (please describe):
Did the student apply for readmission to your program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student eligible for readmission to your program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not eligible for readmission, please list reasons:
Please comment on your opinion of the applicant's potential for success:

Signature

Title

Date

Please submit to: Eastern Kentucky University, Department of Associate Degree Nursing, 220 Rowlett Building, 521 Lancaster Avenue, Richmond KY 40475