



**APPLICATION – REGISTERED NURSING (*Given to Student*)**

Complete and return form to Butler Tech. Non-refundable Application Fee of \$40.00 is to be submitted with the application. DO NOT put cash in the mail. Check or money order should be payable to Butler Technology and Career Campus. **Applications are accepted after passing the pre-entrance test and are kept on file three (3) years from date of receipt.**

Date: \_\_\_\_\_

**A.) Identification:**

1. Name in full: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)
2. Mailing Address: \_\_\_\_\_  
(Number / Street / P.O. Box) (City) (State) (Zip)
3. Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_
4. Email address: \_\_\_\_\_

**B.) Education:**

List name and address of the high school from which you graduated and the date of graduation.

\_\_\_\_\_  
(Name) (Address) (Date)

**OR**

List name and address of the school from which you received your GED certificate and date of certificate.

\_\_\_\_\_  
(Name) (Address) (Date)

2. List any other school(s) that you have attended **since high school other than LPN school:**

School Name	Address	Dates Attended	Area of Study



## BUTLER TECH LPN TO RN APPLICATION

PN School of Graduation Complete the following:

Name of School:

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Mailing Address of School:

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Date of Entrance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.** If you do NOT understand, please ask for an explanation BEFORE you sign.

I, \_\_\_\_\_, understand that:

1. This is only an application and does NOT assure me of enrollment into the school.
2. All factors of the entrance requirements are reviewed by an Admission Committee.
3. I will accept the decision of the Admission Committee.
4. If I am enrolled, the school has the right to ask for my resignation at any time, if I fail academic or attendance standards, or do not meet the other standards of the program.

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(Signature of Applicant)

---

(Date)

My signature below authorizes the Butler Technology and Career Center to conduct a background investigation. I acknowledge being informed that I must satisfactorily pass a criminal records background check and I must provide a set of fingerprints for both Ohio BCI and FBI to clinical facilities. I recognize that I will be charged for the criminal records check.

I further understand that acceptance into or continuation in the program is contingent upon satisfactory criminal records check and negative drug screen as required by affiliating clinical facilities. Participation in the nursing program shall be only on a conditional basis until satisfactory reports have been received.

I represent that all information furnished in conjunction with this application is true and accurate to the best of my knowledge. I further recognize that should the school discover that I falsified any such information and/or have an unsatisfactory criminal records report, I will not be accepted into the nursing program or if already accepted, I will be subject to termination from the program.

---

Applicant Signature

---

Date



## IMMUNIZATION/HEALTH FORM

Please **Print** Name \_\_\_\_\_ Date of Exam \_\_\_\_\_

Phone Number \_\_\_\_\_

### HEALTH STATUS: Health Provider please check ONE

#### The Butler Tech student:

- ☐ IS CLEARED
- ☐ IS NOT CLEARED

to physically attend class and participate in the activities associated with the campus, laboratory and/or externship experience.

### HEALTH REQUIREMENTS

**ATTACH DOCUMENTATION (shot record/labs) OF IMMUNIZATION RECORDS for all of the following:**

- ☐ Covid vaccination card
- ☐ Negative two-step TB test or lab result of QuantiFERON TB Gold Blood Test
- ☐ MMR Vaccination, #1 and #2 or Titer lab results
- ☐ Varicella Vaccination #1 and #2 or Titer lab results
- ☐ TDAP Vaccination within last 10 years
- ☐ Hep B, #1, #2, and #3 Vaccination or HEP B Surface Antibody Results
- ☐ Flu Shot (October – March)

☐

#### Covid vaccine (provide if you have it, but not required for most clinical sites)

Name of manufacturer \_\_\_\_\_

Date of Vaccine # 1 \_\_\_\_\_

Date of Vaccine #2 \_\_\_\_\_

☐

#### Tuberculosis Testing (TB) (Must complete 1 of the 3 options below)

##### 1. Two-Step Mantoux T.B. Skin Test

1 <sup>st</sup> Test	Administrative Date _____	
	Date Read _____	Results _____
2 <sup>nd</sup> Test	Administrative Date _____	
	Date Read _____	Results _____

##### 2. QuantiFERON TB Gold blood test

Date of test _____	Results _____
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##### 3. Chest X-ray (if you've tested positive for TB before)

Date of test _____	Results _____
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☐ **MMR-Measles, Mumps, Rubella -Titer documenting immunity or documentation of 2 MMR Vaccines)**

Date of MMR Titer: \_\_\_\_\_ Results \_\_\_\_\_

OR

Date of MMR Vaccine #1 \_\_\_\_\_

Date of MMR Vaccine #2 \_\_\_\_\_

☐ **Varicella (chicken pox) Titer or Documentation of 2 Varicella Vaccines**

Date of Varicella Titer: \_\_\_\_\_ Results \_\_\_\_\_

OR

Date of Varicella Vaccine #1 \_\_\_\_\_

Date of Varicella Vaccine #2 \_\_\_\_\_

☐ **Tetanus, Diphtheria, Pertussis (Tdap) Vaccine**

Date of Tdap Vaccination (within last 10 years) \_\_\_\_\_

☐ **Hepatitis B Vaccine -Titer documenting immunity or documentation of 3 Hep B Vaccines**

Date of MMR Titer: \_\_\_\_\_ Results \_\_\_\_\_

OR

Date of Hepatitis B Vaccine #1 \_\_\_\_\_

Date of Hepatitis B Vaccine #2 \_\_\_\_\_

Date of Hepatitis B Vaccine #3 \_\_\_\_\_

☐ **Flu Shot (October-March)**

Date of vaccination \_\_\_\_\_

**Medications:** (Please list with dosage and frequency or attach medication list)

I have reviewed the health record of \_\_\_\_\_ and certify that he/she has  
(student name)

met **ALL** of the above requirements and all testing and vaccine records are attached documenting proof.

**THIS FORM WILL NOT BE ACCEPTED WITHOUT THE DOCUMENTATION ATTACHED  
(SHOT RECORD/LABS) OF IMMUNIZATION RECORDS**

\_\_\_\_\_  
**Signature – Health Care Provider**

\_\_\_\_\_  
**Date & Official Provider Stamp**

**Please return to:** *Diane Raack*  
*Healthcare Programs Administrative Assistant*



Reference Form: LPN to RN Bridge Butler Tech  
Butler Tech 101 Jerry Couch Blvd, Middletown, Oh 45044

**Name of Applicant:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Reference Name and Contact Information:**

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**To the Reference:**

The student is applying for entrance into the LPN to RN Bridge program at Butler Tech. We offer a limited number of seats to exceptionally motivated and academically strong LPN's. Students will work under highly skilled faculty members and participate in lab and clinical experiences to assist them in extending their knowledge while preparing them to pass the NCLEX-RN in the state of Ohio.

**How long have you known the student:** \_\_\_\_\_

**How well do you know the student:** \_\_\_\_\_

**In what capacity have you worked with this student:** \_\_\_\_\_

**Please rate the student relative to his/her peers in terms of:**

	Exceptional	Very Good	Good	Average	Below Average
Intellectual Ability					
Aptitude for Science and Math					
Professionalism					
Punctuality					
Ability to work Independently					
Team Work					



Reference Form: LPN to RN Bridge Butler Tech

Meeting Deadlines					
Clinical Skills					
Demeanor					
Positive Attitude					

**Recommendation:** Please comment on your impressions from personal interactions with the student, and how well suited you consider the student to be for this program.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this recommendation form to Dr. Sarah DeLong DNP, 101 Jerry Couch Blvd, Middletown, Oh 45044 in a sealed envelope. You may also submit via email to [delongs@butlertech.org](mailto:delongs@butlertech.org) Please place student's name and reference in the subject line.

Questions? Please Contact:

Dr. DeLong DNP, APRN, FNP-C

Dean of Health Care Programs

[delongs@butlertech.org](mailto:delongs@butlertech.org)



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Butler Tech 101 Jerry Couch Blvd, Middletown, Oh 45044

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Dean of Health Care Programs

[delongs@butlertech.org](mailto:delongs@butlertech.org)

Statement:	Admission
Procedure:	

## **ADMISSION REQUIREMENTS AND PROCEDURES**

An application may be obtained by writing, calling the school or by visiting the web site at <https://www.butlertech.org/program/registered-nurse-lpn-rn-bridge/>.

- Applicant must be eighteen years of age or older.

## **ADMISSION POLICY**

It is the policy of Butler Tech that educational courses are offered without discriminating based on race, color, national origin, sex, religion, age or disability.

The admission policy of the Registered Nursing Program assists the Admission Committee to select candidates who will be successful in the program.

The following is the procedure for being accepted as a candidate for the RN Program:

- 1.) Proof of a current, valid license from the state of Ohio including a MSL.
- 2.) Provide proof you have passed the pre-entrance test. All those with the minimum acceptable score or higher will be eligible to apply for admission into the Butler Tech RN program. Passing the pre-entrance test does not mean you have been admitted, only that you can proceed to the next step in the selection process.
- 3.) Request an application packet. The packet contains an application, reference forms and one copy of the admission policy. Complete the application form (received with this informational packet) and submit it to the school with the \$40 application fee.
- 4.) Have three professional references complete the forms enclosed and send them to the nursing school.  
References should be sent by the person completing the reference, not by the applicant himself/herself. References should not be family members. Strong references include work references such as head nurses if you have been previously working in the health care setting.
- 5.) Request and submit an official copy of your LPN school transcript to Butler Tech Adult Nursing Department.
- 6.) Current CPR certification.
- 7.) Health Physical form verifying that the student is in good physical and mental health with immunization record (see form for requirements) and drug screen.
- 8.) Completed enrollment form.

- 9.) An applicant will not be considered for admission until all forms have been received by the nursing office.
- 10.) The applicant is informed in writing of the decision from the Admission Committee.
- 11.) Applicants must confirm their intention to attend the program by paying the \$150 deposit if accepted for admission into the Program within 30 days.
- 12.) After accepted into the program and before the first day of school, students must pass a drug screen. Students should be aware that:

### **Drug and Alcohol Testing**

Prior to admission into the Butler Tech Registered Nurse Education Program, each student shall be required to sign a consent: (1) to abide by the illegal drug/alcohol policies and drug testing policies of the program; (2) to submit to any drug/alcohol testing required by Butler Tech or the affiliating clinical agencies, hospitals and health care providers; and (3) to release a copy of any drug/alcohol test results to Butler Tech. Failure to sign the consent form shall be grounds for non- admittance into the program.

- 13.) All admission requirements are required by Butler Tech graduates no matter the graduation year.
- 14.) After accepted into the program and before the first day of school, students must pass a background check. Students should be aware that:
  - a) A felony conviction may affect ability to attain licensure.
  - b) Criminal background checks and drug screens are required by many clinical sites providing clinical experiences. If any clinical site refuses to allow a student to complete their required clinical assignment due to the results of their criminal background check and drug screen, the student will be unable to successfully complete the nursing program.
  - c) All background checks that return with a violation will be reviewed by the program administrator and must be approved prior to admission.

### **15.) Prior to the Clinical Site Rotation:**

- Applicant is required to have a physical exam by a licensed provider and must submit a form with proof of rubella, measles, and mumps immunity, and negative TB test, hepatitis B vaccine series, updated tetanus vaccine, and chicken pox verification. Flu shots may also be required by the clinical site. COVID vaccines may be required by the clinical site.
- Applicants must be able to physically complete all program competencies with no restrictions.
- Background checks must be current.

<b>Butler Tech LPN to RN Bridge Program</b>	
<b>Last Reviewed:</b>	<b>Jan 2024</b>
<b>Last Revised:</b>	
<b>Effective:</b>	<b>Jan 2024</b>

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A.) Identification:

1. Name in full: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Mailing Address: \_\_\_\_\_  
(Number / Street / P.O. Box) (City) (State) (Zip)

3. Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

4. Email address: \_\_\_\_\_

B.) Education:

List name and address of the high school from which you graduated and the date of graduation.

\_\_\_\_\_  
(Name) (Address) (Date)

**OR**

List name and address of the school from which you received your GED certificate and date of certificate.

\_\_\_\_\_  
(Name) (Address) (Date)

List any other school(s) that you have attended **since high school other than LPN school**:

School Name	Address	Dates Attended	Area of Study

PN School of Graduation:

Name of School: \_\_\_\_\_

Mailing Address of School: \_\_\_\_\_

Date of Entrance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.** If you do NOT understand, please ask for an explanation BEFORE you sign.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The Butler Technology and Career Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.

Reviewed Aug 2022