Division of Practical Nursing
ADMISSION POLICY (2026-2027)

The program is open to applicants who possess the physical, intellectual, and emotional qualities needed to become a practical nurse.

ADMISSION REQUIREMENTS

1. Next-Generation ACCUPLACER assessment exam or ACT exam: Must meet minimum required test scores in each content area to be considered for admission.
2. **Official** High School transcript (with GPA noted) or General Education Development Certificate
3. The TOEFL iBT exam is required for foreign educated and/or applicants for which English is a second language
4. **Official** Transcript for Medical Terminology Course (college course or minimum of 45 contact hour course is required). A grade of "C" or better is required, and the course must have been completed within the past five years preceding the time of application.
5. Current Long-Term Care Nurse Aide certification number (LTC CNA)
6. **Official** College/Technology Center transcripts (if applicable)
7. Health related certificates (if applicable) Examples: CMA, EMT, Phlebotomy, etc.
8. Brief letter (**one to two paragraphs in length**) explaining why you are pursuing a career in nursing
9. Validation form for health-related work experience (if applicable)
10. Resume'
11. A faculty consultation meeting for qualified applicants
12. Professional References (3): At least one reference must be completed by a present or past employer. **Family and friends are not considered to be "professional" references.**
13. **If accepted**, **American Heart Association Healthcare provider CPR certification,** background check, a physical examination, verification of all required immunizations, appropriate drug screenings, birth certificate and marriage certificate (if applicable). If your last name does not exactly match the last name on your birth certificate, you

must provide supporting documentation. For example, a marriage certificate, divorce decree, etc.

14. Initial Determination of Eligibility for Licensure from the Oklahoma Board of Nursing if you have a criminal felony conviction (See page 5 of application)

WITHDRAWING YOUR APPLICATION

If at any time during the application process you decide to withdraw, please notify the Health Division Technician at (405) 273-7493 ext. 2239.

NOTE: Gordon Cooper Technology Center reserves the right to designate a certain number of slots in each class for higher education and/or industry specific placement of individuals that meet the required scores.

EVALUATION BY ADMISSION COMMITTEE

The admission committee will determine which of the qualified applicants will be admitted to the Practical Nursing Program based on highest total points received. Selections will be made using the applicant point system (see attached). Criterion numbers 1-6 will be subtotaled following the application deadline. Applicants will be selected according to the number of points achieved.

Applicants with the highest points will be invited for a faculty consultation meeting. The final points will then be totaled. **The admission committee reserves the right to deduct up to 0.5 points from the total points for any applicant that fails to follow the directions outlined in the admission packet.** Candidates with the highest overall points will be accepted into the program.

A criminal background check will be completed on all applicants accepted into the program. **If you are accepted into the program, the form will be submitted for you. A portion of your student fees will be utilized to pay the required cost for the background check.**

***Please Note:** Applicants previously enrolled in a full-time program at Gordon Cooper must receive a positive recommendation from the instructor to be considered for entry into the [illegible] consideration for admission only if enough eligible applicants are not available within the district.

FINANCIAL AID

Financial aid is available to qualified applicants. To inquire about eligibility, contact the Financial Aid Department at Gordon Cooper Technology Center at (405) 273-7493, Extension 2212

APPROXIMATE PROGRAM EXPENSES: Fees are subject to change. The tuition and fees listed are for the 2026-2027 school year.	
TUITION In-District 1343 hours @ $2.50 per hour. (Tuition costs are hours are subject to change)	$3,357.50
TUITION Out-of-District Double In-District Tuition	$5,372.00
FEES: **Fees are approximate at this time.** Fees include HOSA state and national dues, drug screenings, state and federal background checks, hospital fee (NESA), malpractice insurance, immunizations, uniforms, stethoscope, pen light, lab & pharmacology supplies, comprehensive testing package, online medical video access, professional development activities, cost of books, Chromebook, graduation supplies, and the licensure exam. ***Does not include:** White leather duty shoes, watch with second hand, the graduation uniform or personal graduation pictures.	$4,000.00

GORDON COOPER TECHNOLOGY CENTER
Division of Practical Nursing
GENERAL INFORMATION
SHEET
Full-Time Option

LENGTH OF PROGRAM: 11 months (approximately)

CLASS SCHEDULE: Monday through Friday. Classroom hours are typically 8:00 a.m. to 4:00 p.m. Clinical hours vary depending on availability of clinical sites; however, will usually be scheduled two to three days per week and typically begins at 6:30 a.m. Specialty rotations may begin earlier in the morning or extend later in the day. **Occasional evening hours, weekend hours or twelve-hour shifts may be required.**

APPLICATION FORMS

The application forms are included in this packet. Please read all instructions carefully. Only complete application packets will be accepted. The **LAST DATE APPLICATIONS will be ACCEPTED is March 31, 2026.** Applicants will be notified in a timely manner of any changes to the application process. Gordon Cooper Technology Center selects applicants who show the most potential and aptitude based on the information available.

COURSE CONTENT: Content is divided into three semesters. Curriculum covers biological and social sciences, nursing skills, nursing and medical theory, nursing process, professional relationships, job readiness and clinical experience.

APPLICATION PROCESS

1. Complete an online application at www.gctech.edu

2. Request an application packet from the Health Division Technician, Sabrina Ledbetter by calling (405) 273-7493 ext. 2239 (Application is included in this packet) This should be done *in addition* to the online application through student services

SUBMIT THE APPLICATION WITH THE FOLLOWING DOCUMENTS:
(Only completed applications will be accepted)

A. Assessment scores (may be provided by the GCTC testing center)
B. An official high school transcript showing date of graduation, GPA, and the name and address of the high school **OR** GED certificate and scores
C. Official college transcript (if applicable)
D. Copies of any current health-related certifications (e.g., CNA, CMA, Phlebotomy, EMT, etc.)
E. A resume'
F. A brief paragraph discussing why you are choosing nursing as a career

*Application packet must be completed and submitted to the Practical Nursing Department on or before the deadline of **March 31, 2026.**

Only complete applications will be accepted

The Admission Committee reserves the right to deduct up to 0.5 points from the total points for any applicant that fails to follow the directions as outlined in the admission packet.

All **foreign educated applicants must have **official** copies of their high school transcripts translated and validated as equivalent to a high school education in the United States by a qualified/accredited agency. (College transcripts must be translated as well if applicable) **Official** documentation must be provided to Gordon Cooper Technology Center at the time of application.

2. **ENTRANCE EXAMS**

The Next-Generation ACCUPLACER pre-entrance exam is required for all applicants and is provided free of charge for in-district applicants. All testing results must be completed and submitted with the application by **March 31, 2026.** To schedule, please contact Annette Dozier at 273-7493 ext. 2259. **An official picture ID is to be presented at the time of testing.** Out of district applicants will be charged a $10.00 fee for the assessment testing.

Foreign educated applicants and/or applicants for which English is a second language, will also be required to take the TOEFL iBT exam. Official copies of the TOEFL iBT exam results must be submitted at the time of application. **Testing centers are located at various locations across the state, visit the TOEFL testing web site for information regarding locations and available testing dates.**

The applicant is responsible for scheduling all required assessment testing and for submitting results with the application.

The Next-Generation ACCUPLACER pre-entrance test assesses the following content areas:

- Language
- Reading
- Arithmetic/Basic Math

The ACCUPLACER pre-entrance assessment test may be taken an unlimited amount of times during the application period in order to achieve the highest score possible. Any previous testing for these exams will be considered only if the testing date falls within four years prior to the date of application to this program.

Review materials are available for the Next-Gen ACCUPLACER at https://accuplacer.collegeboard.org/students/prepare-for-accuplacer/practice

Practical Nursing Program
Next-Generation Accuplacer
Scores
(Applicant must meet the minimum score of 250 in each category)

Entrance points for the practical nursing program are based on the ACCUPLACER Scale Scores achieved for each content area. The highest Scale Score achieved on any attempt will be the recorded score for the application.

Application Points Earned:	Reading Score Range:	Writing Score Range:	Arithmetic Score Range:
5 points	≥ 276	≥ 276	≥ 276
3 points	263-275	263-275	263-275
1 point	250-262	250-262	250-262

***Required documentation**: Official Test Scores for the Next-Gen ACCUPLACER*

***PLEASE NOTE:** Entrance points are heavily weighted on test scores.

The TOEFL iBT

Foreign educated applicants and/or applicants for which English is a second language will be required to take an assessment test, which measures the ability to use and understand English. Official scores from the TOEFL iBT exam are required and must be submitted at the time of application to the program. In this circumstance, the applicant will be required to make an appointment with the Program Director for evaluation to ensure the minimum required scores have been met. An official copy of the TOEFL iBT test results will be required. Special circumstances will be evaluated by GCTC Administrative Personnel on an individual basis.

3. CONSULTATION WITH FACULTY/QUESTIONNAIRE

At the conclusion of the enrollment period, application packets will be reviewed. Points for Criterion 1- 6 (on the candidate preference point record) will be subtotaled. Applicants will be selected according to the number of points achieved. Applicants with the highest points will be invited to meet with the faculty. All applicants will complete a brief questionnaire at the time of this appointment.

4. FINAL SELECTION

At the conclusion of the faculty consultation, the final points will be added to the subtotal. Candidates for the program will be accepted based on the highest total points received. Alternates are selected for each class. An alternate will be accepted in the event that any accepted student withdraws from the program prior to the conclusion of the first week of class **or** to replace any applicant that fails to satisfactorily complete the prerequisite courses as discussed below. **It is highly recommended that all applicants complete the prerequisite courses. In the event that slots are available and all alternates have been exhausted, applicants with the highest points, those who have met the minimum required ACCUPLACER scores, and have completed the prerequisite courses will be considered for admission.** Gordon Cooper reserves the right to designate a certain number of slots in each class for higher education and/or industry specific placement of individuals that meet the required scores.

ADDITIONAL REQUIREMENTS FOR ADMISSION

PREREQUISITE COURSES

The program has two prerequisite courses. The courses do not have to be completed in order to apply to the program; however, if selected for the program, they are **required to be satisfactorily completed prior to August 3, 2026.** Students who have completed both prerequisite courses at the time of application will receive preference points on the applicant rating sheet. The courses are as follows:

Long Term Care Nurse Aid (CNA) Certification – must be current. Certification number and expiration date or copy of the certification card is required.

Medical Terminology – Can be completed as a college level course or at a technology center with a minimum of 45-contact hours. The course must have been completed with a grade of “C” or better **within the past five years**. An official copy of the transcript is required.

PROFESSIONAL REFERENCES

Three references are required for all applicants. Family and/or friends are not qualified references. **Names and correct addresses for the references must be provided on the application form.** Reference forms are being provided in this packet. It is the applicant's responsibility to deliver the forms to the appropriate individuals. ***The person providing the reference is to return it directly to our office*** *(by mail, email, or in person). If sending via email, please send to practicalnursing@gctech.edu* Please ensure that you have signed the top portion of each reference form before dispersing them. One reference must be from a current or previous employer. **References must be returned to our office before the faculty consultation date and are to be returned by the person completing the reference.**

Reference forms returned by the applicant are not accepted. Falsified references may disqualify an applicant for admission. GCTC faculty reserve the right to verify all references. References are to be completed on the forms provided.

***PLEASE NOTE: One reference must be provided by a current or previous employer.**

VALIDATION OF WORK EXPERIENCE FORM

Attached is a form to be used as documentation of work history in a **health-related field**. To receive credit for this area, you must have been employed a minimum of six months in a **health-related occupation**, within the past five years. This form is to be provided to the employer and **returned to our office *by the person completing the form*** *(by mail, email, or in person). If sending via email, please send to practicalnursing@gctech.edu* If the year of experience was completed in more than one agency, please copy this form and provide one to each employer.

***PLEASE NOTE:** All required documentation (test scores, high school transcript or GED, resume, and paragraph on why you have chosen nursing as a career, must be submitted to our office ON or BEFORE the deadline date). **Only completed applications will be considered.** Optional documentation (i.e. college transcripts, health related certifications and validation of work experience form) must also be submitted by the deadline date if you wish to receive the points for these criteria prior to the determination for interview.

PHYSICAL EXAM / IMMUNIZATIONS / DRUG TESTING / BACKGROUND CHECKS

Candidates selected for admission will be required to have a complete physical examination and obtain the required immunizations and/or titers. Specific information regarding this requirement will be included in the acceptance packet.

In order to attend and participate in clinical rotations, many clinical facilities require drug testing, a negative background check, and flu vaccination. Clinical sites reserve the right to deny student access to their facility. A positive drug test, positive background check, failure to obtain the flu vaccine, or failure to complete and submit the required documentation may result in a student's inability to complete learning objectives. This may result in the student's inability to complete program requirements.

Two hundred dollars ($200.00) of the student fees will be due at the time of acceptance to cover the cost of immunization titers, tuberculosis testing, background check, and drug testing.

CPR CERTIFICATION

Candidates selected for admission are required to have a current **Healthcare Provider American Heart Association CPR card** by the first day of class. Gordon Cooper Technology Center offers these courses periodically; special classes may be offered for nursing students.

PLEASE NOTE: CPR training must be through the AMERICAN HEART ASSOCIATION. American Red Cross CPR Certification **or any other CPR** training **WILL NOT be accepted. Online courses will not be accepted.**

All data is evaluated on an individual basis. All applicants will be notified by e-mail when the first selections are made.

NON-DISCRIMINATION STATEMENT

Gordon Cooper Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and Title IX of the Education Amendments of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices, or procedures. These equal opportunity provisions include, but are not limited to admission, employment, financial aid, and student services. Compliance officers may be contacted at the school: One John C. Bruton Blvd., Shawnee, OK 74804 or by phone at 405-273-7493.

GORDON COOPER TECHNOLOGY CENTER

APPLICATION FOR PRACTICAL NURSING

ATTACH THE FOLLOWING MANDATORY DOCUMENTS TO YOUR APPLICATION:

1. **Official** High School transcript with GPA, ACT scores, OR GED test scores and certificate
2. Resume'
3. A paragraph describing why you have chosen nursing as a career
4. Documentation of required prerequisite courses (Medical Terminology & CNA certification)

DATE: _____

NAME: _____

(LAST) (FIRST) (MIDDLE)

ADDRESS:_____

(Route, P.O. Box, Street) (City) (Zip Code)

PHONE: _____ E-Mail Address: _____

CITIZEN OF THE UNITED STATES: _____YES _____NO

PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE: _____

CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL: 8 9 10 11 12 13 14 15 16

NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED:

_____

_____

_____

IF NOT A HIGH SCHOOL GRADUATE:

GED SCORE _____ DATE COMPLETED_____

NAMES OF COLLEGES/UNIVERSITIES, TECHNOLOGY CENTERS OR OTHER

SCHOOLS ATTENDED and YEARS OF ATTENDANCE:

_____

_____

_____

_____

HEALTH OCCUPATIONS EXPERIENCE: (Nurse Aide, Unit Secretary, CMA, etc.)

Describe:

_____

_____

_____

FUNDING AGENCY: (please provide the following information if your tuition and fees are being paid by an agency)

AGENCY NAME: _____
ADDRESS: _____

PHONE: _____

PERSONS TO CALL IN CASE OF EMERGENCY (Minimum of two required)

NAME: _____ PHONE: _____

ADDRESS: _____ CELL: _____

RELATIONSHIP: _____ WORK: _____

NAME: _____ PHONE: _____

ADDRESS: _____ CELL: _____

RELATIONSHIP: _____ WORK: _____

RECORD OF EMPLOYMENT: (Information must be complete)

PRESENT TO PAST

Name and Address of Employer — Date of employment From: To:

_____ _____ _____

Reason for Leaving: _____

Name and Address of Employer — Date of employment From: To:

_____ _____ _____

Reason for Leaving: _____

Name and Address of Employer — Date of employment From: To:

_____ _____ _____

Reason for Leaving: _____

REFERENCES: List three references, preferably individuals that have known you in a

professional or educational environment. **(<u>Family and friends are not qualified references</u>.)** References received as part of the application packet must match those listed here. If for some reason you are unable to utilize references listed below, you must notify the nursing office to make the appropriate change. At least one reference must be from a current or previous employer. Only references listed below will be considered for preference points. **If there is a change in references after the application has been submitted, the applicant must notify the nursing office to update the application. References received from persons not listed below will be rejected.**

Provide **<u>complete information</u>** for references, as requested

Name and Address of Reference #1: Phone:

_____ _____
_____
_____

Relationship:

_____

Name and Address of Reference #2: Phone:

_____ _____
_____
_____

Relationship:

_____

Name and Address of Reference #3: Phone:

_____ _____
_____
_____

Relationship:

_____

****PLEASE NOTE:** Upon completion of any accredited nursing program, a national board exam must be completed and passed to attain a nursing license. The following questions are asked by the Oklahoma Board of Nursing. If you have a history of one or more criminal felony convictions and wish to know if you are eligible to become a Licensed Practical Nurse, you must complete the petition to request initial determination of eligibility for licensure for individuals with a history of criminal conviction which should be sent to the Oklahoma Board of Nursing.

Clinical facilities reserve the right to deny students access to their facility. In order to attend and participate in clinical rotations, many clinical facilities require drug testing, a negative background check, and flu vaccination. A background check will be completed on all students who have been accepted into the nursing program. Drug testing will be done on all students who have been accepted into the nursing program prior to all clinical rotations, randomly, and when there is reasonable cause. A positive drug test, positive background check, failure to obtain the flu vaccine, or failure to complete and submit the required documentation may result in a student's inability to complete learning objectives. This may result in the student's inability to complete program requirements.

Please answer the following questions:

1. **Have you ever been arrested for any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations? (Minor traffic violations do not include DUI). Yes_____No _____**

2. **Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations? Yes_____No _____**

3. **Have you ever received a deferred sentence for any offense in any state, territory or country including expunged offenses? Yes_____No _____**

4. **Have you ever been convicted of a felony in any state, territory, or country? Yes_____No _____**

5. **Have you ever had disciplinary action taken on any health-related license or certificate in any state, territory or country? Yes_____No _____**

6. **Have you ever been judicially declared incompetent in any state, territory, or country? Yes_____No _____**

If you answered "yes" to any of the above questions, you may possibly need to submit findings of Oklahoma Board of Nursing, "Petition for Initial Determination of Eligibility for Licensure". You will need certified court records and a letter from you stating the facts of the above matter upon acceptance into the PN program and no later than August 3, 2026.

The school is often requested to furnish information to employers, prospective employers, other schools, governmental agencies, and loan scholarship agencies. This school keeps permanent records consisting of the student's transcript, grades, competency records, attendance, pre-entrance test scores, achievement test results and the student's enrollment application.

Gordon Cooper Technology Center has my permission to release the information listed above. (If not, please note and initial any information you would not want to be released.)

SIGNATURE _____ DATE _____

I STATE THAT THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND GRANT GORDON COOPER TECHNOLOGY CENTER PERMISSION TO VERIFY ANY INFORMATION NECESSARY, INCLUDING REFERENCES, AS PART OF THE ADMISSION PROCESS FOR THE PRACTICAL NURSING CLASS.

FALSIFICATION OF THIS INFORMATION MAY BE CAUSE FOR NON-ADMISSION OR DISMISSAL FROM THE PROGRAM.

SIGNATURE OF APPLICANT _____ DATE_____

NON-DISCRIMINATION STATEMENT:
Gordon Cooper Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendments of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admission, employment, financial aid and student services. Compliance officers may be contacted at the school: One John C Bruton Blvd., Shawnee, OK 74804 or by phone at 405-273-7493.

GORDON COOPER TECHNOLOGY CENTER

Division of Practical Nursing

Validation of Health-Related Work Experience

Applicant Directions:
Please sign the "Release of Information" section of this form and request that your employer complete the "Validation of Work Experience" portion. Use separate sheets for each employer. **The employer is to return this directly to our office *(mail, email, or in person)*** If sending via email, *please send to* practicalnursing@gctech.edu. You must show documentation of a minimum of six months of health-related work experience to receive credit for this section on your application.

Applicant to complete the first section: (Applicant, we recommend you supply the employer with a stamped envelope to facilitate their return of this document to our office)

Release of Information
I give my permission for my present/previous employer to release information concerning my employment background.

Signature Date

Employer to complete this section and return the form to the address below:

Validation of Work Experience

Employed from: _____to _____

Average hours worked per week: _____

Employee job title: _____

Employer/Supervisor Printed Name: _____

Employer/Supervisor Signature & Title: _____

Agency Name & Phone Number: _____

Employer, please return completed form to:
Gordon Cooper Technology Center
Attn: Practical Nursing Department
One John Bruton Blvd.
Shawnee, OK 74804
E-mail: practicalnursing@gctech.edu

Division of Practical Nursing
CANDIDATE PREFERENCE POINT RECORD

Applicant Name_____Date of Application_____

□Competitive applicant (All required documentation has been received by deadline; applicant met required ACCUPLACER scores)	□Non-competitive applicant (failed to meet minimum required ACCUPLACER scores and/or failed to submit required documentation by deadline)

FACTOR AND RELATED POINTS			*Highest ACCUPL-ACER SCORES*	**TOTAL POINTS**
1. Next-Gen ACCUPLACER ASSESSMENT TEST **The test must be taken at Gordon Cooper Technology Center**. Test results must be recent and within the past two years prior to application to the PN program. A time limit is required on testing for nursing applicants. ***Areas evaluated***: Reading, Writing, Arithmetic (Basic Math) Students meeting the **recommended scores** on the ACCUPLACER exam will receive preference points. Points will be allocated as indicated below for meeting the recommended scores.			**R** **W** **M**	**R** **W** **M**
Reading	**Writing**	**Arithmetic**		
≥ 276 = 5 pts	≥ 276 = 5 pts	≥ 276 = 5 pts	_____	_____
263-275 = 3 pts	263-275 = 3 pts	263-275 = 3 pts		
250-262 = 1 pt	250-262= 1 pt	250-262 = 1 pt	_____	_____

Applicants must meet the following minimum scores on ACCUPLACER scores to be considered for admission:

MINIMUM ACCUPLACER SCORES: indicated in grade equivalent

Reading – 250, Writing – 250, Arithmetic – 250

OR

Applicants must meet the following minimum scores on the ACT and receive 3 points per content area to be considered for admission

MINIMUM ACT SCORES: must score minimum in the following three content areas within the past 5 years

Reading – 19, English – 19, Math – 19

Foreign educated and/or English as a second language students must provide documentation of the TOEFL iBT exam. Applicants will be administered the ACCUPLACER assessment test only after meeting this requirement. An official copy of the scores from the TOEFL iBT exam are required and must be provided to the P.N. program; the applicant will be required to make an appointment with the Program Director for evaluation to ensure the minimum required scores have been met. *Special circumstances will be evaluated by GCTC Administrative Personnel on an individual basis.	
2. Long Term Care Aide Certification (must be current) Certification Number _____ **2 Points**	

3. Medical Terminology (taken within the past five years) □ College Course □ Technology Center Course **(must be minimum of 45-hr course)** **1-point** Grade of C or higher required **(must provide an official copy of the transcript)**	
4. College Credit Points will be allocated for health-related science courses completed within the last ten years, with a grade of "C" or higher **1 point each** (Maximum of 2 points) **(must provide an official copy of the college transcript)**	
5. Health-Related Certifications In addition to the required LTCA certification, points will be allocated for current health care certifications requiring a minimum of 50 hours of training (Examples: HHA, EMT, Paramedic, CMA) **1 point each** (Maximum of 2 points)	
6. Work History in Health-Related Field: Points allocated for work experience in the medical field. Must provide documentation of a minimum of six months experience. Experience to be documented on the "**Validation of Work Experience Form**" provided in the packet. The form must be completed and returned to our office by the employer. Work experience must be within the last five years and be in a health-related field to qualify **1 point:** one year or greater experience **0.5 points:** ≥ six months but ≤ 1 year experience	
SUBTOTAL	
7. Positive References: One point each (maximum of 3 points)	
8. Consultation with Faculty/Questionnaire: (5 points possible)	
TOTAL POINTS	

Criterion 1-6 will be subtotaled after the deadline date. Applicants will be selected for an interview according to the number of points achieved. The applicants with the highest points will

be invited for an interview. At the conclusion of the interview, points for references and interview will be added to the subtotal, and candidates for the program will be accepted based on highest total points received. The total possible points are twenty-four. **The admission committee reserves the right to deduct up to 0.5 points from the total points for any applicant that fails to follow the directions outlined in the admission packet.**

Alternates are selected for each class. An alternate will be placed into the program in the event that any accepted student withdraws from the program prior to the conclusion of the first week of class or fails to complete all pre-requisite requirements.

In the event of a tie (two applicants receiving the same numerical score), applicants will be accepted according to the following criteria:

- The applicant with the highest points from the assessment test will be accepted first

If the testing scores are tied:

- The applicant with the most prerequisite courses completed will be accepted

If applicants have the same number of pre-requisite courses completed:

- The applicant with the greatest number of additional health-related certifications will be accepted

If the number of health-related certifications is the same:

- The applicant with the highest number of points from the faculty consultation will be accepted

If the points from the faculty consultation are the same, the admission committee will make a determination based on the information that is available at the time.

*TOEFL iBT minimum scores: Reading-22, Listening-22, Speaking-26, Writing-24

TOEFL applicant point record reviewed 11/2021

GORDON COOPER TECHNOLOGY CENTER
Division of Practical Nursing
One John Bruton Blvd.
Shawnee, OK 74804

PROFESSIONAL REFERENCE REQUEST

Applicant Name_____Date_____
(Please Print)

Release of Information: I give my permission to release information to Gordon Cooper Technology Center concerning my qualifications for entrance into the Practical Nursing Program. I agree to hold blameless the person being requested to complete and return this form.

_____
(Signature of Applicant)

CONFIDENTIAL RESPONSE FORM

Complete the following form based upon association with the above applicant. Please complete all information requested or the reference will not be considered. **The form is to be returned directly to our office by the person completing the reference by either emailing to practicalnursing@gctech.edu, mailing to the above address, or in person.** The reference is confidential.

Individual Completing Reference: (please print)

Name_____

Title_____

Company Name_____

Phone_____

Address_____

Relationship to applicant: Employer_____Co-worker_____Teacher/Counselor_____

Other_____

*Please check the box that best describes the individual's performance _____

Dimension or Trait	**Exceeds Standard 3 points**	**Meets Standard 2 points**	**Below Standard 1 point**
Judgment Problem Resolution			
Tolerance for Stress			
Teamwork			
Communication Skills			
Attention to Detail and Organization			
Initiative			
Appropriate Appearance and Demeanor			
Graciously Accepts Criticism and Suggestions			
Attendance and Punctuality			

****Comments may be added on the back**

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please return completed form to:

Gordon Cooper Technology Center
Attn: Practical Nursing Department
One John Bruton Blvd.
Shawnee, OK 74804
E-mail: practicalnursing@gctech.edu
Or In-Person to the Shawnee Campus

GORDON COOPER TECHNOLOGY CENTER
Division of Practical Nursing
One John Bruton Blvd.
Shawnee, OK 74804

PROFESSIONAL REFERENCE REQUEST

Applicant Name_____Date_____
(Please Print)

Release of Information: I give my permission to release information to Gordon Cooper Technology Center concerning my qualifications for entrance into the Practical Nursing Program. I agree to hold blameless the person being requested to complete and return this form.

_____
(Signature of Applicant)

CONFIDENTIAL RESPONSE FORM

Complete the following form based upon association with the above applicant. Please complete all information requested or the reference will not be considered. **The form is to be returned directly to our office by the person completing the reference by either emailing to practicalnursing@gctech.edu, mailing to the above address, or in person.** The reference is confidential.

Individual Completing Reference: (please print)

Name_____

Title_____

Company Name_____

Phone_____

Address_____

Relationship to applicant: Employer_____Co-worker_____Teacher/Counselor_____

Other_____

*Please check the box that best describes the individual's performance

Dimension or Trait	**Exceeds Standard 3 points**	**Meets Standard 2 points**	**Below Standard 1 point**
Judgment Problem Resolution			
Tolerance for Stress			
Teamwork			
Communication Skills			
Attention to Detail and Organization			
Initiative			
Appropriate Appearance and Demeanor			
Graciously Accepts Criticism and Suggestions			
Attendance and Punctuality			

****Comments may be added on the back**

COMMENTS:

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Please return completed form to:

Gordon Cooper Technology Center
Attn: Practical Nursing Department
One John Bruton Blvd.
Shawnee, OK 74804
E-mail: practicalnursing@gctech.edu
Or In-Person to the Shawnee Campus

GORDON COOPER TECHNOLOGY CENTER
Division of Practical Nursing
One John Bruton Blvd.
Shawnee, OK 74804

PROFESSIONAL REFERENCE REQUEST

Applicant Name_____Date_____
(Please Print)

Release of Information: I give my permission to release information to Gordon Cooper Technology Center concerning my qualifications for entrance into the Practical Nursing Program. I agree to hold blameless the person being requested to complete and return this form.

_____
(Signature of Applicant)

CONFIDENTIAL RESPONSE FORM

Complete the following form based upon association with the above applicant. Please complete all information requested or the reference will not be considered. **The form is to be returned directly to our office by the person completing the reference by either emailing to practicalnursing@gctech.edu, mailing to the above address, or in person.** The reference is confidential.

Individual Completing Reference: (please print)

Name_____

Title_____

Company Name_____

Phone_____

Address_____

Relationship to applicant: Employer_____Co-worker_____Teacher/Counselor_____

Other_____

*Please check the box that best describes the individual's performance

Dimension or Trait	**Exceeds Standard 3 points**	**Meets Standard 2 points**	**Below Standard 1 point**
Judgment Problem Resolution			
Tolerance for Stress			
Teamwork			
Communication Skills			
Attention to Detail and Organization			
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Graciously Accepts Criticism and Suggestions			
Attendance and Punctuality			

****Comments may be added on the back**

COMMENTS:

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