ADN / LVN Nursing Program
Application for Admission

Download the application to your computer and enter your information into the fillable fields. Once you have completed the application, SAVE your changes to your computer. Then, ATTACH the application to an email and send it back to us. Please answer the drop-down fields where applicable.

SWTX College ID_____ Campus_____ Program Date_____

Name_____/_____/_____/_____
Last First Middle Maiden

Mailing Address_____/City/ST_____/ Zip_____

Date of Birth_____/_____/_____ Cell Phone_____

SWTX Email Address_____

Personal Email Address_____
This email will be used for all correspondence from us.

The following questions regarding sex, age, and ethnicity are designed to demonstrate compliance with various federal and state statutes, regulations, and guidelines. These questions are to be answered voluntarily, and your answers will be used for statistical purposes only. *If you are accepted, you will need to answer these questions for reporting purposes.*

ETHNICITY AGE GENDER

Are you an International Student?

What is your primary language? _

Are you a first-generation college student?

ALL FIELDS BELOW MUST BE ENTERED! **List three reference contacts. One of your references must be your current or most recent employer (relatives, friends, neighbors, or friends of a friend will NOT be accepted). Include your reference's name, professional title, address, phone number, and email address.** An email ADDRESS IS REQUIRED as we will be sending the reference form by email. **Please ensure you obtain permission to use the individual as a reference for the application.**

1. Name_____/Title_____

   Mailing Address_____/City_____/State_____/Zip_____

   Phone_____/Email Address_____

2. Name_____/Title_____

   Mailing Address_____/City_____/State_____/Zip_____

   Phone_____/Email Address_____

3. Name_____/Title_____

   Mailing Address_____/City_____/State_____/Zip_____

   Phone_____/Email Address_____

Please answer the following questions: Please answer all dropdowns.

Have you ever attended a Nursing Education Program?

If yes, did you complete the program?

Have you ever taken the NCLEX?

Have you served or are you currently in the Military?

Please list any medical experience you may have: Please answer all dropdowns.

Are you a Licensed Vocational Nurse (LVN)?

Are you a Paramedic/EMT?

Are you a Certified Nurse Assistant?

Are you a Patient Care Technician?

Are you a Phlebotomist/Medical Technologist?

Are you a Medical Assistant/Physician Assistant?

Are you a Radiologic Technologist/Sonographer/MRI Technologist?

Are you a licensed Doctor/Nurse in another country?

Are you a Surgical Technician?

Are you an Occupational Therapist/Physical Therapist Assistant?

You will need to email a copy of your high school transcript or GED certificate, as well as all official college/university transcripts, **EXCLUDING SWTX**.
If you have submitted the transcripts to SWTX, please email them at admoffice@swtxc.edu and request that they send a copy of your transcript to us.

List the HS you graduated from AND all Colleges/Universities attended, EXCLUDING SWTX:

1. _____ _____
Name of High School Date Graduated

_____
Address of High School

2. _____ _____
Name of College Attended Dates Attended

_____
Address of College

3. _____ _____
Name of College Attended Dates Attended

_____
Address of College

4. _____ _____
Name of College Attended Dates Attended

_____
Address of College

5. _____ _____
Name of College Attended Dates Attended

_____
Address of College

6. _____ _____
Name of College Attended Dates Attended

_____
Address of College

7. _____ _____
Name of College Attended Dates Attended

_____
Address of College

If additional space is needed, please submit a separate sheet of paper listing additional colleges attended.

Licensure Eligibility

Please read the information below and sign to confirm that you have read it. You do not need to answer the questions at this time.

The following questions are provided to students before registration and entrance into the program to inform them of the Board of Nursing requirements for licensure.

1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?
2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?
3. Have you, in the last 5 years*, been addicted to and/or treated for the use of alcohol or any other drug?
4. For any criminal offense*, including those pending appeal, have you:

   (You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application.)

   A. been arrested and have any pending criminal charges?
   B. been convicted of a misdemeanor?
   C. been convicted of a felony?
   D. pled nolo contendere, no contest, or guilty?
   E. received deferred adjudication.
   F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
   G. been sentenced to serve jail, prison time, or court-ordered confinement?
   H. been granted pre-trial diversion.
   I. been cited or charged with any violation of the law?
   J. been subject to a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

   Note: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed; it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character (See 22 TAC §213.27).

   Note: Orders of Non-Disclosure: Pursuant to Tex Gov't Code §552.142(b), if you have criminal matters that are the subject of an order of non-disclosure, you are not required to reveal those criminal matters. However, a criminal matter that is subject to an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

5. Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

6. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?

7. Are you currently the target or subject of a grand jury or governmental agency investigation?

8. Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

   NOTE: Any positive response will remain confidential and not subject to public disclosure unless required by law.

9. Have you ever been granted the authority to practice nursing in any country, state, province, or territory?
   NOTE: This does not apply to any nursing license(s) issued by another US state or territory, excluding Puerto Rico. If you were licensed in Puerto Rico, you should be answering yes.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency, and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

All students are required to comply with the Texas Board of Nursing rules and regulations to become licensed.

If your response is yes to any of these questions, the Texas Board of Nursing may require you to complete a "Declaratory Order" before deciding on licensure eligibility.

I have read the above information and understand that I will be required to answer these questions truthfully, under oath, and under penalty of perjury, to the Texas Board of Nursing before completing the Nursing program.

_____ _____

Signature of Applicant Date

Texas Board of Nursing Criminal Background Check

The Texas Board of Nursing requires background checks for all incoming students to ensure the safety of the patients treated by students in the clinical education program. The information you provided on your application will be submitted for a background check.

The Texas Board of Nursing will contact you at the personal email address you provided to give you further instructions. DO NOT process a background check anywhere else. The student is responsible for the fees associated with both fingerprint scanning services and the cost of the DPS/FBI background check.

Once the DPS/FBI Criminal background check is complete, the Texas Board of Nursing will do the following:

1. Mail a blue postcard directly to the applicant if they have cleared the background check; or
2. Mail a letter of eligibility if the applicant has a positive background check that the Board of Nursing Review Board has previously reviewed; or
3. Correspond with the student if they have a positive background check and request a petition for a declaratory order (DO).

By signing below, you are authorizing Southwest Texas College ADN and/or VN Program to submit your personal information to the Texas Board of Nursing for a Background Check as part of your pre-admission requirements into the program. **You are also agreeing to provide a copy of all correspondence with the Texas Board of Nursing to the ADN and/or VN Program to be filed in your student record.**

Signature:_____ Date: _____

Certified LVN Information

If you are not a certified LVN, you will skip this section.

Name of Institution:_____ Graduation Date: _____

Location of Institution:_____ Date you passed LVN Boards: _____
(MM/DD/YYYY)

Did you pass the NCLEX-VN boards on the first attempt?

List your Professional License/Board Certification state (in good standing):_____

Current Status: Expiration Date: _____
(MM/DD/YYYY)

Have you attended a nursing school other than the SWTX VN program?

If yes, where and when? _____ _____
Location Date

Reason for Withdrawal, if applicable:

_____

List any nursing-related or health care experience since your graduation from the LVN program.

_____

_____

_____ _____
Print Name of VN Applicant License Number

_____ _____
Signature of VN Applicant Date

Please type a minimum of 300 words, your reasons for entering the nursing profession. This rationale should be presented in a clear, succinct, and grammatically correct statement. Please type in the space provided. Do not type on a separate sheet.

It is the student's responsibility to:

1. **Return this application and copies of official transcripts to the campus they are applying to by:**
   Email preferred – Del Rio – Lizet Medrano at lmedrano@swtxc.edu
   Eagle Pass – Norma Diaz at nadiaz@swtxc.edu
   Uvalde - Veronica Fosbenner at vfosbenner@swtxc.edu
   In person – Del Rio: Lizet Medrano in Building B; or
   Eagle Pass: Norma Diaz in Building E; or
   Uvalde: Veronica Fosbenner in Building H

2. Inform both the ADN and/or VN Program and Southwest Texas College Admissions and Records Office of any changes in phone number, mailing address, or email address.

I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from SWTX. I know that the information contained in this application will be read by the faculty and staff of SWTX, as is appropriate.

I have read and understand that admission selection is competitive and based on the listed criteria.

_____ _____

Signature of Applicant Date

Please email a copy of all transcripts, TEAS report, and TEAS transcript ASAP.