LVN / ADN Nursing Program Application for Admission

SOUTHWEST TEXAS ★ COLLEGE

Please download the form to your computer and enter your information into the fillable fields. Once you have completed the form, SAVE your changes and ATTACH the application to an email, and send it back to us. <u>Please answer ALL drop down fields.</u>

SWTXC Student ID _____   Campus _____   Program _____   Date _____

Name _____ / _____ / _____ / _____
           Last   First   Middle   Maiden

Mailing Address _____ / City/ST _____ / Zip _____

Date of Birth _____ / _____ / _____   Cell Phone _____

SWTXC Email Address _____

Personal Email Address _____
                        This email will be used for all correspondence.

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 on a voluntary basis, and your answers will be used for statistical purposes only. If you are accepted, these will need to be answered for reporting purposes.

ETHNICITY _____   AGE ____   GENDER ____

Are you an International Student? _____

What is your primary language? _____

Are you a first-generation college student? _____

COMPLETE ALL REFERENCE FIELDS! **List 2 college instructor reference contacts and 1 current employer (relatives, friends, neighbors, success coach, advisors, etc. will not be accepted).** SWTXC nursing faculty reference contacts are also not accepted. <u>EMAIL ADDRESS IS MANDATORY.</u> Please make sure you receive permission to use the individual as a reference for the application, as we will be contacting them using the information provided. If you have questions on a reference, please contact the administrative assistant at the campus you are applying to. Contact info is on the last page of the application. <u>If you only took on-line courses, you can still list that instructor, if they give permission.</u>

Instructor
1. Name _____ / Title _____

   Mailing Address _____ / City _____ / State _____ / Zip _____

   Phone _____ / Email Address _____

Instructor
2. Name _____ / Title _____

   Mailing Address _____ / City _____ / State _____ / Zip _____

   Phone _____ / Email Address _____

You <u>must</u> list an employer (not a co-worker); however, if you have never worked, you may list a third college instructor.

Employer
3. Name _____ / Title _____

   Mailing Address _____ / City _____ / State _____ / Zip _____

   Phone _____ / Email Address _____

Please list any medical experience you may have:

Are you a Licensed Vocational Nurse (LVN)?

Are you a Paramedic/EMT?

Are you a Certified Nurse Assistant/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 <u>copy of your official HS transcript or GED certificate and ALL official college/ university transcripts, excluding SWTXC</u>. If you turned them in to SWTXC, email their office at <u>admoffice@swtjc.edu</u> and ask them to email a copy of your transcripts to us.

List the HS you graduated from AND all Colleges/Universities attended, <u>excluding SWTXC</u>:

1. _____   _____
   Name of High School   Date Graduated

   _____
   Address of High School

2. _____   _____
   Name of College   Dates Attended

   _____
   Address of College

3. _____   _____
   Name of College   Dates Attended

   _____
   Address of College

4. _____   _____
   Name of College   Dates Attended

   _____
   Address of College

5. _____   _____
   Name of College   Dates Attended

   _____
   Address of College

6. _____   _____
   Name of College   Dates Attended

   _____
   Address of College

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

Licensure Eligibility
You will be reading the information below and signing that you read it. You do not need to answer the questions at this time.

The following questions are provided to the student before registration and before entrance into the program, in order to inform students 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 of 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 of 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?
    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?

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

7. 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.

8. 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 Texas Board of Nursing rules and regulations in order 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 making a decision on licensure eligibility.

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

Signature of Applicant   Date

Texas Board of Nursing Criminal Background Check

Background checks are required by the Texas Board of Nursing of all incoming students to insure 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 e-mail address you provided to give you further instructions. DO NOT process a background check anywhere else. The student is responsible for the fees of both the 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 has previously been reviewed by the Board of Nursing Review Board; 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 LVN and/or ADN Program to submit your personal information to the Texas Board of Nursing for the purpose of 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 LVN and/or ADN 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: _____

Did you pass the NCLEX-VN boards on the first attempt?   Yes   No

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

Current Status: _____   Expiration Date: _____

Have you attended a school of nursing other than the SWTXC LVN 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 LVN Applicant   License Number

_____   _____
     Signature of LVN Applicant   Date

Please type, a minimum of 300 words, your reason(s) for entering the nursing profession. This rationale should be presented in a clear, succinct, and grammatically correct statement. Please type in 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 at the Del Rio Campus (Building B); or
             Eagle Pass: Norma Diaz at the Eagle Pass Campus (Building E); or
             Uvalde: Veronica Fosbenner at the Uvalde Campus (Building H)
2. Inform both the LVN and/or ADN Program and Southwest Texas College Admissions and Records Office of any changes in phone number, mailing address, or E-mail address.

I hereby certify that the information contained in this application is true 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 SWTXC. I understand that the information contained in this application will be read by the faculty and staff of SWTXC, as is appropriate.

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

_____   _____
Signature of Applicant   Date

Please be sure to email a copy of all transcripts and your TEAS report and TEAS transcript **ASAP.**