



## FALL 2024 EVENING/WEEKEND NURS PROGRAM

APP # \_\_\_\_\_

**CHECK COHORTS APPLYING FOR**  
\_\_\_\_\_ SP 2025 – SP 2026, Lafayette Evening/Weekend ASN cohort

**GENERAL INFORMATION:** This application is for admission to the Nursing program at LSU Eunice. By completing this form, you are seeking admission to the clinical portion of this program. All applications must be received by **October 1<sup>st</sup>, 2024**. If you have any questions regarding this application, please call 337-550-1311 or 337-550-1357

### INSTRUCTIONS:

1. Fill out this application and return it to Health Sciences Business Technology, T-104 by **October 1<sup>st</sup>**. Only mail this application if you are **NOT** currently attending LSUE as a student & are unable to come in person. The application must arrive by **October 1<sup>st</sup>** to be considered for admission for the **SPRING 2025 Lafayette Evening/Weekend cohort**.

Our address is:

**LSU Eunice, Health Sciences & Bus. Technology**  
**P. O. Box 1129**  
**Eunice LA 70535**

Include a copy of **ALL** transcripts from colleges you have attended or have them submitted to LSUE Admissions before the deadline for applications. If you are currently enrolled in a university other than LSUE send a copy of the transcript to Health Sciences & Business Technology immediately following the posting of those final grades. These final grades must be received before the program selection date. LSUE Admissions will also need an official copy sent from that University as soon as possible.

2. Apply separately for general admission, if **not currently enrolled at LSU Eunice**. Contact the Office of Admissions, LSU Eunice, P. O. Box 1129, Eunice, LA 70535 or register online at [www.lsu.edu](http://www.lsu.edu). There will be a \$25.00 general admission application fee. The university application must also be completed by **OCTOBER 1<sup>st</sup>**. **The University will collect the \$25 fee. Do not submit it with your application materials.**
3. Attach all supporting documentation or this application will be considered incomplete and will not be accepted for consideration for admission unless all documents are attached. **This includes the application, fingerprint cards, and signed CBC forms.**
4. Please read important information regarding Financial Aid attached.
5. All applicants must take the **NLN NEX Assessment Examination**. Students must obtain a minimum composite score of 150. Please refer to the information in this packet for registering for the Entrance Examination. The NLN NEX can be taken ONCE per application period. **The exam must be paid for AND scheduled by SEPTEMBER 16<sup>TH</sup>.** **Previously taken NLN NEX scores will be accepted for 365 days from date last taken to date of this selection.**

**TURN IN PROOF OF PAYMENT FOR EXAM FROM NLN AND PROOF OF SCHEDULED EXAM FROM LSUE TESTING CENTER WITH YOUR APPLICATION.**



## FALL 2024 EVENING/WEEKEND NURS PROGRAM

1. Successful completion of the following pre-requisite courses by the end of the **SUMMER 2024 (AUGUST)** semester

English 1001	English Composition 1	3 credit hours
English 1002	English Composition 2	3 credit hours
Math 1015 or Math 1021	Applied College Algebra or College Algebra	3 credit hours
Psychology 2070	Developmental Psychology of the Life Span	3 credit hours
Biology 1160 & 1161	Human Anatomy & Human Anatomy Lab	4 credit hours
Biology 2160 & 2161	Human Physiology & Human Phys. Lab	4 credit hours
Biology 1011/1012	Microbiology & Micro Lab	4 credit hours
Nursing 1001	Introduction to Nursing	<u>1 credit hour</u>
	Total	25 credit hours

(Additional general education courses are required to graduate from the program. Review the Nursing Curriculum in the LSUE catalog for a full list of courses needed to graduate). **All prerequisite courses must be completed by SUMMER 2024 (AUGUST) to be eligible to apply in this selection.**

2. Upon acceptance into the Nursing Program, a mandatory drug screen and background check (LSBN) will be required.
3. It is the right and privilege of all clinical sites to request that a drug test be performed prior to beginning (or at any time during) the clinical rotation in any facility. Failure to participate in any such drug test is grounds for dismissal from the Nursing program.
4. **Louisiana State Board of Nursing:**  
Louisiana State Board of Nursing applications will be processed electronically through their portal if you are accepted into the program. Instructions on this will be provided to you once selection is made.
5. **Fingerprint Cards:**  
To expedite the Louisiana State Board of Nursing application process, you are asked to provide us with the Authorization for Criminal Background Check – Page I & II (attached) along with **TWO** fingerprint FBI cards. Each of the cards need a separate and distinct set of prints. To obtain a copy of the fingerprint cards if needed you can visit <http://www.lsbn.state.la.us/Education/RNStudents.aspx>. If this link does not work, you will receive your fingerprints on the cards needed for submission. Please make sure your fingerprints are clear and not smudged. Fees for processing your Criminal Background Check will be processed through the LBSN Portal if you are accepted into the program. **Do not provide payment for background check with application.**

**CERTIFICATION:** I certify that I have read this application and instructions and that to the best of my knowledge the information given is correct and complete. I understand that if any information is incorrect or false, my application will be invalid. I understand that before an application is considered, completed applications, fees, and all scholastic records must be on file at the LSUE Registrar’s office and the Nursing office in the Division of Health Sciences and Business Technology.

Signature \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_



FALL 2024 EVENING/WEEKEND NURS PROGRAM

Name \_\_\_\_\_ Circle One M F
Last First Middle

Please check all programs you are applying for in the health Sciences & Business Technology Division by placing a number for your preference. (example 1, 2, 3, 4)

\_\_\_\_\_ Radiology \_\_\_\_\_ Nursing \_\_\_\_\_ Respiratory \_\_\_\_\_ DMS \_\_\_\_\_ Surgical Tech

List any other names under which your records may be filed: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Work Status - Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ None \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Age as of January 18th, 2024 \_\_\_\_\_

- \_\_\_ American Indian / Alaskan Native \_\_\_ 17-20
\_\_\_ Asian \_\_\_ 21-25
\_\_\_ Black / African American \_\_\_ 26-30
\_\_\_ Hispanic / Latino \_\_\_ 31-40
\_\_\_ Native Hawaiian or Pacific Islander \_\_\_ 41-50
\_\_\_ White / Caucasian \_\_\_ 51-60
\_\_\_ Two or More Races \_\_\_ 61 and older
\_\_\_ Other or Unknown

PLEASE NOTE: Selection into both the ASN and LPN-ASN programs are done anonymously, with de-identified data (i.e. does not include names, location, credentials, etc.). The information collected above is for university purposes and is collected to assist in reporting data to ACEN (Accreditation Commission for Education in Nursing).

Number of times applied to the LSUE nursing program. \_\_\_\_\_

Are you currently enrolled in another college or university? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify institution. \_\_\_\_\_

ALL COMPLETE TRANSCRIPTS FROM OTHER UNIVERSITIES MUST BE SENT TO HEALTH SCIENCES AS SOON AS THE SEMESTER ENDS.

List all colleges, universities, or hospital-based programs which you have previously attended in chronological order. All institutions must be listed regardless of whether credit was earned or desired. Failure to indicate attendance at another college or university may result in admission being denied or subsequent dismissal.

\_\_\_\_\_
\_\_\_\_\_

Have you completed all the prerequisites for the Nursing Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be complete with prerequisites in summer semester of application period? Yes \_\_\_\_\_ No \_\_\_\_\_

List all courses in which you are currently enrolled: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_



FALL 2024 EVENING/WEEKEND NURS PROGRAM

**DOCUMENTATION OF HEALTHCARE RELATED OR FULL TIME WORK**

Please list and submit a letter from your employer stating the date of hire and daily responsibilities or tasks addressed to Program Director. Minimum of 1-year experience. Note: Letters of recommendation will not be accepted or utilized.

**DOCUMENTATION OF DEGREE/CERTIFICATE/LICENSURE**

Please list all applicable (and attach copy of documentation to validate):

Professional Credentials: \_\_\_\_\_

Degree(s): \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date Received	Paid	Accepted	Alt #
---------------	------	----------	-------

**DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY**

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

I give LOUISIANA STATE UNIVERSITY at EUNICE authorization to disclose all criminal history records information to selected health care agencies providing clinical nursing practice experiences required for completion of the ASN degree at LOUISIANA STATE UNIVERSITY EUNICE.

I authorize Louisiana State University at Eunice to obtain and utilize records of Code of Conduct and Policy violations as part of the selection process into the Nursing Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
LSUE ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## FALL 2024 EVENING/WEEKEND NURS PROGRAM

### **PLEASE KEEP THIS FOR YOUR RECORDS DO NOT TURN IN WITH APPLICATION**

#### **IMPORTANT PLEASE READ**

##### ATTENTION APPLICANTS FOR CLINICAL PROGRAMS

- You must complete the correct FASFA for the year you wish to apply. (Example: You must file the 2024 – 2025 FASFA form if you are applying for aid for SPRING of 2025).
- If you are relying on financial aid to pay your fees, you are **STRONGLY** urged to complete your FASFA and submit all requested documents by June 1, 2024 (priority deadline for SPRING 2025 for continuing students). Failure to meet this deadline may require you to be responsible for ALL required fees (tuition, books, supplies, etc.).
- You must submit a Financial Aid Appeal Form (<https://www.lsu.edu/financialaid/finaidforms.php>) if you have attempted over 123 hours which include any withdrawals (W's), fail courses (F's), or academic bankruptcy on your official transcript. For more information go to <https://www.lsu.edu/studentaffairs/finaidappeals.php>.
- You must be fully admitted to the University. You must submit to the LSU Eunice Office of Admissions official transcripts from every college or university at which you were previously enrolled. **Formally apply to the university before October 1, 2024.**
- You must continue to check the status of your financial aid on your "myLSUE" account for current updates or notifications regarding your file.



## FALL 2024 EVENING/WEEKEND NURS PROGRAM

### Health Sciences Divisional Policy Updates AY 24/25 (Effective 8/2024)

Admission into any selective LSUE Health Science program (Nursing, Radiologic Technology, Respiratory Care, Diagnostic Medical Sonography, Surgical Technology) will be limited to two (2) admissions into any program in which the student has started the program but has unsuccessfully completed the program. This restriction applies to whether the student has voluntarily withdrawn from a program or has not met the required objectives necessary for program progression. This policy applies to students who have attempted the same program twice or who have attempted two different programs. This policy does not apply to students who have declined admission into a selective program after selection but before entering programmatic courses. Students wishing to apply for selection for a third entry and attempt in any selective LSUE Health Science program must wait a minimum of 5 years to reapply.

Students dismissed from any selective LSUE Health Science program for violations to the LSUE Student Code of Conduct or violations to any Program Policy(s) may not be allowed to reapply for selection into any selective LSUE Health Science program. A written request for appeal may be submitted to the Dean of Health Sciences, Business & Technology, and Public Protection and Safety for special consideration.

Transfer and re-entry students seeking selection into Health Science programs will have their transcripts evaluated for approved credit. The following guidelines will be applied to transfer and re entry credits for students seeking entry into one of the competitive Health Science programs:

- Math, Natural Science, and Medical Terminology courses must be less than 7 years of age at the time of re-entry or transfer.
- Courses other than Math, Natural Science, and Medical Terminology must be less than 10 years of age at the time of re-entry or transfer or have approval from the Dean of Health Sciences, Business & Technology, and Public Protection and Safety



## FALL 2024 EVENING/WEEKEND NURS PROGRAM

### NLN NEX Instructions

ALL applicants are required to take the NLN NEX test. Please follow the instructions found in this application. Additional resources are in the attached Student Guide. Any questions about purchasing the exam or creating an account with NLN should be directed to NLN Assessment Services.

#### HOW IS THE TEST GIVEN?

The test is a computerized examination, purchased through NLN and administered in the LSUE Testing Center, in the Library (100- C) on the LSUE campus. There will be no proctored testing from outside of the Testing Center. Students must purchase the exam through NLN as well as pay to reserve a test date with the Testing Center. There are three sections of the exam (Verbal, Math, and Science). You will have 60 minutes to complete each section.

**A composite score of 150 must be achieved.**

#### WHEN IS THE TEST GIVEN?

Day	Date	time
Wed	9/18/24	8:00 AM
Wed	9/18/24	8:30 AM
Thur	9/19/24	8:00 AM
Thur	9/19/24	8:30 AM
Fri	9/20/24	8:00 AM
Fri	9/20/24	8:30 AM
Mon	9/23/24	8:00 AM
Mon	9/23/24	8:30 AM
Tues	9/24/24	8:00 AM
Tues	9/24/24	8:30 AM
Wed	9/25/24	8:00 AM
Wed	9/25/24	8:30 AM



## FALL 2024 EVENING/WEEKEND NURS PROGRAM

**NOTE:** If you already have an account, begin with step 8 to purchase the NLN NEX Exam.  
**DO NOT CREATE MULTIPLE ACCOUNTS.**

### HOW TO CREATE AN ACCOUNT WITH NLN:

1. Go to [www.NLNtest.org](http://www.NLNtest.org) and click the tab *Create New Account*.
2. Create a username and enter your **school email address** (we recommend using your school email address as your username).
3. Choose your institution (failure to choose your institution could mean a delay of up to 10 days).
4. Fill out your personal information.
5. Click *Create New Account*. You will receive a new account welcome email with a one-time link to complete the following: Verify your account, reset your password, and set your correct time zone (see below).
6. **Extremely Important: Change your time zone to your local time so that you meet the deadlines of the institution that you are applying to.**
7. After resetting your password, log out.

### HOW TO PURCHASE THE NLN NEX EXAM

8. Go to [www.NLNtest.org](http://www.NLNtest.org) and click *Log in*.
9. Type your username and password and click *Log in*.
10. Click *Register for Exam*.
11. Leave all fields BLANK except SITE.
12. Confirm the institution in the SITE field is correct.
13. Hit *Apply*.
14. Select the Event you want to register for – Click to register.
15. Verify the correct exam is showing and hit *SAVE REGISTRATION*.
16. It will then take you to the page where you will verify the test you want to register for – if correct, proceed to checkout. If incorrect, make changes, update the cart, and then checkout.
17. **The exam must be paid for AND scheduled by SEPTEMBER 16<sup>TH</sup>.**
18. The NLN has a NO REFUND policy. Please make sure you have chosen the correct exam(s) before completing your checkout. Once a purchase is made, it is final. **NO REFUNDS. NO RESCHEDULES.** You will be required to purchase a new exam if any changes are needed.

**Proof of purchase of the NLN NEX exam and email confirmation from the LSUE Testing Center of scheduled test is required at time of application submission.**





## FALL 2024 EVENING/WEEKEND NURS PROGRAM

### HOW TO SCHEDULE WITH THE LSUE TESTING CENTER (SEATING IS LIMITED SO SCHEDULE EARLY FOR MORE OPTIONS.)

Go to the LSUE Testing Center Website at <https://www.lsu.edu/testing-center/> to schedule and pay for the proctoring of the NLN NEX Exam.

Under “TESTING” choose “SCHEDULE AN EXAM”

1. Choose a group: select “LSUE Student”
2. Choose a group: select “NEX (Nursing Entrance Exam)”
3. Choose an exam: select “NEX (\$15.00)”
4. Choose a date: only available dates will show
5. Choose a time: only available times will show
6. Name, Email, LSUE Student ID Number, Phone Number
7. Agree to the Exam Guideline Acknowledgement
8. ADD TO CART
9. CHECK OUT to complete the registration process. Make sure you receive an email confirmation of your appointment.

You must create an account with NLN and **purchase the exam BEFORE scheduling** with the Testing Center.

If you do not schedule your exam for the same day and time that you purchased, your registration will be deleted, and fees will be forfeited.

#### HOW MUCH DOES THE TEST COST? (Prices are subject to change.)

\$52.50 with NLN

\$15.00 with Testing Center

#### HOW DO I STUDY FOR THE TEST?

The NEX study materials are available from NLN. Please see the Student Guide, which is attached to this packet.

#### WHERE DO I REPORT THE DAY OF THE TEST?

Please report to the LSUE Library 100-C, 15 minutes prior to your test time. Bring a valid **physical photo ID** (phones are not allowed), and 2 **standard sharpened wooden pencils**. Mechanical pencils and calculators are NOT allowed.

# Authorization for Criminal Background Check (CBC) – Page I

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***  
**\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\***

**\*\*\*PLEASE PRINT (except Signature) – USE BLUE OR BLACK INK WHEN FILLING OUT THIS FORM \*\*\***

Criminal history records check is authorized under the Nurse Practice Act, **Louisiana Revised Statutes 37:920.1.**

See instructions for submission of fees.

**Louisiana State Board of Nursing**  
FACILITY OR AGENCY

**Patricia A. Dufrene, PhD, RN**  
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**Monique Calmes, APRN, FNP-BC**  
FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**17373 Perkins Road**  
MAILING ADDRESS

\_\_\_\_\_  
SIGNATURE OF LSBN AUTHORIZED REPRESENTATIVE

**Baton Rouge, LA 70810**  
CITY STATE ZIP CODE

**(225) 755-7500**  
FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- DEPARTMENT OF PUBLIC SAFETY
- EMPLOYERS
- FIREFIGHTERS
- GAMING
- HEALTH CARE PROVIDER
- IMMIGRATION
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL

- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POSTSECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS

**\*\* Please print all except Signature \*\***

APPLICANT NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME (if different)  
{Provide any and all 'other' Last Names held which are not listed above in the bottom margin of this page}

APPLICANT SIGNATURE: \_\_\_\_\_

APPLICANT SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

LICENSE APPLIED FOR:  Student  RN by examination/NCLEX  RN by endorsement  
 Other  APRN  Conversion to compact license  RN reinstatement

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states' files, FBI and/or international files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

FORM NBR: CBC – 1a

# Authorization for Criminal Background Check (CBC) – Page II

**APPLICANT PROCESSING-DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION  
P.O. BOX 66613 (MAIL SLIP A-6)**

LSPAPPR/R8.03

**LOUISIANA STATE BOARD OF NURSING**

AGENCY

**17373 Perkins Road**

MAILING ADDRESS

**Baton Rouge**

CITY

**LA**

STATE

**70810**

ZIP CODE

**NOTICE:**

PLEASE PRINT OR TYPE INFORMATION,  
EXCLUDING ADMINISTRATORS OR  
AUTHORIZED PERSON SIGNATURE.  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.

*Provide/print the following information below:*

\_\_\_\_\_  
APPLICANT'S FULL NAME (print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_  
RACE SEX

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY  
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**DO NOT WRITE BELOW THIS LINE: (FOR BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION USE ONLY)**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION:**

**RAPSHEET ATTACHED**

**RESPONSE BELOW**