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# **Francis Tuttle Technology Center Practical Nursing Program (LPN) Application Packet**


**Academic Year: 2026-2027**

**Start Dates**

**August 2026**

**January 2027**

**Francis Tuttle Health Sciences Center  
12777 N. Rockwell Avenue  
Oklahoma City, OK 73142  
[www.francistuttle.edu](http://www.francistuttle.edu)  
405-717-4900**



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# FRANCIS TUTTLE TECHNOLOGY CENTER PRACTICAL NURSING PROGRAM (LPN)

## Application Packet 2026-2027

We encourage you to complete each step of the application process as soon as possible to ensure you are able to get everything done before the due date.

### August 2026 Cohort

Francis Tuttle Adult Health (Practical Nursing) Online Application Due:	1 <sup>st</sup> Friday in June
All Required Steps and Additional Documentation Due:	1 <sup>st</sup> Friday in June

### January 2027 Cohort

Francis Tuttle Adult Health (Practical Nursing) Online Application Due:	1 <sup>st</sup> Friday in October
All Required Steps and Additional Documentation Due:	1 <sup>st</sup> Friday in October



Dear Practical Nursing Program Applicant,

Thank you for your interest in the Francis Tuttle Practical Nursing Program. On behalf of our faculty and staff, I am delighted to welcome you as you take this important step toward a rewarding career in nursing. Choosing to pursue your education with us is an investment in your future, and we are fully committed to supporting your success from the first day of class through professional licensure.

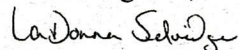
I want to highlight a couple of tremendous benefits you will receive by choosing our program. First, Francis Tuttle pays for your nursing licensure exam, the NCLEX-PN. This is a significant financial support that helps you transition smoothly from student to nurse. Second, Francis Tuttle also pays for you to complete a live NCLEX review course prior to graduation. We believe strongly in preparing our students not just for coursework, but for successful licensure and long-term professional growth. These resources reflect our dedication to your success and to helping you enter the workforce with confidence.

The Francis Tuttle Practical Nursing Program provides students with an innovative, industry-driven educational experience that prepares them to deliver high-quality health care in a variety of settings. You will learn in an environment designed to mirror real clinical practice, including a state-of-the-art mini-hospital used for hands-on nursing skills preparation and technologically advanced classrooms that support interactive and collaborative learning.

Upon completing the program and successfully passing the NCLEX-PN, you will become a Licensed Practical Nurse (LPN). This credential opens the door to a variety of career opportunities and also provides a strong foundation for those who choose to advance to a Registered Nurse (RN) role by completing an RN program and meeting RN licensure requirements.

We are honored that you have chosen to begin, or continue, your healthcare journey with us. I look forward to welcoming you to the Francis Tuttle community and supporting you as you work toward your professional goals.

Warm regards,



LaDonna Selvidge, MS, M.ED., RN  
Director, Practical Nursing Program  
Francis Tuttle Technology Center



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**Accreditation/Approval Status**

The Practical Nursing Program is fully accredited/approved by the following national organization and state agencies.

Agency	Date of the Next Site Visit
<p>The Practical Nursing Program at Francis Tuttle Technology Center at the Rockwell Campus located in Oklahoma City, Oklahoma, is accredited by the:</p> <p>Accreditation Commission for Education in Nursing (ACEN) 3390 Peachtree Road NE, Suite 1400 Atlanta, CA 30326 (404) 975-5000</p> <p>The most recent accreditation decision made by the ACEN Board of Commissioners for the Practical Nursing Program is Continuing Accreditation.</p>	<p>Spring, 2030</p>
<p>Oklahoma Board of Nursing 2915 North Classen, Suite 524 Oklahoma City, OK 73106 (405) 962-1800 <a href="http://www.ok.gov/nursing">http://www.ok.gov/nursing</a></p>	<p>Fall, 2026</p>
<p>Oklahoma Board of Career and Technology Education 1500 West 7<sup>th</sup> Ave. Stillwater, OK 74074 (405) 377-2000 <a href="http://www.okcareertech.org">http://www.okcareertech.org</a></p>	<p>Spring, 2027</p>



Non-Discrimination Policy

## PRACTICAL NURSING (LPN) PROGRAM OVERVIEW

We provide our students with an innovative and industry-driven educational experience that prepares students to administer 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.

Upon completion of the following curriculum, the graduate will be eligible to apply for licensure by examination (NCLEX-PN) in Oklahoma, any other state in the United States, and other jurisdictions specified by the National Council of State Boards of Nursing ([www.ncsbn.org](http://www.ncsbn.org)). Applicants with certain felony convictions may not be eligible to test for licensure. An initial determination of eligibility for licensure petition from the Oklahoma Board of Nursing can be accessed for a fee at <http://nursing.ok.gov/initialdeterm.pdf>.

### APPLICATION AND ENROLLMENT DATES

*Enrollment Options	Application Deadline	Applicants Notified	**Class Begins	**Last Day of Class
Fall Cohort <ul style="list-style-type: none"> <li>• August-May</li> <li>• Duration: 10 months (Fall/Spring semesters)</li> </ul>	1 <sup>st</sup> Friday in June	2-3 weeks after the application deadline	Thursday, August 6, 2026	Thursday, May 25, 2027
Spring Cohort <ul style="list-style-type: none"> <li>• January – December</li> <li>• Duration: 10 months (Spring/Fall semesters)</li> <li>• Summer break is included during June and July</li> </ul>	1 <sup>st</sup> Friday in October	2-3 weeks after the application deadline	Tuesday, January 5, 2027	Thursday, December 16, 2027

## Application and Selection Process

1. Applicants must be 18 years of age at the time of entrance to the Francis Tuttle Practical Nursing Program.
2. A current Francis Tuttle Adult Health Application is to be submitted with your Practical Nursing application packet when meeting with the Health Advisor.
3. All forms and documentation need to be submitted in one of the following options.
  - Mail to: Francis Tuttle Technology Center  
Attn: Lauren Harlow, CPC  
12777 N. Rockwell Ave.  
Oklahoma City, OK 73142  
Must be postmarked by application deadline.
  - Email scanned documents to: [lauren.harlow@francistuttle.edu](mailto:lauren.harlow@francistuttle.edu) (only PDFs will be accepted, no photos)
  - In person: Contact Lauren Harlow at 405-717-4334 or [lauren.harlow@francistuttle.edu](mailto:lauren.harlow@francistuttle.edu)

It is the applicant's responsibility to turn in all required items in the application process and verify receipt of the supporting documentation with the Health Career Advisor, Lauren Harlow.

4. Only completed files with all supporting documentation will be reviewed.
  - Francis Tuttle Adult Health Application – must be completed
  - High School Equivalency – See page 10 for more information
  - Career Tech and/or College Transcripts – if applicable
  - Entrance Scores – See page 10 for more information
  - Proof of Prerequisites - See page 10 for more information
  - OSBI Criminal History Record – See page 23 for more information
  - Affirmation of Criminal History Background Check – See page 21.
  - 1+1 RN School referral letter – if applicable
  - TOEFL scores for international students – See page 12-13 for more information
  - VISA, Passport number or verification of permanent resident status for international students
5. Preference points will be assigned to each application based on the documents included in the applicant's file. Applications will be ranked according to the number of preference points. Applications with the highest preference point scores will be contacted first for acceptance into the program.
6. Applicants will be contacted within three weeks of the application deadline.

## Admission Requirements

1. Francis Tuttle Technology Center Adult Health Application must be filled out.
2. Enrollment Options Request Form – Fill out paper on page 17.
3. High School Equivalency – Submit a high school diploma or \*official transcript from the United States, GED scores, OK Department of Education issued diploma, college transcript showing high school graduation date, or an international equivalency assessment letter. (International students, see “International Applicant Requirements” on page 12.)  
\*Official transcripts must be in a sealed envelope from the school or sent via Parchment to the Career Planning Center at Francis Tuttle.
4. Official Career Tech or college transcripts - Official transcripts must be in a sealed envelope from the school or sent via Parchment to the Career Planning Center at Francis Tuttle.
5. Entrance Scores – Math, Reading, and Writing must be covered in one of the following ways.
  - Accuplacer Next Generation Test – Math, Reading, and Writing with a minimum score of 250 on each.
  - ACT Math, Reading, and English with a minimum score of 19 on each.
  - Math: College Algebra with a C or higher **OR** AP Calculus AB with a C or higher
  - English: English Comp I with a C or higher **OR** AP Language and Composition with a C or higher
6. Pre-Requisite Courses
  - Medical Terminology: 45 hours from Career Tech **OR** 2-3 credit hours from an accredited college
  - Anatomy and Physiology: Combined class of 120 hours from Career Tech **OR** 3 hours from an accredited college
  - Anatomy only **AND** Physiology only: 4-5 hours each from an accredited college
  - Anatomy & Physiology I **AND** Anatomy and Physiology II: 3 hours each from an accredited college
  - Current Long Term Care Nurse Aide (CNA) Certification
7. OSBI Criminal History Record: This is required by Francis Tuttle to apply for the program. (If selected for the Practical Nursing program, a national background check will be required.)
8. Affirmation of Criminal History Background Check: Form must be filled out and signed. See page 21.
9. 1+1 RN School Referral Letter: If you have received one of these letters from another school, please turn it in with your application.
10. International Students: The following documents are required.  
TOEFL Scores  
Current VISA, Passport Number, or Verification of Permanent Resident Status

## **Physical and Mental Requirements**

Students in the Practical Nursing Program will be held accountable for the performance of the list below of physical and mental requirements while they are in the program. The list consists of minimal physical and mental requirements that are necessary for successful progression through the Practical Nursing Program:

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



## INTERNATIONAL APPLICANT REQUIREMENTS

1. Definition: The term “International Student” is defined as a person for whom English is a second language and/or who has graduated from high school in a foreign country.
2. I-20 Documentation : Francis Tuttle Technology Center does not issue I-20 documentation.
3. High School Equivalency: International Students must show high school equivalency in one of the following ways.
  - A. A high school equivalency assessment letter indicating a foreign country education is equivalent to a U.S. high school education. Evaluation letters are available through the International Students offices at many colleges and universities. It can also be obtained from World Education Services at [www.wes.org](http://www.wes.org) or with other credential evaluation services.
  - B. Pass a high school equivalency exam: GED
  - C. Oklahoma High School Diploma – Submit the documents listed below.
    1. Complete the top portion of the application for an Oklahoma High School Diploma. The application can be found at <https://Oklahoma.gov>. Search for high school diploma application using the search bar at the top.

### **You will need to do 2 OR 3.**

2. Official sealed transcript from an accredited Oklahoma college or university with 30 earned credit hours – Any person who has been admitted to any accredited college or university may be awarded a high school diploma by the State Department of Education within this state, provided that such person has successfully completed at least thirty (30) hours of college work at an accredited college or university. Title 70 O.S § 24-116
- OR**
3. An official transcript from an accredited out-of-state college or university with 30 earned credit hours with a sealed letter from an accredited Oklahoma college or university stating transferrable hours and proof of prior enrollment in an Oklahoma school. Any person who has previously been an Oklahoma student and has earned at least thirty (30) hours of college credit at an accredited college or university may apply for a diploma under this section, regardless of whether the credits were earned at an institution located in Oklahoma. A former Oklahoma student applying for a diploma after earning credits from an accredited college or university outside Oklahoma must submit an official transcript showing credits earned, as well as documentation showing that the applicant was previously an Oklahoma student. OAC 210-35-3-47 2.
4. Government issued photo ID

Same day service if you walk-in to the office before 3:30 pm. You can also obtain it by mail which takes about a week. For more information, contact:

Oliver Hodge Education Building – Capitol Complex  
2500 N. Lincoln Blvd. Room 210  
Oklahoma City, OK 73105-4599  
Phone: (405) 521-3369

4. Test of English as a Foreign Language (TOEFL):
- A. ALL international students 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 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
- B. 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 an application. The “Institutional TOEFL” scores may be submitted as meeting the testing requirement.
- C. Applicants needing to take the TOEFL may register for the examination by going online to [www.ets.org](http://www.ets.org) (Educational Testing Service). Select TOEFL from the list of exams. If registering by phone, call 1-800-468-6335.
- D. TOEFL exemption: International students who meet one of the exceptions below are exempt from taking the TOEFL exam.
- A student is from one of the countries included in the list of English Speaking countries (see list below for Exempt Countries)
  - A student has earned a baccalaureate degree from a regionally accredited United States college or university.
  - A student has attended and earned a high school diploma from a United States high school with a minimum overall GPA of 2.5.

English Speaking Countries: No TOEFL or IELTS Required

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

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

## PREFERENCE POINTS

**Entrance Scores:** The Accuplacer Next Generation or ACT scores are required, but must have been completed within 2 years of the date of application. The following courses may be submitted in place of the Accuplacer Next Gen and ACT Scores.

- Math: College Algebra from an accredited college or AP Calculus AB from an accredited U.S. high school with a grade of C or higher can be used for the math entrance score.
- Reading and Writing: English Comp I from an accredited college or AP Language and Composition from an accredited U.S. high school with a grade of C or higher can be used for the Reading and Writing Scores.

Accuplacer Next Generation Scores					
Writing		Reading		Math	
Scores	Points	Scores	Points	Scores	Point
250-259	1	250-259	1	250-259	1
260-269	2	260-269	2	260-269	2
<u>&gt;270</u>	3	<u>&gt;270</u>	3	<u>&gt;270</u>	3

ACT Scores					
Reading		English		Math	
Scores	Points	Scores	Points	Scores	Point
19	1	19	1	19	1
20	2	20	2	20	2
<u>&gt;21</u>	3	<u>&gt;21</u>	3	<u>&gt;21</u>	3

High School or College Courses							
High School AP Language		High School AP Calculus AB		English Comp I (College)		College Algebra	
Grade	Points	Grade	Points	Grade	Points	Grade	Points
A	3	A	3	A	3	A	3
B	2	B	2	B	2	B	2
C	1	C	1	C	1	C	1

**Health Care Certification/License, Experience, and/or FTTC Pre-Nursing Credit:** You must provide documentation for the following.

- Copies of current certifications or licenses (other than CNA). 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.
- Copy of transcript from FTTC's Pre-Nursing program. Two points will be awarded for each year that is completed with passing scores of at least a C.

Health Care Certification/License, Experience, and/or FTTC Pre-Nursing Credit	
Current Health Care Certifications/Licenses (other than CNA) – 1 point per certificate/license, maximum of 2 points	2
Health Care Work Experience (3-6 months full-time) with Direct Patient Contact Examples: CNA, AUA, Medical Assisting, PCT	1
Health Care Work Experience ( <u>≥</u> 6 months full-time) with Direct Patient Contact Examples: CNA, AUA, Medical Assisting, PCT	2
FTTC Pre-Nursing Program – 1 <sup>st</sup> year completion	2
FTTC Pre-Nursing Program – 2 <sup>nd</sup> year completion	2



## PRACTICAL NURSING PROGRAM – APPLICANT CHECKLIST

Applicant's Name (printed) \_\_\_\_\_

Directions: Please submit all required documents listed on this checklist. 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

Applicant's Initials    CPC Initials

_____	_____	<b>Application Forms</b> ___ Francis Tuttle Adult Health Application ___ Enrollment Options Request Form
_____	_____	<b>High School Completion or Equivalency</b> (original or true copies made by CPC staff) ___ High school transcript with graduation date or diploma <b>OR</b> ___ GED scores <b>OR</b> ___ Oklahoma Department of Education issued diploma <b>OR</b> ___ Official college transcript showing high school graduation date <b>OR</b> ___ International Equivalency Assessment
_____	_____	<b>Career Tech and/or College Transcripts:</b> ___ Official transcript(s) from college and/or Career Tech (Official transcripts are in a sealed envelope from the school or sent to CPC via Parchment)
_____	_____	<b>Entrance Scores:</b> Math, Reading, and English must be covered with one of the following options: ___ Accuplacer Reading, Math, and English with a score of 250 higher on each <b>OR</b> ___ ACT with a score of 19 or higher on Reading, English and Math <b>OR</b> ___ College Algebra with a C or higher or AP Calculus AB with a C or higher ___ English Comp I with a C or higher or AP Language and Composition with a C or higher
_____	_____	<b>Pre-Requisite Courses</b> (from an accredited college or Career Tech) ___ Medical Terminology: Completed when: _____ <b>OR</b> Enrolled Where _____ ___ Anatomy and Physiology: Completed when: _____ <b>OR</b> Enrolled Where _____ ___ CNA (Current Certification) Yes _____ <b>OR</b> Enrolled Where _____
_____	_____	<b>Additional Documentation</b> ___ Completed OSBI Criminal History Record: <a href="https://osbi.ok.gov/services/criminal-history">https://osbi.ok.gov/services/criminal-history</a> ___ Completed Affirmation of Criminal History Background Check (signed form) ___ OBN Determination of Eligibility (If applicable)
_____	_____	<b>International Students</b> ___ 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.
_____	_____	<b>1+1 Students</b> ___ Copy of RN School referral letter: Which College _____

Applicant's Signature \_\_\_\_\_ Date Submitted to CPC \_\_\_\_\_



# FRANCIS TUTTLE

## TECHNOLOGY CENTER

### ADULT HEALTH APPLICATION FOR ADMISSION 2026-2027

**PERSONAL INFORMATION** Complete all pages — please print. Date of Application: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Last) (First) (Preferred First Name) (MI)

Mailing Address: \_\_\_\_\_  
(Street) (Apt)

\_\_\_\_\_  
(City) (State) (ZIP) (County)

E-mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ May we text you at this number?  Yes  No

Social Security #: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### Ethnicity (Optional)

Are you Hispanic or Latino?  Yes  No Please mark all that apply: Gender:  Male  Female  Other

- American Indian/Native Alaskan  Black, or African American  
 Hawaiian/Pacific Islander  Asian  White, not of Hispanic origin

#### Educational History

Do you have a high school diploma or GED?  Yes  No Have you attended Francis Tuttle before?  Yes  No Year(s)? \_\_\_\_\_  
 If under a different name, please list: \_\_\_\_\_

Highest education level achieved:

- Less Than a High School Diploma  Some College, No Degree  Associate's Degree  Master's Degree  
 High School Graduate/GED  Technical Diploma  Bachelor's Degree  Doctorate Degree

List all colleges/tech centers you've attended: \_\_\_\_\_

Do you have previous related training or education that you would like evaluated for advanced standing credit?  Yes  No

#### Emergency Contact Information

##### Contact 1

Name \_\_\_\_\_  
 Relationship to you \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

##### Contact 2

Name \_\_\_\_\_  
 Relationship to you \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

#### Miscellaneous

Have you ever been convicted of a felony?  Yes  No

If yes, in what state(s) did you receive this conviction(s)? \_\_\_\_\_  
 Background check will be required in any/all states in which a felony conviction was received. For felony convictions in Oklahoma, form available at [www.ok.gov/osbi](http://www.ok.gov/osbi). Please include a written statement.

Have you ever been dismissed from another educational institution for disciplinary action?  Yes  No If yes, please explain \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_

#### Consent to Receive Automated Messages

Francis Tuttle Technology Center may use automated messages to communicate with our students regarding enrollment and attendance. If you do not want to be contacted, please check the box.

Opt-out

**FRANCIS TUTTLE USE ONLY**

Name \_\_\_\_\_

Major accepted in \_\_\_\_\_

This a Project BUILD application

FT AM PM EV

FTID # \_\_\_\_\_

#### Notice:

Completion of this application by itself does not constitute admission to Francis Tuttle Technology Center or placement on a waiting list for a program that may be full at the time application is made.

## PROGRAM AREAS

All Health Science Programs are Full Time Daytime Programs

**Health Sciences**, Rockwell Campus (NW 122nd & Rockwell)

Practical Nursing\*

Respiratory Care\*

Surgical Technology\*

*Admission into Health Sciences programs, requires submission of additional documents. Application checklist available online.*

\* State licensing agencies require documentation for U.S. citizenship for licensure in this area.

## TUITION INFORMATION

### Tuition Payment and Financial Aid

Note: Financial aid is not provided for the online programs.

Federal Student Aid and State Grants are not available to any program except Practical Nursing.

Will you be applying for Next Step Scholarship?  Yes  No

To receive the Next Step Tuition-Waiver Scholarship, you must complete the Next Step Tuition Waiver application:

You may download an application at: <https://www.francistuttle.edu/sites/default/files/2021-03/Next%20Step%20Application-2021.pdf>

If applying for the Next Step Tuition-waiver scholarship, please list the name of your high school:

Are you a Veteran?  Yes  No

Have you resided in Oklahoma for the past 12 months?  Yes  No

### \*Next Step Tuition-Waiver Scholarship

Through this program, new adult students who begin a Career Training Program prior to their 21st birthday will receive a tuition waiver for one field of study. Scholarship recipients will be required to pay for books, clothing and any other materials or fees required by that Career Training Program.

#### **Qualifying Criteria:**

- Applicant must submit a Next Step Tuition Waiver application and proof of high school graduation to the Financial Aid Office.
- Applicant must have a diploma from one of Francis Tuttle Technology Center's partner schools, or have lived within the Francis Tuttle Technology Center school district upon high school graduation.
- Applicant must start their Career Training Program before their 21st birthday.
- Many program openings are filled on a "competitive basis." Students must qualify for program openings under the same standards and criteria as all other students.

**For additional scholarship opportunities, check out our website,**  
<https://www.francistuttle.edu/admissions-costs/financial-aid/types-aid/scholarships>

**Veteran Scholarship**  
[www.francistuttle.edu/scholarships](http://www.francistuttle.edu/scholarships)

### Tuition Adjustments for Withdrawals (*Not applicable to Respiratory Care applicants*)

Students who withdraw, prior to the last one-fourth (1/4) of their career major, are only responsible for paying for the hours they were scheduled to attend prior to their withdrawal.

There will not be tuition adjustment for students withdrawing in the last one-fourth (1/4) of their career major.

There is not a tuition adjustment for early completion.

For more information regarding financial aid and scholarships, please contact the Financial Aid Office at **405.717.4315** or via email at [finaid@francistuttle.edu](mailto:finaid@francistuttle.edu). For more information on tuition payment options, please contact the Cashier at **405.717.4224** or via email at [contact@francistuttle.edu](mailto:contact@francistuttle.edu).

**Financial Aid Students:** If a student completely withdraws from school, the school must calculate according to a specific formula the portion of the total scheduled financial assistance he or she has earned and therefore is entitled to receive up to the time of withdrawal. The portion of the federal grants the student is entitled to receive is calculated by comparing the number of hours the student was scheduled to complete in the payment period to the total number of hours in the payment period. Once a student has been scheduled to complete more than 60% of a payment period, he or she has earned all aid for that period. If a student has not been scheduled to complete more than 60% of a period, that student may owe funds back to the federal program. Francis Tuttle will also return to the Title IV Programs the percentage of unearned tuition of students who do not complete more than 60% of a period.

### Admissions Agreement

I certify that all information given here is complete and correct to the best of my knowledge. I understand that submission of false information or academic records is grounds for denial of admission or immediate suspension. I agree to submit all required credentials, including those specifically mentioned, and that failure to do so may result in my being denied admission.

I further agree that upon admission to Francis Tuttle, it is my responsibility to read the Francis Tuttle student handbook and abide by its rules and regulations regarding conduct and other obligations which have been made by properly constituted authorities.

### Payment of Tuition Agreement

I understand that I am fully responsible for payment of tuition at Francis Tuttle Technology Center. It is my responsibility to obtain the necessary documents from my funding agency each semester and to be aware of the amount of those funds. In the event that my funding agency does not pay for tuition and other expenses for my program, I understand that I must pay those expenses from my personal funds.

### Release of Information

I,  do  do not give permission/consent to Francis Tuttle Technology Center to release academic and personal information (for example, grades, educational progress, or attendance records) from school files and sources to an inquiring school or agency.

I understand that completing this form with written consent (signature) releases Francis Tuttle Technology Center and any person or persons connected with Francis Tuttle Technology Center from any and all liabilities of student confidentiality relating to any information described above which is given to the inquiring school or agency.

### Adult Model Release and Consent to Use Name and Picture

I  do  do not give permission/consent to use my name and photograph or photographs for advertising and promotional purposes in the interest of Francis Tuttle, and/or its designates.

I understand that this consent extends to photographs and electronic images of myself, which may be used in printed materials, television and video productions, web sites, CD ROMs or other technologies. Any use of my image will relate to the school and its activities only. I also understand that I will receive no compensation for use of my picture and/or name.

**I HAVE READ, DO UNDERSTAND, AND WILL ABIDE BY ALL OF THE POLICIES IN THIS APPLICATION.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**To review Francis Tuttle's crime and safety report, please visit  
<https://www.francistuttle.edu/about/consumer-information/campus-safety>.  
For a hard copy of the report, please contact (405) 717-4315.**

### Nondiscrimination Policy

It is the policy of Francis Tuttle not to discriminate with regard to race, color, religion, gender/sex, national origin, age, marital or veteran status, or disabilities. This policy shall be followed in the operation of its educational programs and activities, recruitment, admissions, employment practices and other educational services. Inquiries concerning application of this policy may be directed to the Human Resources Director, who serves as the Coordinator of Title IX; Section 504; and Americans with Disabilities Act for all campuses, at 12777 N. Rockwell, Oklahoma City, OK 73142-2789, (405) 717-7799.



**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 choose which Cohort you prefer to start by marking the correct box below.

Cohort	Duration	Starts	Ends	Preference (Please rank #1 and #2)
PN1 – Fall	<ul style="list-style-type: none"> <li>• 10-months (2 semesters)</li> <li>• Start in August; Graduate in May</li> <li>• Fall and spring semesters</li> </ul>	August	May	
PN2 – Spring	<ul style="list-style-type: none"> <li>• 10-months (2 semesters)</li> <li>• Start in January</li> <li>• No classes June and July;</li> <li>• Return in August; graduate in December</li> </ul>	January	December	

**Cohort Description:**

The PN Program is a full-time, daytime program with an average attendance of 30-34 hours per 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 8:00am-3:00pm, Monday - 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.

The only differences between the Fall and Spring cohorts is the when each cohort starts and the spring cohort has a summer break.

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

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# 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 Completes

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 – Employer Completes

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.

<b>Self-Disclosure Statement (Check either Yes or No)</b>		
Do you have a current criminal charge that is pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a criminal conviction, including a deferred sentence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a professional certification or license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently on parole, probation, or a deferred sentence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you listed on any state’s Sex Offenders Registration List?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### **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 Practical Nursing \_\_\_\_\_



# 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/>

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:

### 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.

**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

**Must have this  
section completed to  
meet requirement of  
application**

Oklahoma Department of Corrections  
Sex Offender

**Must have this  
section completed to  
meet requirement of  
application**

Oklahoma Department of Corrections  
Violent Offender

**Must have this  
section completed to  
meet requirement of  
application**

*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.*



Please note the Oklahoma Board of Nursing information for nursing education programs in the links below.

**1. NCLEX or AUA Certification Applicants with History of Arrest/Deferred Sentence/Conviction Policy**

Please review this information provided in the link below and notify the PN Program director if any of the information applies to you, as you could be prevented from receiving a nursing license.

<https://oklahoma.gov/content/dam/ok/en/nursing/documents/nclex9.pdf>

**2. Determination of Eligibility for Licensure or Certification for Individuals with History of Criminal Conviction**

If your OSBI Background Check had a positive result, please go to the information provided in this link:

<https://oklahoma.gov/content/dam/ok/en/nursing/documents/initialdeterm.pdf>

This form needs to be submitted by you to the OBN and a response given from the OBN before your application will be accepted at Francis Tuttle Technology Center. Do not submit this form to the Practical Nursing Program at Francis Tuttle Technology Center.

**3. Information for Bulletins and Catalogues of Nursing Education Programs**

Please review the information in the link provided below:

<https://oklahoma.gov/content/dam/ok/en/nursing/documents/nclex9.pdf>