

Application Packet

Practical Nursing

2020-2021

*Effective 8/1/20-7/31/21
To include August 2021 admission cycle*

**Submit Application to
Career Planning Center**

Francis Tuttle Health Sciences Center
12777 N. Rockwell Avenue
Oklahoma City OK 73142
www.francistuttle.edu
(405) 717-4900

ACCREDITATION/APPROVAL STATUS

The Practical Nursing Program is fully accredited/approved by the following agencies.

Agency	Date of the Next Site Visit
Accreditation Commission for Education in Nursing 3343 Peachtree Road, NE, Suite 850 Atlanta, GA 30326 1-404-975-5000 www.acenursing.org	Spring 2022
Oklahoma Board of Nursing 2915 North Classen, Suite 524 Oklahoma City, OK 73106 1-405-962-1800 http://www.ok.gov/nursing	As Applicable
Oklahoma Board of Career & Technology Education 1500 West 7th Ave. Stillwater, Oklahoma 74074 1-405-377-2000 http://www.okcareertech.org	Spring 2022

THE INFORMATION IN THIS PACKET IS SUBJECT TO CHANGE**NONDISCRIMINATION POLICY**

Francis Tuttle is in compliance with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal and state laws and regulations and shall not discriminate with regard to race, color, religion, gender, national origin, age, marital status, veteran status, or disabilities. This policy is followed in the operation of its education programs and activities, recruitment, admissions, employment practices and other education services.

Inquiries concerning this policy may be directed to either the Human Resources Director or Assistant Superintendent of Instruction who both serve as Coordinator of Title IX and Section 504 responsibilities for all campuses of Francis Tuttle Technology Center, 12777 N. Rockwell, Oklahoma City, Oklahoma 73142-2789, telephone 405-717-7799 .

TABLE OF CONTENTS

Application and Program Dates	2
Application Process	2
Program Overview	3
Enrollment Option Description	3
Admission Requirements	5
Academic Admission Requirements	5
Assessment Testing Information	5
Non-Academic Admission Requirements	6
Physical and Mental Requirements	6
Prerequisite Courses	6
International Applicant Requirements	8
Preference Points System	10
Requirements for New Students	12
Criminal Background Check	12
Urine Drug Screening	12
Tuition Payment	12
Computer Equipment and Literacy Requirements	13
Application Forms	
PN Application Checklist	14
PN Enrollment Options Request Form	15
Validation of Work Experience Form	16
Background Check Procedures and Release of Information Form	17
OSBI Background Check Form	18
OBN Information for Bulletins and Catalogues of Nursing Education Programs	19
OBN NCLEX or AUA Certification Applicants with History of Arrest/Deferred Sentence/Conviction Policy	21
OBN Instructions and Petition to Request Initial Determination of Eligibility for Licensure	22
OBN Information for Licensed Nurses, Advanced Unlicensed Assistants, and Applicants for a License or Certificate. Requirements for Verification of Citizenship or Qualified Alien Status	27

APPLICATION AND PROGRAM DATES

Important application and program date information is noted in the chart below.

*Enrollment Options	Program Option Length	Application Deadline	Selected Applicants Notified	**Class Begins	**Last Day of Class
Fall Cohort	Begins: August Ends: June (Duration: 11-12 months depending on clinical schedule)	Second Friday in June	Two weeks after the application deadline	Wednesday, August 11, 2021	Thursday, June 24, 2022
Spring Cohort	Begins: January Ends: December (Duration: 11-12 months depending on clinical schedule)	First Friday in November	Two weeks after the application deadline	Friday, January 22, 2021	Thursday, December 18, 2021

* Enrollment options are described in the section below.

** Dates subject to change

APPLICATION PROCESS

Application to the Practical Nursing (PN) Program and all supporting documents are to be submitted online. An advisor will assess the applicant's submission. It is the applicant's responsibility to verify the completeness of the application with a Career Advisor. **Only completed applications with all documents, transcripts, and test scores verifying eligibility requirements will be forwarded to the program director for review.**

Due to the volume of applications and the number of items per applicant, it is to the applicant's advantage to submit all of the required documents at one time.

All applications (regardless of submission date) are considered current from August 1–July 31. To update the file the applicant should submit a new online FTTC application and PN Enrollment Option form. Assessment test results may also need to be updated.

1+1 Nursing Education Partnerships:

The 1+1 Nursing Education Partnership is available to individuals who have been referred by one of the Associate Degree Nursing Education Partners (Oklahoma City Community College, OSU-OKC, or Rose State College). Students admitted through this partnership are eligible to return to their referral RN school upon successful completion of the program and passing the NCLEX-PN exam. Students may apply for admission to either the fall or spring cohorts but are responsible for application deadlines of the referring school once the PN program at Francis Tuttle has been completed.

PROGRAM OVERVIEW

It is the mission of the Francis Tuttle Practical Nursing Program to provide our students with an innovative and industry-driven educational experience that prepares them to provide quality patient care in a variety of settings. Our vision is to be the first choice for obtaining practical nursing education in the Oklahoma City area. Upon completion of the program, the graduate will be prepared to:

1. Provide safe, competent, theory based practical nursing care for clients in a variety of settings
2. Participate as an effective member of the health care team
3. Utilize effective communication skills
4. Demonstrate legal and ethical behaviors in the practice of nursing
5. Demonstrate responsibility and accountability in the practice of nursing

ENROLLMENT OPTION DESCRIPTIONS

The Practical Nursing program offers two enrollment options: Fall and Spring. Attendance requirements, instructional strategies, and class schedules vary according to the enrollment option. Prior to being admitted to the program, students must have successfully completed Medical Terminology and Human Anatomy and Physiology or equivalent college coursework within the past 5 years. These courses must be completed prior to the first day of class but do not have to be completed to apply to the program.

1. FALL COHORT

The fall cohort begins in August and ends in June of the following year. It is a full-time, daytime program with an average attendance of 30-34 hours/week. Attendance hours are required for skills demonstration, skills practice, performance checks, classroom activities and instruction, testing, and clinical. Students should plan to be in attendance on campus or at the clinical site four days a week. Applicants will be able to note preferences on attending class on campus on either Monday, Tuesday (online), Wednesday, Thursday, Friday, or Monday (online), Tuesday, Wednesday, Thursday, Friday. On-campus attendance hours are 8:00am-3:00pm. Six hours each week, on either Monday or Tuesday, will be devoted to online instruction.

Clinical shift hours and days vary but are generally 6:30AM – 2:30PM, Thursday and Friday. In general, clinical will be two days a week but will increase to 3-5 days a week toward the end of the program. Some limited 12-hour and/or 3-11 shifts may be required. Students are required to complete clinical pre-planning after class one day a week during the fourth clinical rotation.

2. SPRING COHORT

The spring cohort begins in January and ends in December of the same year. It is a full-time, daytime program with an average attendance of 30-34 hours/week. Attendance hours are required for skills demonstration, skills practice, performance checks, classroom activities and instruction, testing, and clinical. Students should plan to be in attendance on campus or at the

clinical site five days a week. On-campus attendance hours are 8:30AM-2:30PM, Monday through Friday.

Clinical shift hours and days vary but are generally 6:30AM – 2:30PM, Thursday and Friday. In general, clinical will be two days a week but will increase to 3-5 days a week toward the end of the program. Some limited 12-hour and/or 3-11 shifts may be required. Students are required to complete clinical pre-planning after class one day a week during the fourth clinical rotation.

ADMISSION REQUIREMENTS

1. Academic Admission Requirements*

- a. Admission to Francis Tuttle Technology Center
- b. Proof of High School Graduation from a high school in the United States or Equivalent
- c. Must meet minimum Assessment Test requirements; see boxes below. **Scores must be less than 2 years old at the time of application**

** International applicants may have to meet other admission requirements*

<u>Accuplacer Next Generation</u>	<u>OR</u>	<u>ACT</u>
Reading – 250 Writing – 250 Math – 250		Reading – 19 English – 19 Math – 19

Applicants must submit Assessment Test scores. The following options qualify for the Assessment Test requirements:

Assessment Testing Information

Accuplacer Next Generation Testing – The Accuplacer Next Generation Exam is administered at Francis Tuttle and is also available at many other colleges and universities.

ACT Testing – The ACT exam is not administered at Francis Tuttle Technology Center. It is available at many colleges and universities.

- The Accuplacer Assessment at Francis Tuttle is free of charge. Contact the Assessment Center at (405)717-4323 to make an appointment to take the Accuplacer Test. Please call and cancel if you cannot make your appointment.
- The Assessment Tests can only be taken two times per semester, two weeks apart and one time in the summer semester.
- Official Accuplacer scores from another college, university, independent testing center, or Career Tech center may be accepted if the score sheet can be authenticated as an “official” copy (with a stamp, seal, or signature by the testing division).
- Scores will be accepted for up to 2 years from the test date.

2. **Non-Academic Admission Requirements**

Criteria taken into account when admitting first time or transfer students:

- Whether the applicant has been expelled, suspended, or denied admission by any educational institution.
- Whether the applicant's conduct has been such that if the applicant were a student at the time of the conduct in question would have been grounds for expulsion, suspension, dismissal, or denial of readmission to the program.

Criteria taken into account when readmitting withdrawn students:

- Reason for withdrawal
- Faculty recommendation
- Actions taken to correct deficiencies

3. **Physical and Mental Requirements**

The following minimal physical and mental requirements are necessary for successful progression through the Practical Nursing Program:

- Ability to lift or move weights of up to 35% of recommended body weight (approx. 50 pounds).
- Motor ability necessary to ambulate independently in clients' rooms and in work areas.
- Visual acuity sufficient to observe and assess client behavior, prepare and administer medications, and accurately read monitors and computer screens.
- Auditory acuity sufficient to hear instructions, requests, monitoring alarms, and to auscultate heart tones, breath sounds, and bowel sounds.
- The ability to speak, write, and comprehend the English language proficiently (safety issue).
- The ability to communicate in a professional manner and establish rapport with clients and colleagues.
- The ability to resolve conflicts appropriately and function effectively under stress.
- The absence of situations where a court has adjudged a student incompetent, mentally ill, chemically dependent, or dangerous to the public.

Students in the Practical Nursing Program will be held accountable for the performance of these requirements while they are in the program.

4. **Pre-Requisite Courses**

Students admitted to the program must have completed Medical Terminology and Human Anatomy and Physiology (or their equivalents) prior to the first day of class. Completion of either one of these courses is not required to apply to the program. Students considering applying to the program are encouraged to complete these courses the semester prior to applying to the program. Either course is considered non-current after 5 years. Non-current coursework cannot be used to meet the pre-requisite requirement nor be used for preference points.

A grade of "C" or better is required in all pre-requisite courses.

Applicants should be aware that the Human Anatomy and Physiology and Medical Terminology at Francis Tuttle Technology Center is not accepted by colleges and universities as an equivalent to college level courses. Therefore, **NO COLLEGE CREDIT** is granted from Francis Tuttle Technology Center.

Partial list of local college & career tech courses that meet the Medical Terminology requirement

Medical Terminology: Online Pre-Nursing Medical Terminology	Francis Tuttle Technology Center
HSBC 1113 – Medical Terminology	Rose State College
AHP 1013 – Medical Terminology	OCCC
BIO 1012 – Medical Terminology	OSU-OKC
BIO 2102 – Medical Terminology	UCO
45 clock hour or longer Medical Terminology course taught at a state approved career tech center	

Partial list of local college and career tech courses that are equivalent to the Technical Anatomy & Physiology

Technical Human Anatomy and Physiology (course by course) Pre-Nursing Anatomy and Physiology	Francis Tuttle Technology Center
HSBC 1104 Anatomy and Physiology	Rose State College
BIO 1314 and BIO 1414 – Human Anatomy & Physiology I and II	OCCC
BIOL 1515 Human Anatomy and Physiology	OSU-OKC
Human Anatomy and Human Physiology	Any college level courses. These courses are taught at all of the local colleges and universities
102 clock hour or longer Human Anatomy and Physiology course taught at a state approved career tech center	

PLEASE NOTE: It is required that any accepted **Medical Terminology and Anatomy/Physiology** course is at **LEAST 45 and 102 hours** respectively. Any course less than this amount **WILL NOT** be accepted.

Coursework that exceeds the 5 year limit

Applicants whose Anatomy, Physiology, and/or Medical Terminology exceeds the five year limit may request permission to challenge the courses by testing via the Francis Tuttle Advanced Standing Policy.

Process for requesting Advanced Standing Credit via Test Challenge:

1. Meet with a health advisor regarding the request. Bring copies of official transcripts for review.
2. If eligible based on initial transcript review, make an appointment to see the PN program director.
3. The PN program director will review transcripts and sign the required document approving the challenge test if all requirements are met.
4. The PN program director will give specific directions on scheduling the challenge exam.
5. If you have any questions, please contact the PN program director by email at LaDonna.Selvidge@francistuttle.edu.

Please note: the grade received on the challenge exam will be used to calculate the preference points. The test may only be taken one time and competency is demonstrated with a score of 70% or greater. If a student is unsuccessful on the challenge exam, the course must be taken to meet the pre-requisite requirement.

INTERNATIONAL APPLICANT REQUIREMENTS

Definition

The term “International Student” is defined as a person for whom English is a second language and who has graduated from high school in a foreign country.

I-20 Documentation

Be aware that Francis Tuttle Technology Center does not issue I-20 documentation.

High School Equivalency

High School Equivalency Assessment letter indicating Foreign country education is equivalent to US High School education is required as proof of high school equivalency. The evaluation and letter are available through the International Students office at many colleges and universities. It can also be obtained from World Education Services at www.wes.org.

Oklahoma residents who are not on a Student Visa and have successfully completed 30 credit hours of 1000 level or higher coursework from an accredited U.S. college or university may apply for a high school diploma by equivalency from the State of Oklahoma. This is a free service. The requirements are listed below:

- Must be a U.S. citizen
- Must be a resident of Oklahoma
- Provide proof of residency with a utility bill or an apartment lease/contract in your name
- Must take official transcript in a sealed envelope from respective college or university
- Same day service, if you “walk-in” to the office before 3:30 pm
- Can obtain by mail and takes approximately one week.

For More Information Contact

Oliver Hodge Education Building - Capitol Complex
2500 N. Lincoln Blvd. Room 216
Oklahoma City, OK 73105-4599
Phone: 405-521-3369

Students may also meet this requirement by passing the GED exam.

Test of English as a Foreign Language (TOEFL)

All international students, who have graduated from high school in a foreign country and for whom English is a second language regardless of U.S. citizenship, must present evidence of proficiency in the English language by submitting one of the following three TOEFL tests, in addition to meeting the required minimum scores for admission:

- Internet Based Test (iBT TOEFL): 61
- Paper Based Test (PBT TOEFL): 500
- Computer Based Test (CBT TOEFL): 173

Francis Tuttle does not administer the TOEFL exam. However, the TOEFL exam can be taken either at a college or university. Results of the TOEFL must be submitted with the application. The “Institutional TOEFL” scores may be submitted as meeting the testing requirement.

Applicants needing to take the TOEFL may register for the examination by going online to www.ets.org (Educational Testing Service). Select TOEFL from the list of exams. If registering by phone, please call 1-800-468-6335.

TOEFL Exemption: International students who meet one of the exceptions below are exempt from taking the TOEFL test.

- 1) A student is from one of the countries included in the list of English Speaking Countries (See below for a list of Exempt Countries), or
- 2) A student has earned a baccalaureate degree from a regionally accredited United States college or university, or
- 3) A student has attended and earned a high school diploma from a United States high school with an overall GPA = 2.5 (minimum).

English Speaking Countries – No TOEFL or IELTS Required

Antigua
Australia
Barbados
Belize
Bermuda
Botswana
Canada (English-speaking, i.e., not Quebec)
Cayman Islands
Dominica
Gambia
Ghana
Grand Turks and Caicos Islands
Grenada
Guyana
Ireland
Jamaica
Kenya
Lesotho
Liberia
Montserrat
Namibia
New Zealand
Nigeria
Sierra Leone
Singapore
South Africa (English-speaking, i.e., not Afrikaans)
St. Lucia
St. Vincent
Swaziland
Tanzania
The Bahamas
The British Virgin Islands – St. Kitts-Nevis, Anguilla
Trinidad and Tobago
U.S. Virgin Islands – St. Thomas, St. Croix, St. John
Uganda
United Kingdom
Zambia
Zimbabwe

NOTE: Puerto Ricans are U.S. citizens but the TOEFL is required.

PREFERENCE POINTS SYSTEM
Maximum Number of Points = 40

Applicants are ranked for admission by preference points. The four categories of preference points are: Grade Point Average, Assessment Test Scores, Prerequisite Courses, Completion of Health Related Course(s), Health Care Certification/License, Experience, and/or FTTC Pre-Nursing Credit.

1. Grade Point Average – The Cumulative GPA will be used.

High School GPA or College Retention GPA	GED prior to 2002 Overall Average Score	GED 2001-2016 Grand Total Score	GED after 2016 Grand Total Score
2.50 - 2.99 1 pt	50 – 59 1 pt	2500-2999 1 pt	145-164 1 pt
3.00 - 3.49 2 pts	60 – 69 2 pts	3000 3499 2 pts	165-174 2 pts
3.50 - 4.00 3 pts	70 – 80 3 pts	3500-4000 3 pts	17-200 3 pts

2. Assessment Test Scores – Only the Accuplacer Next Generation or ACT Scores are acceptable, but must have been completed **within the 2 years** of the date of application. Only one score for each section will be used for a maximum of 15 points.

Accuplacer Next Generation Scores					
Writing		Reading		Math	
Scores	Points	Scores	Points	Scores	Points
250-259	1	250-259	1	250-259	1
260-269	2	260-269	2	260-269	2
270-279	3	270-279	3	270-279	3
280-289	4	280-289	4	280-289	4
>289	5	>289	5	>289	5

ACT Scores					
Reading		English		Math	
Scores	Points	Scores	Points	Scores	Points
19-20	1	19-20	1	19	1
21-23	2	21-23	2	20	2
24-26	3	24-26	3	21	3
27-28	4	27-28	4	22	4
> 28	5	> 28	5	>23	5

3. Prerequisite Courses: Grade earned in college or career tech level. Must have been completed in the **past 5 years** with a grade of “C” or better.

Course	A	B	C
Combined Anatomy and Physiology Course	3	2	1
Anatomy Only or A & P I, and	3	2	1
Physiology Only or A & P II	3	2	1

Course	A	B	C
Medical Terminology	3	2	1

4. **Completion of Health Related Course(s):** Must have a grade of “C” or better. Points will only be awarded for either the college courses **OR** the high school courses.

COLLEGE		OR	HIGH SCHOOL	
Course	Points		Course	Points
Chemistry Course/Biochemistry	1		Chemistry	1
College Algebra	1		Algebra II	1
General Biology	1		Biology	1
Microbiology	1		Microbiology	1

5. **Health Care Certification/License, Experience and/or FTTC Pre-Nursing Credit** – Must provide:
- Copies of current certificates or licenses. (CPR does not qualify for preference points)
 - Signed copy of the Francis Tuttle Technology Center “Validation of Health-Related Work Experience Form” The form must be completed fully for points to be awarded.
 - Proof of 30 hours or more must be provided on the “Validation of Health Related Work Experience” form for points to be counted
 - Submit copy of transcript from FTTC’s Pre-Nursing program. Two points will be awarded for each year that is completed with passing scores. (2 points per year; maximum of 4 points)

The MAXIMUM number of points in this area is 9

Health Care Certification(s)/License, Experience, and/or FTTC Pre-Nursing Program Credit	Points
Current/Non-Expired Health Care Certificate/License – (1 point per certificate/license, maximum of 2 points)	2
Health Care Experience (≥ 6 months full-time) with Limited Patient Contact Examples: Unit Secretary, Medical Office Receptionist, Phlebotomist, Scrub Tech, Dietary Aid, Pharmacy Tech, Health Unit Coordinator, OR	2
Health Care Experience (≥ 6 months full-time) with Direct Patient Contact Examples: Unit Secretary, Medical Office Receptionist, Phlebotomist, Scrub Tech, Dietary Aid, Pharmacy Tech, Health Unit Coordinator	3
FTTC Pre-Nursing Program – 1 st year completion	2
FTTC Pre-Nursing Program – 2 nd year completion	2

REQUIREMENTS FOR NEW STUDENTS

Once an applicant has been selected for admission the following items must be completed by the first day of class in order for the student to be fully accepted into the program. Complete information regarding these activities is provided to the applicant when she/he is notified of acceptance.

1. Criminal Background Check

Every applicant selected for admission must complete the Group One Background Check process. This background check collects data from national, state, and county sources including sex offender and violent offender registries. The approximate cost is \$45.00 and must be paid by credit card. An "Affirmation of Criminal History Background Check Procedures and Self-Disclosure Statement and Release of Information" form must be submitted prior to beginning the program.

The Francis Tuttle Technology Center Practical Nursing Program is approved by the Oklahoma Board of Nursing (OBN) and complies with all OBN requirements. Applicants with a criminal history may be denied the opportunity to take the Practical Nursing Licensure exam by the Oklahoma Board of Nursing. See page 26 of this application.

Applicants with a positive criminal history report may be denied access by partnered clinical facilities. In the event this should occur and an equal, alternative experience cannot be arranged, the applicant will be dismissed from the program.

2. Urine Drug Screen

Every selected applicant must submit to a urine drug screen. The screen must be performed at the contracted facility and be dated after notification of contingency admission. Information regarding how to complete the urine drug screen will be included in the acceptance packet. The approximate cost of the urine drug screen is \$50.00. An "Affirmation of Drug Testing Procedures and Release of Information" form must be submitted prior to beginning the program.

Applicants with a positive drug screen report may be denied access by partnered clinical facilities. In the event this should occur and an equal, alternative experience cannot be arranged, the applicant will be dismissed from the program.

3. Tuition Payment

Tuition must be paid or payment arrangements made, approximately one month prior to the first day of on campus attendance. Applicants admitted to the program should receive a letter from the Cashier's Office outlining the steps for tuition payment.

Applicants seeking financial aid should begin the process at the time their application is submitted. The first step in this process is to complete the "Free Application for Federal Student Aid" (FAFSA) at www.fafsa.gov The Financial Aid Office is located in Campus Center-Room A1094. The phone number is (405)717-4330.

4. Computer Equipment and Literacy Requirements

Equipment: A computer with a camera, microphone, speaker, and reliable internet are required for online instruction. MS Office software is required and may be used on either Microsoft or Mac computers. iPad and smart phones are not compatible with some applications used in the PN program. Computer Literacy: Basic computer skills required. Students will be using MS Office software, internet, downloading apps, etc.

NOTE: In the event that a statewide shutdown of schools occurs, all instruction will be moved to an online format.

PRACTICAL NURSING PROGRAM – APPLICANT CHECKLIST

Applicant's Name (printed): _____ **Date:** _____

Directions: You are responsible for submitting all required documents with this checklist, so that your application packet is complete. Please initial each line before you submit all required documents to the Health Sciences Advisor in the Career Planning Center (CPC) on the Rockwell campus. **Incomplete application packets will not be considered for acceptance.** It is the applicant's responsibility to ensure that a complete packet has been submitted.

Applicant Initials	CPC Initials
-----------------------	-----------------

APPLICATION:

- ☐ Francis Tuttle Adult Application for Admission form with \$15.00 non-refundable application fee
- ☐ Enrollment Options Request Form

HIGH SCHOOL COMPLETION/EQUIVALENCY:

- ☐ High school transcript with graduation date or diploma (original or true copy made by CPC staff), or
- ☐ GED scores (original or true copy made by CPC staff), or
- ☐ Oklahoma Department of Education issued diploma, or
- ☐ Official college transcript with high school and graduation date, or
- ☐ International Equivalency Assessment

Additional Documentation:

- ☐ Official transcripts from college/Career Tech center
- List of schools attended: _____

ASSESSMENT TEST SCORES (Submit Copy – Minimum Scores Listed):

- ☐ Accuplacer Next Generation (Valid for 2 years):
Reading 250/____; Math 250/____; Writing 250/____

OR

- ☐ ACT: Reading 19/____; Math 19/____; English 19/____

INTERNATIONAL STUDENTS:

- ☐ Submit TOEFL Test Score (Minimum):
iBT 61/____ or PBT 500/____ or CBT 173/____
- ☐ If from a TOEFL exempt country, list the country: _____
- ☐ If not a US citizen, submit copy of either a current VISA, Passport number, or verification of permanent resident status

ADDITIONAL DOCUMENTATION (Optional):

- ☐ Copy of current/non-expired health certificate(s) or license (two maximum)
#1: _____ #2: _____
- ☐ Validation of health related work experience (**must use form provided**)

PRE-REQUISITE COURSES

(See Application Packet: Pre-requisite Requirements)

- ☐ Medical Terminology:
At least 45 hours? _____ Semester/Year _____ Currently Enrolled _____
- ☐ Anatomy & Physiology:
At least 102 hours? _____ Semester/Year _____ Currently Enrolled _____

1+1 STUDENTS:

- ☐ Copy of RN school referral letter? _____ College: _____

Applicant's Signature: _____ **Date Submitted:** _____

Francis Tuttle Technology Center Practical Nursing Program
ENROLLMENT OPTIONS REQUEST FORM

Name _____ Date _____

Did you apply to the PN program at Francis Tuttle last year? YES _____ NO _____

Please **RANK** your **PREFERENCES** from the below options in the space provided

OPTION/DATES	OPTION DESCRIPTION	PREFERENCE
Fall Cohort	<ul style="list-style-type: none"> • 32 seats available • Apply directly to Francis Tuttle • One 6-hour online class day per week • Four 6-hour classroom days per week • Two 8-hour clinical attendance days with limited 12-hour days possible, when applicable • Must be in attendance 5 days per week • Must have laptop or computer access with MS Office. • Computer skills and computer equipment (web camera, microphone) are required to meet the online requirements, as well as self-directed learning. • Individual study time <u>outside</u> of classroom/clinical attendance time • Classroom attendance 4 days per week. <i>Please check your preference below:</i> <ul style="list-style-type: none"> <input type="checkbox"/> M, W, Th, F (Tuesday online instruction) <input type="checkbox"/> T, W, Th, F (Monday online instruction) 	
Spring Cohort	<ul style="list-style-type: none"> • 24 seats available • Apply directly to Francis Tuttle • M, T, W: 1 hour online, plus 5 hours classroom each day • Th, F: 6 hours classroom or 8 hours clinical each day • Two 8-hour clinical attendance days with limited 12 hour days possible, when applicable • Must be in attendance 5 days per week • Must have laptop or computer access with MS Office. • Computer skills and computer equipment (web camera, microphone) are required to meet the online requirements, as well as self-directed learning. • Individual study time <u>outside</u> of classroom/clinical attendance time 	

Please share why you made the above preference selections (may use the back if necessary).

**Francis Tuttle Technology Center
Division of Practical Nursing**

VALIDATION OF HEALTH-RELATED WORK EXPERIENCE FORM

DIRECTIONS:

1. **STUDENT** completes **SECTION A** of the form and then delivers to the Employer to validate the work experience.
2. **EMPLOYER** completes **SECTION B** and returns to the student to include in the application packet.

SECTION A

STUDENT NAME – PRINTED: _____ **DATE:** _____

Job Title: _____

Job Duties: _____

I give permission for my present/previous supervisor to release information concerning my employment background.

Student Signature _____

SECTION B

Agency/company name: _____

Agency phone number: _____

Employee job title: _____

Employed from: _____ **to** _____

Average hours worked per week: _____
(must be 30 hours or more for points to be counted)

Employer Signature _____ **Date** _____

FRANCIS TUTTLE TECHNOLOGY CENTER – HEALTH SCIENCES CENTER

AFFIRMATION OF CRIMINAL HISTORY BACKGROUND CHECK PROCEDURES AND SELF-DISCLOSURE STATEMENT AND RELEASE OF INFORMATION FORM

As an applicant to one of the professional Health Sciences programs, I affirm that I have read and understand the program's Criminal History Background Check Procedures, and

I fully understand that I may be denied admission to the program based upon an evaluation of records by authorized personnel, and

I understand that any clinical facility may deny my participation in clinical experiences based upon criminal background check records. If this occurs, I will be subject to dismissal from the program.

I understand that authorized school personnel are responsible to provide a copy of the criminal history background check records (and related course documents) to a clinical site for their review, if deemed necessary.

I understand that I am responsible to report any arrests and/or convictions that may occur after submission of my Criminal History Background Check to the program director. The program director may require another background check (at my expense), if deemed necessary.

I further understand that I am responsible for self-disclosure by completing this form by answering all questions completely and honestly. I understand that I will be subject to dismissal, if accepted to the program, if answers are found to be inaccurate. In addition, I understand that failure to report subsequent arrests or convictions may result in dismissal from the program.

Self-Disclosure Statement (Check either Yes or No)

Do you have a current criminal charge that is pending? Yes ☐ No ☐

Have you ever had a criminal conviction, including a deferred sentence? Yes ☐ No ☐

Have you ever had a professional certification or license suspended or revoked? Yes ☐ No ☐

Are you currently on parole, probation, or a deferred sentence? Yes ☐ No ☐

Are you listed on any state's Sex Offenders Registration List? Yes ☐ No ☐

Release of Information

My signature below indicates that I grant full permission, without recourse, for the use and release of information as necessary for the purpose explained.

Applicant Name/Signature

Signature _____ Date _____

Print Legal Name _____ Social Security # _____

Name of Program _____

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
<https://osbi.ok.gov/>

Type Of Search Requested:

- ☒ Name Based - \$15.00
☒ Sex Offender - \$2.00
☒ Mary Rippy Violent Offender - \$2.00
☐ State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

☐ Fax ☐ Mail ☐ In Person

**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a
dedicated Fax Phone Line for return of completed search:

ACCEPTABLE FORMS OF PAYMENT: ☐ CASH ☐ CASHIER'S CHECK / MONEY ORDER

☐ BUSINESS CHECK *No Personal Checks Accepted.* ☐ CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card.
For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) Results will only be returned to the original requestor

REQUESTOR'S
NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OSBI CHRU 02/2019

OKLAHOMA BOARD OF NURSING
2915 North Classen Boulevard, Suite 524
Oklahoma City, Oklahoma 73106
405-962-1800

Information for Bulletins and Catalogues
of Nursing Education Programs

- I. In an effort to provide accurate and appropriate information in the bulletins and catalogues of nursing education programs, the Oklahoma Board of Nursing recommends a statement for inclusion in the bulletin/catalogue of each nursing education program. All other references to the role/responsibility of the Oklahoma Board of Nursing should be deleted.
- II. The following statement is the appropriate designation of the role/responsibility of the Oklahoma Board of Nursing in the nursing education program bulletin/catalogue:
 - A. “The (insert name of nursing education 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 or practical) 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

Board Approved: 7/92

Board Reviewed w/o Revision: 1/29/13

Revised: 9/01; 5/04; 1/25/05; 11/13/07; 5/25/10; 11/4/13; 5/24/16; 11/12/19

P:/Administration/Executive/Policies/Education/E-05 Information for Bulletins and Catalogues of Nursing Education Programs

OBN Policy/Guideline: #E-05

Page 1 of 2

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>.

III. The Board requests that this statement be included in your bulletin/catalogue.

IV. **Regulatory Authority** 59 O.S. §567.12

Board Approved: 7/92

Board Reviewed w/o Revision: 1/29/13

Revised: 9/01; 5/04; 1/25/05; 11/13/07; 5/25/10; 11/4/13; 5/24/16; 11/12/19

P:/Administration/Executive/Policies/Education/E-05 Information for Bulletins and Catalogues of Nursing Education Programs

OBN Policy/Guideline: #E-05

Page 2 of 2

OKLAHOMA BOARD OF NURSING
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800

NCLEX or AUA Certification Applicants
With History of Arrest/Deferred Sentence/Conviction Policy

- I. Regulatory Services staff may approve the application of an NCLEX or AUA certification Applicant with a misdemeanor offense in the following cases:
- A. First instance of a misdemeanor including but not limited to bogus checks, larceny of merchandise, or violation of a state or federal narcotics or controlled dangerous substance law; and
 - B. The misdemeanor offense was not plea bargained from an initial felony charge; and
 - C. The candidate has no other criminal charge(s), judgment, or sentencing pending.

Regulatory Services staff may, at their discretion, request further review by the Investigative Division of any Application for their approval and/or review.

- II. All other Applications of NCLEX or AUA certification Applicants with arrest(s), history of disciplinary action, and/or judicial declaration of mental incompetence, will be reviewed by the Investigative Division and prosecuting attorney for a decision regarding approval. The Investigative Division Staff may utilize the NCLEX/AUA Applicant Disciplinary Guidelines (OBN Policy/Guideline #I-33).
- III. All Applications of Applicants with arrests, misdemeanors, felonies, history of disciplinary action, or judicial declaration of mental incompetence, not falling within the parameters of Section I and/or the NCLEX/AUA Applicant Disciplinary Guidelines, must come before the Informal Disposition Panel and/or the Board for decision.

Any Applicant with four or greater criminal offenses shall appear before the Informal Disposition Panel and/or the Board.

- IV. **Regulatory Authority:** 59 O.S. §567.8

Board Approved: 09/95

Board Reviewed w/o Revision: 3/18

Board Revised: 1/2000; 9/01; 11/02; 1/05; 1/09; 11/09; 11/14

P:/Administration/Executive/Policies/Education/E-20 NCLEX or AUA Certification Applicants with History of Arrest-Deferred Sentence-Conviction Policy

OBN Policy/Guideline #E-20

Page 1 of 1

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
405-962-1800
www.nursing.ok.gov

INSTRUCTIONS and PETITION
TO REQUEST INITIAL DETERMINATION OF
ELIGIBILITY FOR LICENSURE or CERTIFICATION
FOR INDIVIDUALS WITH HISTORY OF
CRIMINAL CONVICTION

Application Fee = \$95.00

Use this Petition if you:

- Have a history of one or more criminal convictions
- Wish to know if you are eligible to become an Advanced Practice Registered Nurse
- Wish to know if you are eligible to become a Registered Nurse
- Wish to know if you are eligible to become a Licensed Practical Nurse
- Wish to know if you are eligible to become an Advanced Unlicensed Assistant

INSTRUCTIONS

PLEASE READ THE INSTRUCTIONS CAREFULLY
BEFORE COMPLETING THE PETITION

A list of criminal convictions that **DISQUALIFY** an applicant from being eligible for nursing licensure or for advanced unlicensed assistant certification is included as part of this document. **If you have been convicted of any of the listed crimes you are not eligible for licensure or certification.**

1. Completion of application: You must complete the entire application with your full legal name, which is the name on your birth certificate and any subsequent legal name changes. Please indicate "NMN" if you do not have a middle name.

When you are finished entering your information, sign the Petition LEGIBLY, using your full legal name.

2. ***Fee:*** Attach to your application the appropriate fee payable by **cashier's check or money order**. If the fee is not submitted or if the fee is incorrect, the application will be immediately returned without review. *Fees submitted are not refundable.*

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

(c) All crimes listed in this subsection are as described in Titles 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.
 - (A) Robbery 21 O.S. § 791 et seq.
 - (B) Falsely personating another to gain money or property 21 O.S. § 1532.
 - (C) Identity theft 21 O.S. § 1533.1.
- (2) Crimes involving sexual misconduct.
 - (A) Human Trafficking 21 O.S. § 748.
 - (B) Trafficking in children 21 O.S. § 866.
 - (C) Incest 21 O.S. § 885.
 - (D) Forcible sodomy 21 O.S. § 888.
 - (E) Indecent exposure, indecent exhibitions, obscene material or child pornography, solicitation of minors 21 O.S. § 1021.
 - (F) 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
 - (G) Commercial sale or distribution of pornography 21 O.S. § 1040.13.
 - (H) Soliciting/offering sex with minor 21 O.S. § 1040.13a.
 - (I) Offering or transporting one under 18 for sex 21 O.S. § 1087.
 - (J) Child Prostitution – unlawful detainment in prostitution house 21 O.S. § 1088.
 - (K) Lewd or indecent proposals to minor, sexual battery of minor 21 O.S. § 1123.
 - (L) Knowingly engaging in acts likely to spread Human Immunodeficiency Virus 21 O.S. § 1192.1.
- (3) Crimes involving drugs and/or alcohol.
 - (A) Causing, aiding, abetting minor to commit controlled dangerous substance crimes 21 O.S. § 856.1.
 - (B) Drug trafficking 63 O.S. § 2-415.
- (4) Crimes involving threats, violence and/or harm to another individual.
 - (A) Assault, battery, or assault and battery with a dangerous weapon 21 O.S. § 645.
 - (B) Aggravated assault and battery 21 O.S. § 646.
 - (C) Aggravated assault and battery on a law officer 21 O.S. § 650.
 - (D) Aggravated assault and battery on medical personnel with firearm or other dangerous weapon 21 O.S. § 650.5.
 - (E) Murder, first or second degree 21 O.S. §§ 701.7 and 701.8.
 - (F) Manslaughter, first degree 21 O.S. § 711.
 - (G) Kidnapping 21 O.S. § 741.
 - (H) Extortionate kidnapping 21 O.S. § 745.

- (I) Malicious intentional intimidation or harassment based on suspect classification 21 O.S. § 850.
- (J) Desertion – abandonment of child under ten 21 O.S. § 851.
- (K) Child endangerment by permitting child abuse 21 O.S. § 852.1.
- (L) Rape first or second degree 21 O.S. §§ 1111 and 1114.
- (M) Peeping Tom – personally or electronically 21 O.S. § 1171.
- (N) Stalking 21 O.S. § 1173.
- (O) Endangering or injuring a person during arson or attempt 21 O.S. § 1405.
- (P) Failure to stop after fatal accident 47 O.S. § 10-102.1.
- (Q) Mingling poison, drugs, or sharp objects with food, drink 21 O.S. § 832.
- (5) Crimes involving harm to property.
 - (A) Violation of Oklahoma Antiterrorism Act 21 O.S. §§ 1268 et seq.
 - (B) Arson, first, second or third degree 21 O.S. §§ 1401, 1402, and 1403.
 - (C) Burglary, first degree 21 O.S. § 1431.

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd. Suite 524

Oklahoma City OK 73106

405-962-1800

***PETITION FOR INITIAL DETERMINATION
OF ELIGIBILITY FOR LICENSURE OR CERTIFICATION***

TYPE OR PRINT IN BLUE OR BLACK INK ONLY – Do not use correction fluid!

I hereby make application for an initial determination of eligibility for nurse licensure or advanced unlicensed assistant certification in accordance with the statutes of the State of Oklahoma (59 O.S. §§ 567.1 *et seq.* and §4000.1.)

Section I: Petitioner Information

My full legal name is _____
First Middle Maiden (if applicable) Last

My mailing address is _____
Box number or Street address

City State Zip

Telephone: Day (____) _____ Evening (____) _____

Email address _____

Social Security Number _____

Section II: Criminal History Information

The petitioner for an initial determination of eligibility must include a complete criminal conviction history with the application. This does not include convictions for crimes committed as a juvenile, or convictions that have been expunged by Order of a court of competent jurisdiction.

The criminal history shall be presented in one of two ways and **attached to this Petition**:

- 1) The petitioner may submit with this Petition, a copy of his or her official criminal history record with a typewritten explanation of each conviction mentioned in the criminal history record; or
- 2) The petitioner may submit a typewritten statement describing each criminal conviction including the date of each conviction, the court of jurisdiction and the sentence imposed.

The petitioner for an initial determination of eligibility may also include a typewritten statement describing additional information for consideration by the Board, including, for example, information about his or her current circumstances, the length of time since conviction and completion of sentence and what has occurred since conviction or completion of sentence, evidence of rehabilitation, testimonials or personal reference statements and employment aspirations.

Section III:

Please check each of the following to verify your understanding:

- _____ I understand that I must complete all questions on the application form, typed or printed in black or blue ink with no correction fluid. I understand that I must attach a **cashier's check or money order** for \$95.00 to this Petition.
- _____ I understand that the Board's decision on my application for initial determination of eligibility for nurse licensure or advanced unlicensed assistant certification is based ENTIRELY on the information I have provided with this Petition.
- _____ I understand that IF the Board makes an initial determination that I presently appear eligible for nurse licensure or advanced unlicensed assistant certification, that initial determination is NOT A GUARANTEE that I will be eligible at the time I actually apply for licensure or certification.
- _____ I understand that my subsequent conduct, or facts not reported by me, or criminal convictions not disclosed at the time of the initial determination, may bear on my eligibility at the time I actually apply for licensure or certification.

AFFIDAVIT

Sign full name LEGIBLY – No initial – DO NOT PRINT – If no middle name, indicate NMN

I declare and affirm that the statements made in this Petition, including any and all accompanying documents prepared by me, are true, complete and correct.

Signature of Petitioner for Initial Determination:

Print full legal name in the space below:

First

Middle

Last

Date

Oklahoma Board of Nursing
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
www.ok.gov/nursing

**Information for Licensed Nurses, Advanced Unlicensed Assistants,
and Applicants for a License or Certificate:**

**Requirements for Verification of Citizenship or Qualified Alien Status,
Effective Nov. 1, 2007**

Overview

A bill passed by the Oklahoma Legislature in the 2007 Legislative Session will have significant impact on licensure of individuals who are not United States citizens. House Bill 1804, entitled the Oklahoma Taxpayer and Citizen Protection Act of 2007, seeks to “discourage illegal immigration by requiring all agencies within this state to fully cooperate with federal immigration authorities in the enforcement of federal immigration laws” (HB 1804). **The new legislation requires the Oklahoma Board of Nursing to issue a license or certificate only to United States citizens, nationals and legal permanent resident aliens; and to applicants who present, 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 residence status or conditional resident status.

Requirements for New Applicants and Applicants for Reinstatements/Return to Active Status

Applicants for licensure by examination, licensure by endorsement, certification as an advanced unlicensed assistant, and reinstatement or return to active status of a license or certificate will fall into one of two categories:

- Applicants who are United States citizens, nationals, or legal permanent resident aliens must submit with their application and fee a notarized *Evidence of Status Form: Part A* and a photocopy of documentation verifying their citizenship status, as indicated on the *Evidence of Status Form: Part A*; or

- Applicants who are not United States citizens, nationals, or legal permanent resident aliens **must submit in person at the Board office an *Evidence of Status Form: Part B* and original qualified alien documentation**, with their application, OSBI Criminal History Records Search, and fee. The original documentation will be verified, copied, and notarized. The status will be verified on an online system through the Department of Homeland Security (the SAVE system). **Qualified aliens will only be eligible to receive a license or certificate marked “Temporary”, valid for the time period of their authorized stay in the United States, or if there is no date of end to the time period of their authorized stay, for one year.**

Requirements for Renewal of License or Certificate

In 2008 and 2009, all licensed nurses and certified advanced unlicensed assistants will be required to verify citizenship status at the time of licensure or certificate renewal. Nurses and advanced unlicensed assistants who are not U.S. citizens, nationals, or legal permanent resident aliens, will not be able to renew online or by mail. Instead, they will be instructed to bring their original documentation to the Board office to renew. Their renewed license or certificate will be marked “Temporary”.

For qualified aliens holding a license or certificate marked “Temporary”, the licensee/certificate holder will receive a letter three months before the expiration date, instructing him/her to present, in person at the Board office, an *Evidence of Status Form* and original, unexpired documentation verifying their current immigration status. The licensee will then be provided with a renewal form to complete at the office and submit with the required fee.

Summary

The Oklahoma Board of Nursing plans to fully cooperate by implementing changes in licensing and certification procedures at the time the new law becomes effective on November 1, 2007. New application forms and an *Evidence of Status Form* will be available on the website on or before November 1, 2007. **All applications for licensure by examination, licensure by endorsement, certification as an advanced unlicensed assistant, or reinstatement/return to active status submitted on or after November 1, 2007, must use the new forms and meet the new requirements.**