

Muskogee



Indian Capital  
TECHNOLOGY CENTER

Tahlequah

Sallisaw

Stilwell

*Envision. Experience. Excel.*

**Practical Nursing - Radiology Technology - Surgical Technology**

DATE APPLICATION SUBMITTED: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI) (Other last names on educational/financial records, etc)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(If different) (Street) (City) (State) (Zip)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(Name) (Relation) (Phone)

Are you a US Citizen?  NO  YES Alien number (if applicable): \_\_\_\_\_ Provide Proof of Legal Residency

**PROGRAM TO WHICH YOU ARE APPLYING** (indicate only one per application):

- Radiology Technology** (Offered Muskogee Campus Only)  
(Students applying to Radiology Technology are required to have 15 hours college credit including 3 hours of Freshmen Composition and 3 hours of College Algebra to qualify for admission (see priority points ranking scale for details))
- Surgical Technology** (Offered Stilwell Campus Only)
- Practical Nursing** (Offered Muskogee, Sallisaw, Stilwell & Tahlequah Campuses)

**If Applying to Practical Nursing Complete the following information:**

Indicate **ONE** campus as your **1<sup>st</sup> (or only) preference:** \_\_\_\_\_

*Alternative campus choices will only be considered if qualified applicant pool is exhausted.*

**If you would like to be considered for admission to another campus, please complete the following:**

**IF I AM NOT ADMITTED TO THE CAMPUS OF 1<sup>ST</sup> PREFERENCE,**

**MY ALTERNATIVE PREFERENCE(S) IS/ARE (please circle):**

<b>2<sup>ND</sup> PREFERENCE:</b> MUSKOGEE / SALLISAW / STILWELL / TAHLEQUAH
<b>3<sup>RD</sup> PREFERENCE:</b> MUSKOGEE / SALLISAW / STILWELL / TAHLEQUAH
<b>4<sup>th</sup> PREFERENCE:</b> MUSKOGEE / SALLISAW / STILWELL / TAHLEQUAH

**INDICATE THE ICTC CAMPUS WHERE YOU TOOK/ARE TAKING YOUR NET/HOBET EXAM AND THE DATE OF THE EXAM**

- MUSKOGEE** Date \_\_\_\_\_
- SALLISAW** Date \_\_\_\_\_
- STILWELL** Date \_\_\_\_\_
- TAHLEQUAH** Date \_\_\_\_\_

**FINANCIAL AID**

WILL YOU RECEIVE FINANCIAL AID? Yes /No IF "YES" WHAT SOURCE(S) \_\_\_\_\_

**ADVANCED STANDING / CREDIT FOR PREVIOUS LEARNING**

**Will you be requesting credit based on the following?**

NURSING, RADIOLOGY TECHNOLOGY and /or SURGICAL TECHNOLOGY HOURS FROM ANOTHER TRAINING or COLLEGE PROGRAM	YES* / NO	*If yes, please attach OFFICIAL transcript and Course Description
ANATOMY & PHYSIOLOGY	YES* / NO	*If yes, please attach OFFICIAL transcript. Must have at least 8 college credit hours preferably completed within the past 3 years.
CERTIFIED NURSE AID (CNA) (Practical Nursing Applicants Only)	YES* / NO	*Must have current certification and have worked an equivalent of 6 months full-time in the past 2 years <b>OR</b> have completed certification through HCC at ICTC within the past academic year.
MEDICAL TERMINOLOGY	YES* / NO	* If yes, please attach OFFICIAL transcript. Must have completed at least 3 college credit hours preferably within the past 3 years <b>OR</b> have completed the course through HCC at ICTC with a grade of "B" or better within the past academic year.

**HEALTH CAREERS CERTIFICATION**

ARE YOU CURRENTLY ENROLLED IN A HEALTH CAREERS CERTIFICATION PROGRAM AT ICTC?	YES / NO
ARE YOU CURRENTLY ENROLLED IN THE "NURSING OPTIONS" CURRICULUM IN A HEALTH CAREERS CERTIFICATION PROGRAM AT ICTC? *IF YES, HAVE INSTRUCTOR SIGN HERE:	YES* / NO
HAVE YOU COMPLETED A HEALTH CAREERS CERTIFICATION OR HEALTH SCIENCE PROGRAM AT ICTC WITHIN THE LAST TWO YEARS?	YES / NO
ARE YOU A CNA WITH A <b>CURRENT</b> OKLAHOMA OR ARKANSAS CNA CERTIFICATE? IF YES, ATTACH COPY OF PROOF OF CURRENT CERTIFICATION AND COMPLETE THE INFORMATION BELOW.	YES / NO

**EMPLOYMENT HISTORY**

PLACE(S) OF EMPLOYMENT	JOB TITLE /ROLE/RESPONSIBILITY	CERTIFICATION REQUIRED AND/OR OBTAINED FOR JOB (IF ANY)	DATES OF EMPLOYMENT

**EDUCATION HISTORY**

NAME OF HIGH SCHOOL: \_\_\_\_\_

GRADE LEVEL COMPLETED: 9 10 11 12 <sup>(Name)</sup> YEAR GRADUATED: \_\_\_\_\_ <sup>(Location)</sup> **OR** GED DATE: \_\_\_\_\_

LIST ALL TRAINING OR VOCATIONAL PROGRAMS AND COLLEGES ATTENDED. BEGIN WITH THE MOST RECENT.

School Name	Location	From To	Grad. Date Mo. / Yr.	Degree/ Certificate	Are you currently certified /licensed

## NON DISCRIMINATION STATEMENT

Indian Capital Technology Center is an equal opportunity institution in accordance with civil rights legislation and does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, marital or veteran status, or disability in the operation of its educational programs, activities, recruitment and admission practices. Concerns regarding this policy should be addressed to the District Compliance Coordinator, at 918-687-6383 or 1-800-375-8324, 2403 N 41<sup>st</sup> Street E, Muskogee, OK 74403. Additionally, each campus has a contact in which complaints can be reported.

### Statements of Understanding

- 1. Photo Release**  
I give my permission to Indian Capital Technology Center to use my photograph or video image for public relations or instructional purposes. I understand that I will not be compensated in any manner for this use.
- 2. Approval for Release of Records**  
I authorize Indian Capital Technology Center to release records/information to agencies providing or preparing to provide assistance to me for my educational benefit. This includes financial aide entities, clinical sites, other education entities, or official agencies.
- 3. Transportation**  
Unless otherwise notified by Indian Capital Technology Center, the student is responsible for travel to and from school, clinical, and school related activities. Travel is at the expense of the student and may be both in and outside the school district.
- 4. Background Checks**  
Individuals applying for enrollment must comply with the request for a background check, which includes a sex offender registry check as set forth in school policy. The individual must present a current satisfactory check to Indian Capital any time such checks are requested. The background check may be shared with clinical facilities. Information contained in the background check may affect the individual's ability to enroll or continue enrollment in the program. The policy and application for background and sex offender registry checks may be obtained through the practical nursing program or at any Indian Capital campus. Expenses associate with such checks are the responsibility of the student.
- 5. Drug and Alcohol Screens**  
Students enrolled in health career programs at ICTC may be subject to initial, random, and upon suspicion drug and/or alcohol screens. Failure to submit a clear screen at any time may result in immediate dismissal from ICTC. Expenses associate with such screens are the responsibility of the student.
- 6. Services for Students Requiring Accommodations**  
Adult students requiring accommodations may contact Student Services at 918-687-6383 and/or notify the Program Coordinator/Instructor.
- 7. Financial Aid**  
Students who have NOT been approved by Pell or another funding agent for the cost of tuition, books, fees, etc., by the first day of class, or who have only partial funding approval, will be expected to pay any balance on the first day of school. Payment schedules may be established if approved by the appropriate ICTC administrator. An official "Letter of Authorization" from any funding agency indicating the amount of school expense that the agency is paying toward the student's education must be received by the school. The student is ultimately responsible for the payment of all school expenses at the time they are due.  
  
To receive financial aid (PELL) the student must be pursuing a certificate from Indian Capital Technology Center, and must be making satisfactory academic progress.
- 6. Policies and Procedures**  
Students are expected to comply with all policies and regulations of Indian Capital Technology Center and its health careers programs. Handbooks containing policy and procedures for ICTC students and full-time Adult Health Careers students are available to every student enrolled. Students should ensure they obtain and read these documents upon admission. If a student has not received these documents they should notify faculty and request such documents.

**I have read and understand the above statements:**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**I hereby certify that I am the applicant referred to in the application and that the information I have provided is true and accurate to the best of my knowledge. I understand that if I am admitted to ICTC, any false statement or misrepresentation on this application and throughout the course of the admission process and/or enrollment shall be considered sufficient cause of dismissal from the program.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**APPLICATION PERIODS/DEADLINES**

All applications, related information & testing must be completed by **April 15, 2010** to be considered for admission.

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**\*ICTC reserves the right to close, extend, or re-open the announced application period for any campus without prior notification\***

**APPLICATION TO ANY INDIAN CAPITAL TECHNOLOGY CENTER HEALTH CAREER PROGRAM  
DOES NOT GUARANTEE ADMISSION OR TIME PERIOD FOR ADMISSION.**

**Incomplete information &/or applications will not be considered for admission.  
See application insert information regarding the process for student admission and management of applicant pools.**

**The Radiology Technology Program at ICTC is accredited by the  
Joint Review Committee on Education in Radiologic Technology (JRCERT).  
Joint Review Committee on Education in Radiologic Technology (JRCERT)**

*For information regarding accreditation standards or concerns regarding such standards contact program officials at ICTC or JRCERT:*

**20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-2901  
E-mail: [rnail@jrcert.org](mailto:rnail@jrcert.org)**

**The Surgical Technology Program at ICTC is accredited by the  
Commission on Accreditation of Allied Health Education Programs (CAAHEP)**

**1362 Park Street  
Clearwater, FL 33756  
727-210-2350  
[www.caahep.org](http://www.caahep.org)**

**The Practical Nursing Program at ICTC is accredited by the  
National League for Nursing Accrediting Commission (NLNAC).**

*For information regarding the length of the program, tuition and fees you may also contact:*

**National League for Nursing Accrediting Commission (NLNAC)  
3343 Peachtree Road, NE, Suite 500  
Atlanta, GA 30326  
Telephone # 404-975-5000  
Fax # 404-975-5020  
Website: [www.nlnac.org](http://www.nlnac.org)**

**OKLAHOMA BOARD OF NURSING POLICY  
Requirements for Licensure as a Practical Nurse**

The Indian Capital Technology Center Practical Nursing Program is approved by the Oklahoma Board of Nursing. Graduates of the state-approved program are eligible to apply to write the National Council Licensure Examination (NCLEX) for practical nurses. Applicants for Oklahoma Licensure must meet all state and federal requirement to hold an Oklahoma license to practice nursing. In addition to completing a state approved nursing education program, requirements include submission of an application for licensure with a criminal history records search and successfully passing the licensure examination. Applicants for practical nurse licensure must also hold a high school diploma or graduate equivalency degree (GED) [59 O.S. 567.5 & 567.6]. To be granted a license, an applicant must have the legal right to reside in the United States (United States Code Chapter 8, Section 1621). The Board has the right to deny a license to an individual with a history of criminal background, disciplinary action of another health-related 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 charges. An individual with a felony conviction cannot apply for licensure for at least five years after completion of all sentencing terms unless a presidential or gubernatorial pardon is received [59 O.S. 567.5 & 567.6].

OBN Policy/Guideline #E-05

OBN Approved: 7/ 92; OBN Revised: 9/01, 6/04

Verification of citizenship status: New legislation takes effect November 1, 2007, requiring the Board of Nursing to issue a license only to U.S. 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 in the U.S.;
2. A pending or approved application for asylum in the U.S.;
3. Admission into the U.S. in refugee status;
4. A pending or approved application for temporary protected status in the U.S.;
5. Approved deferred action status; or
6. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

**Questions regarding this matter may be directed to:**

**Oklahoma Board of Nursing  
2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800**