



NURSING PROGRAM APPLICATION

APP# _____

Select the cohort for which you are applying. Only **ONE** cohort may be selected each application cycle

- I am applying for the
- ☐ Spring 2026 – Fall 2027 Traditional Cohort, Lafayette Campus
- ☐ Spring 2026 – Spring 2027 LPN-ASN Cohort, Eunice Campus

GENERAL INFORMATION: This application is for admission to the Nursing Program at LSUE **Lafayette**. By completing this application, you are seeking admission to the clinical portion of this program. All applications must be received by **October 1**. If you have any questions regarding this application, please call 337-550-1363 or email kwatson@lsue.edu.

INSTRUCTIONS

1. Fill out the application in its entirety and return it to the Health Sciences, Business Technology, Public Safety and Protection office, T-104 by **October 1**. Mailed applications are accepted **ONLY** if you are **NOT** currently attending LSUE as a student and are unable to drop off the application in person. The application must arrive by **October 1** to be considered for the **Spring 2026 Lafayette** daytime cohort. The mailing address is

Louisiana State University Eunice
Health Sciences & Business Technology
PO BOX 1129
Eunice, LA 70535

Include an unofficial copy of ALL transcripts from colleges/universities you have attended and have official copies submitted to LSUE Admissions before the deadline for applications. If you are currently enrolled in a university other than LSUE, provide an unofficial copy of the transcript to Health Science & Business Technology immediately following the posting of final grades. Final grades must be received before the program selection date. Official transcripts must be received by LSUE Admission as soon as possible.

2. If you are not currently enrolled at LSU Eunice, you must apply for general admission. Contact the Office of Admissions, LSU Eunice at PO BOX 1129, Eunice, LA 70535 or register online at www.lsue.edu.

NOTE: There will be a \$25.00 general admission application fee. The application must be completed by **October 1**. The University will collect the \$25.00 fee. Do not submit the fee with your application materials.

3. Attach ALL supporting documents or this application will be rendered incomplete, and you will not be considered for admission.
4. Please read the information regarding Financial Aid.
5. All applicants must take the NLN NEX Assessment Examination. **A minimum composite score of 150** is required. Please refer to the information included in this packet for registration information for the entrance examination. **The exam must be paid for AND scheduled by September 14.**

PROVIDE PROOF OF PAYMENT FOR THE EXAM FROM THE NLN AND PROOF OF YOUR SCHEDULED EXAM FROM THE LSUE TESTING CENTER WITH YOUR APPLICATION.

NOTE: The NLN NEX can be taken **ONCE** per application period. Previous NLN NEX scores will be accepted for 365 days from the date last taken to the date of this selection.

6. Attend the orientation session when scheduled.



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7. Successful completion of the following pre-requisite course are required by the end of **Summer 2025** to be eligible to apply for this selection.

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 (Traditional Track Only)	<u>1 credit hour</u>
Total		25 credit hours

Additional general education courses are required to graduate from the program. Review the Nursing Program Curriculum in the LSUE catalog for a full list of courses needed to graduate.

8. **LPN-ASN Transition Program applicants** must hold a valid, unencumbered Louisiana LPN license and have at least **one year** of acute care experience by the time of selection. **NOTE:** Acute care experience is **defined** as direct patient care in settings such as hospitals, emergency rooms, urgent care centers, nursing home, and/or skilled nursing facilities, where patients receive treatment for acute and/or chronic conditions. Key responsibilities include monitoring vital signs, administering medications, assisting with ADLs, responding to changes in patient condition, and collaborating with healthcare teams.
9. Upon acceptance into the Nursing Program, a mandatory drug screen and background check (LSBN) will be required.
10. It is the right and privilege of a clinical site to request that a drug screen be performed prior to beginning (or at any time during) the clinical rotation in any facility. Failure to participate in any such drug screen is ground for dismissal from the Nursing Program.
11. **Louisiana State Board of Nursing (LSBN) applications** will be processed electronically through their portal if you are accepted into the nursing program. Instructions for completing the application will be provided once final selections are made.
- Fingerprinting and Criminal Background Checks:** The LSBN application will be processed through their portal if you are accepted into the Nursing Program. **AFTER** you are accepted into the program and your LSBN application is processed, follow the instructions provided in regard to fingerprinting and the Criminal Background Check that is included in the application.
12. By signing below, I authorize Louisiana State University Eunice to obtain and utilize records of the Code of Conduct and policy violations as part of the selection process into the Nursing Program

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.

Student Signature _____ ID# _____ Date _____



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Name _____ Gender M F
Last First Middle

Please select all the programs for which you are applying in the Health Science & Technology Division by placing a number of preference (1, 2, 3, 4)

_____ DMS _____ Nursing _____ Radiology _____ Respiratory _____ Surgical Technology

List any other names under which your records may be filed _____

Mailing Address _____ City _____

State _____ Zip Code _____

Cell Phone _____ Alternate Phone _____

Marital Status Single _____ Married _____ Separated _____ Divorced _____

Work Status Full time _____ Part Time _____ None _____

Ethnicity	Age as of January 18, 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 or older
_____ Other/Unknown	

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

Number of times you have applied to the LSUE Nursing Program _____

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

If yes, please specify institution _____

ALL TRANSCRIPTS FROM OTHER COLLEGES/UNIVERSITIES MUST BE SENT TO HEALTH SCIENCE AS SOON AS POSSIBLE. OFFICIAL TRANSCRIPTS MUST BE ON FILE IN THE ADMISSIONS OFFICE.

List all the colleges, universities, or hospital-based programs 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 institution 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 the Spring semester of the application period? Yes _____ No _____



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List all the courses in which you are currently enrolled _____

DOCUMENTATION OF HEALTHCARE RELATED OR FULL TIME WORK

Please list and submit a letter from your employer (on company letterhead) stating the date of hire and daily responsibilities or tasks, addressed to the Program Director. Note: Letters of recommendation will not be accepted or utilized.

DOCUMENTATION OF DEGREE/CERTIFICATE/LICENSURE

Please list all applicable credentials and attach a copy of documentation to validate your credentials.

Professional Credentials: _____

Degree(s): _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ Paid: _____ Accepted: _____ Alt # _____



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NURSING PROGRAM SELECTION PROCESS ORIENTATION SUMMARY

I have been informed that:

1. Failure to follow instructions on the Nursing Program Application will result in a cancelled application.
2. In order to be considered by the Selection Committee, I must have applied to and been accepted by LSUE.
3. I must have academic records from the current semester in the LSUE Office of Health Sciences and Business Technology in the health Technology Building prior to the meeting of the Selection Committee or my application will be considered incomplete.
4. Selection to the Nursing Program is competitive and I have read the selection criteria.
5. I am responsible for travel associated with clinical practice.
6. I may be assigned to any clinical education setting with the program. I understand that placement of my clinical assignment is based on availability of clinical sites and required types of exams each facility offers. I understand that attending orientation at my assigned clinical education setting is required. I also understand that the furthest distance of travel between the campus and a clinical site is varied dependent upon my home base.
7. I am responsible for submitting specific immunization and health records. I am subject to a drug test and submitting a criminal background check form at my own expense.
8. I may obtain financial assistance from the Office of Financial Aid.
9. I understand the importance of attending professional meetings once selected into the program.
10. **LPN-ASN Transition Program applicants** must hold a valid, unencumbered Louisiana LPN license and have at least **one year** of acute care experience by the time of selection. **NOTE:** Acute care experience is **defined** as direct patient care in settings such as hospitals, emergency rooms, urgent care centers, nursing home, and/or skilled nursing facilities, where patients receive treatment for acute and/or chronic conditions. Key responsibilities include monitoring vital signs, administering medications, assisting with ADLs, responding to changes in patient condition, and collaborating with healthcare teams.

Please print your name clearly

Primary phone number

Applicant's Signature

Secondary phone number

Date

E-mail address

Office Verification



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DIVISION OF HEALTH SCIENCES, BUSINESS TECHNOLOGY, PUBLIC SAFETY & PROTECTION

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 the Code of Conduct and Policy violations as part of the selection process into the Nursing Program.

Print Name

LSUE ID#

Signature

Date



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PLEASE KEEP THIS FOR YOUR RECORDS

DO NOT TURN IN WITH YOUR APPLICATION

IMPORTANT! PLEASE READ

ATTENTION APPLICANTS FOR CLINICAL PROGRAMS

- You must complete the correct FAFSA for the year you wish to apply. (Example: If you are applying for the Spring 2025 class, you must file the 2024-2025 FAFSA form).
- If you are relying on financial aid to pay your fees, you are **STRONGLY** urged to complete your FAFSA and submit all requested documents by **October 1**. 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 (<https://www.lsue.edu/studentaffairs/finaidappeals.php>) if you have attempted over 123 hours which include any withdrawals (W), course failure (F), or academic bankruptcy. For more information go to <https://www.lsue.edu/studentaffairs/finaidappeals.php>
- You must be fully admitted to the University. You must submit to the LSU Eunice Office of Admission official transcripts from EVERY college or university at which you were previously enrolled.
- You must continue to check the status of your financial aid in your Workday account for current updates or notifications regarding your file.



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Health Sciences Divisional Policy Updates (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 reentry 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



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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.

HOW MUCH DOES THE TEST COST? (PRICES ARE SUBJECT TO CHANGE)

Exam Cost (NLN): \$52.50

Testing Center Fee: \$15.00

HOW DO I STUDY FOR THE TEST?

NEX study materials are available from the NLN. Please see the instructions below on How to create an account with NLN and How to Purchase the NEX Exam.

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.

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 and select "Log In" then "Create Account"
2. Create a username (we recommend using your school email address as your username) and enter your **school email address**.
3. Select your institution. Failure to choose your institution could result in a delay of up to 10 days).
4. Fill out your personal information.
5. Select "Save". You will receive a new account welcome email with a one-time link to verify your account, reset your password, and select the correct time zone.
6. **IMPORTANT: Change your time zone to your local time for you to 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 and select "Log In"
9. Type in your username and password. Select "Log In"
10. Select "Register for Exam"
11. Leave all fields BLANK except for "Site"
12. Confirm the institution in the "Site" field is correct
13. Select "Apply"



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14. Select the event you want to register for (you must choose a day and time. **NO VIRTUAL APPOINTMENTS**) and select "Register"
15. Verify the correct exam is showing and select "Save Registration"
16. Re-verify the test you are wanting to register for. If correct, proceed to the checkout. If incorrect, make any changes, update the cart, and select checkout.
17. **The exam MUST be paid for AND scheduled by March 1 for the Spring administration and September 14 for the Fall administration.**
18. The NLN has a NO REFUND policy. Please ensure you have chosen the correct exam(s) before completing your checkout. Once a purchase has been made, it is final. **NO REFUNDS. NO RESCHEDULES.** You will be required to purchase a new exam if any changes are needed.
19. Select "My Assessments" to verify your purchase. You should see the date and time of your NEX exam listed as an "On Site" exam. If you do not, contact NLN customer service to see if there is a problem with your registration.
20. Print one copy of your receipt to include with your application
21. Continue with the instructions below to reserve your seat in the LSUE Testing Center.

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

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

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

Under "Testing" select "Schedule an Exam"

22. Choose a group: select "LSUE Student"
23. Choose a group: select "NEX (Nursing Entrance Exam)"
24. Choose an exam: select "NEX" (\$15.00)
25. Choose a date: Choose the same date that you purchased (see your NEX receipt)
26. Choose a time: Choose the same time that you purchased (see your NEX receipt)
27. Name, Email, LSUE Student ID Number, Phone Number
28. Agree to the Exam Guidelines Acknowledgement
29. Add to cart
30. Check out to complete the registration process. Make sure you receive an email confirmation of your appointment
31. Print one copy of your receipt to include with your application

You must have created an account with NLN and **purchased the exam BEFORE scheduling** with the Testing Center.

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



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FOR YOUR INFORMATION ONLY

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810
Telephone: 225-755-7500 www.lsbn.state.la.us

FINGERPRINT INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECK (CBC)

DO NOT COMPLETE THIS PROCESS UNTIL AFTER YOU ARE SELECTED INTO THE NURSING PROGRAM AND YOU COMPLETE YOUR APPLICATION IN THE LSBN PORTAL

LSBN BACKGROUND CHECK PROCEDURES FOR APPLICANTS

As of November 1, 2024, the Louisiana State Board of Nursing will be using a new statewide applicant processing system for criminal background checks. As a part of the new process, applicants will be required to schedule a fingerprint appointment at a location of their choice with the Identogo/Idemia company.

For in-state applicants

1. To do this, please go to <https://uenroll.identogo.com/> use the following unique service code **27N3YH** which allows the system to identify which agency is requesting the background check. You must enter this code when registering. If you do not do so you will not be able to proceed. You are requesting a state and federal background check.
2. Select "Schedule or manage an appointment." Make an appointment at an office location and time that is convenient for you. This is a very simple process where you enter basic information and then select a date, time, and location for your appointment.
3. When you go to an Identogo office, your identity will be verified and your prints obtained via the Livescan technology.
4. You will pay Identogo directly for this service. Applicants may pay by credit/debit card, check or money order. Checks can be made out to either IDEMIA or IDENTOGO.
5. Once you have completed the appointment, the fingerprints are electronically submitted to LSP and the background check will be processed.
6. LSP will send the results via a secure interface within approximately 3 days.
7. The fee for State and Federal Livescan will be \$60.75.
8. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from identogo/idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
9. A list of identification documents is provided on page 3 of these materials.

This new system is easy to use, but if you have any questions, you can call Identogo for assistance or to schedule an appointment at 1-844-539-5543, 6:00 am – 6:00 pm.

Livescan fingerprinting





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APPLICATION CHECKLIST

All program applications must be submitted to LSUE Health Science, T-104, by **October 1**. Incomplete applications will not be considered for selection.

Completed applications must include the following:

- ☐ A completed program application form
- ☐ Documentation of healthcare related or full-time work
- ☐ Documentation of your healthcare degree (if applicable)
- ☐ Orientation Summary
- ☐ Proof of purchase for the NLN NEX exam
- ☐ Proof of your scheduled exam from the LSUE Testing Center

****Important Notes:****

- If you are not currently enrolled at LSUE, you must apply for general admission to the university.
- If you are currently enrolled at a university other than LSUE, you must send a copy of your transcripts immediately after your final grades are posted.