

TEXAS SOUTHMOST COLLEGE

VOCATIONAL NURSING PROGRAM

Full Time Track



Information Pack

Application Deadline: For Fall- June 1st
For Spring- November 1st

VOCATIONAL NURSING APPLICATION PROCEDURES

1. Complete TSC enrollment application and submit it to the Vocational Nursing Office in SET B 1.450.
2. Apply for college enrollment and financial aid at Oliveira Student Center as early as March for the Fall Semester and September for the Spring Semester.
 - a. All students interested in the Vocational Nursing Program must take and pass the VN Pre – Entrance Exam with a **(Minimum cumulative score of 65% and minimum of 55% on all areas)**.
 - b. Must take and pass all three sections of the T.A.S.P. and/or T.H.E.A test (or college readiness letter).

*Please note students who have never attended TSC will need to provide a copy of their TASP/THEA Scores to the Enrollment Office.

- **Students must also take and pass the following prerequisite courses to be eligible for the VN Program.**
 - ❖ HPRS 1101 – Introduction to Health Professions (B or Better)
 - ❖ HPRS 1106 – Medical Terminology (B or Better)
 - ❖ HPRS 1204 – Basic Health Professions Skills (Includes Lab) (B or Better)
 - ❖ BIOL 2301 – Anatomy & Physiology I (B or Better)
 - ❖ BIOL 2302 – Anatomy & Physiology II (B or Better)
 - **Students with previous medical experience and current license or certification such as Certified Nursing Assistant, Certified Medical Assistant, and Emergency Medical Technician should contact the VN office at (956) 295-3510 to evaluate possible waiver of HPRS 1204 – Basic Health Professions Skills.**
 - **Students who have completed the ACT with a minimum composite score of 18 and a proven record of successful completion at least 20 hours of college level courses with a grade of C or better may be able to substitute their ACT for the VN Pre-entrances Exam.**
 - **Students who have completed with a C or better an RNSG level skills course may be able to substitute that for HPRS 1204-Basic Health Professions Skills.**
- c. To register for the VN Pre – Entrance Exam you must call the VN office for more information. Sign up early because there are only 20 openings per test date.
- d. Results from the VN Pre – Entrance Exam can be obtained from the Vocational Nursing office in SET B 1.450.
- e. The following items will be submitted together in a packet to the VN Nursing Department Secretary at SET B 1.450 by: **June 1** Fall (August) class) before 5:00 pm and for the spring class, **November 1**(Spring) January class before 5:00 pm.
- Completed Application for the VN Program
 - Official high school transcripts/GED score sheet
 - Official college transcripts
 - Copies of T.A.S.P. or T.H.E.A (pass) or (demonstrating college readiness)
 - VN Pre-Entrance Exam test (Minimum cumulative score of 65% and minimum of 55% on all areas)
 - One page narrative indicating why nursing has been chosen as a career and why the choice is VN (should be handwritten by applicant)
 - Chronological history of last 3 years (begin with this year) indicating employment, school and community activities, etc.
 - Complete Vocational Nursing Immunization record
 - Outline of any nursing or allied health volunteer work in related field indicating dates, job titles and duties

ADMISSIONS POLICIES

The Vocational Nursing Program has established its admissions policies in accordance with institutional policy, Texas Board of Nursing “Minimum Standards” and program based policies. The admission policies are as follows:

Criteria for Admission in VN Program

1. Meet general TSC admission requirements. (Available in the Office of admission.)

2. Students must take and pass the following prerequisite courses to be eligible for consideration into the VN Program:
 - ❖ HPRS 1101 Introduction to Health Professions(B or Better)
 - ❖ HPRS 1106 Medical Terminology(B or Better)
 - ❖ HPRS 1204 Basic Health Professions(B or Better)
 - ❖ HPRS 1204 Basic Health Professions Skills Lab(B or Better)
 - ❖ BIOL 2301 Anatomy and Physiology I (B or Better)
 - ❖ BIOL 2302 Anatomy and Physiology II (B or Better)
3. All Prerequisite coursework must be completed prior to the application deadline.
4. Students with previous medical experience such as Certified Nursing Assistant, Certified Medical Assistant, and Emergency Medical Technician should contact the VN office at (956)295-3510 to evaluate possible waiver of **HPRS 1204 – Basic Health Professions Skills**.
5. Pre-entrance testing as required by the Texas Board of Nursing. TSC VN Program requires successful completion of the following exams.
 - a. T.H.E.A. and/or T.A.S.P (demonstrating college readiness)
 - b. VN Pre-Entrance Exam test (Minimum cumulative score of 65%and minimum of 55% in each area)
6. Application to the Vocational Nursing Program, completed in its entirety.
7. A complete Vocational Nursing Immunization record will be required prior to the acceptance to the Program.
8. Mandatory attendance to the Skills for Academic Nursing Success (SANS) workshop and program orientation at the scheduled time and prior to starting classes if you are accepted to the Vocational Nursing Program.
9. Once accepted, the advising department will register you for classes in accordance with the College schedule.
10. Payment of all fees, tuition, and liability insurance premium is the responsibility of the student.
11. All students must clear a criminal background (security clearance) check.

***All documents submitted become property of the University upon receipt. All information contained in the application is to be true and correct. It is to be understood that any misrepresentation of the facts will make the applicant ineligible for admission.**

ATTENTION PROSPECTIVE VN STUDENTS

1. Individuals wishing to apply to the Licensed Vocational Nursing Program must take and pass the **VN Pre – Entrance Exam** and the **T.A.S.P. or T.H.E.A Test**. VN Pre – Entrance Exam Study Guides are available in the book store.
2. To register for the VN Pre – Entrance Exam students must go to the Vocational Nursing Program office to get information. There will be a \$ 45.00 dollar fee for the exam. Sign up early because there are only 20 openings per test date.
3. Results from the VN Pre – Entrance Exam can be obtained from the Vocational Nursing office in SET B 1.450. The VN Pre – Entrance Exam may be taken as many times as the student wishes in order to receive a passing score. There is no waiting period.
4. Examinees must report to the computer lab assigned on their schedule test date.
5. It is your responsibility to obtain a TSC admissions application from the Enrollment Office in Oliveira Student Center or online. You may call (956) 295-3510. Financial aid applications may be obtained from the Financial Aid Office in the Oliveira Student Center.

FREQUENTLY ASKED QUESTIONS

Q. What are the prerequisites for the VN Program?

A. The prerequisites courses are Introduction to Health Professions, Medical Terminology, and Basic Health Professions Skills w/ lab, Anatomy & Physiology I and Anatomy & Physiology II (you need B or Better on all prerequisites). Students must also take and pass the VN Pre – Entrance Exam and T.A.S.P or T.H.E.A exams.

Q. Where can I take the VN Pre – Entrance Exam and TASP exams?

A. The VN Pre – Entrance Exam is administered by the VN Department in the Oliveira Student Center and the T.A.S.P or T.H.E.A exams are administered through the Testing Center located in the Oliveira Student Center.

Q. How can I prepare for the VN Pre – Entrance Exam and T.A.S.P. or T.H.E.A exams?

A. The library has a study guide on reserve for the T.A.S.P. or T.H.E.A exams. You may also purchase a study guide for the VN Pre-Entrance Exam called “Test of Essential Academic Skills Study Guide” at the book store.

Q. When does the VN Program start?

A. We have two classes, one in the Spring that starts in January, and one in the Fall that starts in August.

Q. How long is the VN program?

A. 12 months.

Q. How many students do you accept?

A. Varies by semester.

Q. When is the deadline to submit an application?

A. Deadline for the Fall class is June 1 and for the Spring class it is November 1.

Q. What happens after I turn in my application?

A. All students who meet the minimum requirements are admitted into the program unless the number of applicants exceeds the spaces available. When the number of applicants exceeds the places available the competitive process is instituted. Each student will be given a date and time to be interviewed. When all interviews have been completed, all interview and application information will be compiled and reviewed by the Admissions Committee, they will decide which students are to be admitted into the VN Program.

Q. What is the estimated cost for the VN Program?

A. Estimated cost for tuition, books and uniforms for the year is \$11,000.00-\$13,000.00.

Q. Is the VN Program a full time program?

A. Yes, you will be in class five days a week and depending on the semester and class you may start as early as 6:00 am or end as late as 7:00 pm. Your weekly hours spent in classroom and/or clinical averages between 34-40 hours per week.

TESTING REQUIREMENTS

Individuals applying to the Vocational Nursing Program must take and meet the (Minimum cumulative score of 65% and minimum of 55% in each area) on the VN Pre – Entrance Exam.

You must register for this test in person at the VN Office in SET B 1.450. There is a \$45 payment required. There is a \$10 rescheduling charge and/or a partial refund of \$20 is available if you cancel a testing appointment by the given deadline. To cancel or reschedule the exam contact the Vocational Nursing Program at 956-295-3510.

YOU MUST PRESENT TWO PHOTO ID – BEARING IDENTIFICATION TO BE ADMITTED TO THE TEST.

VNPRE – ENTRANCE EXAM DESCRIPTION

The VN Pre – Entrance Exam consists of two measures – *a Test of Essential Academic Skills* and *a Self-Assessment*. This test is developed by Assessment Technologies Incorporated especially for health occupations and nursing candidates. The examination is used in conjunction with other criteria for screening prospective applicants to the VN program.

English and Language Usage – measures spelling, grammar, punctuation, contextual words and sentence structure. One part of this section presents a long passage that contains 30 words or phrases that are underlined and numbered. For these items you will select the best option; one that makes the sentence or idea complete or correct. There are also several single items included in this section. You will have 65 minutes to answer the 55 questions in this section.

Reading – measures paragraph and passage comprehension as well as drawing inferences and conclusions. This section contains a variety of short passages, charts or diagrams on differing topics. You will have 50 minutes to answer the 40 questions in this section.

Mathematics – measures whole numbers, fractions, decimals, percentages, ration / proportion, metric conversion and algebraic equations. This section includes basic math problems, story problems, algebraic equations and mathematical reasoning. Calculators and formal sheets are NOT permitted. You will have 56 minutes to answer the 45 questions in this section.

Science and Technical Reasoning – measures science reasoning as well as basic knowledge in biology, chemistry, anatomy and physiology, physics and general science. This section covers a variety of basic science questions. It also includes some items requiring logical thinking. You will have 38 minutes to answer the 30 questions in this section.

TEXAS SOUTHMOST COLLEGE

Department of Nursing

APPLICATION FOR ADMISSION ☐

APPLICATION FOR READMISSION ☐

Mark box corresponding to the program of application:

<input type="checkbox"/> Vocational Nursing	956-295-3510	<input type="checkbox"/>	
<input type="checkbox"/> Associate Degree Nursing	956-295-	<input type="checkbox"/> LVN Advanced Placement	956-295-

Note: See individual programs for application requirements and processes.

PLEASE TYPE OR USE BLACK INK. DO NOT USE NICKNAMES. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY MAY DELAY PROCESSING OF YOUR APPLICATION.

Date of Application: _____
Mo. Day Yr. TSC Student ID #

This application is for admission into the program beginning: _____ / _____
Semester Year

Full legal name: _____
Last First Middle

Maiden name: _____ E-mail address: _____
(Required)

Current mailing address: _____
Street
City State Zip

Telephone #: (_____) _____ - _____ Alternate #: (_____) _____ - _____
(Please give a number where you can be reached weekdays between 8 a.m. and 5 p.m.)

Permanent address: _____
Street

Note: This address should be a constant one where you can be reached now and in future years.
City State Zip
Telephone: (_____) _____ - _____

If you have previously attended any school under a name other than that given above,

PERSONAL INFORMATION

The following voluntary information is needed for affirmative action purposes. The information you provide will not affect your admission to the VN program.

☐ Male ☐ Female Date of Birth: _____ / _____ / _____
(mm) (dd) (yyyy)

Race/Ethnicity: ☐ Hispanic ☐ Black ☐ Asian ☐ white/Caucasian ☐ American Indian/Alaskan
☐ Puerto Rican ☐ Other Spanish Surname ☐ Pacific Islander

Are you an International / Non United States Citizen applicant? ☐ Yes ☐ No

If yes, see "Admission of International Student" in the TSC Undergraduate Catalog for additional requirements.

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Note: All ADN and VN students must complete the following eligibility questions.

Please review the “Eligibility to take the NCLEX Examination” in the information packet to answer these questions. If you answer yes to any of the following questions you must provide a written explanation.

1. ____ Yes ____ No For any criminal offense, including those pending appeal, have you:
- A. Been convicted of a misdemeanor?
 - B. Been convicted of a felony?
 - C. Pled nolo contendere, no contest, or guilty? 7
 - D. Received deferred adjudication?
 - E. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. Been sentenced to serve jail or prison time? Court-ordered confinement?
 - G. Been granted pre-trial diversion?
 - H. Been arrested or any pending criminal charges?
 - 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?

(You may only exclude Class C misdemeanor traffic violations.)

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. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

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 on this form. However, a criminal matter that is the subject of an order of nondisclosure 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 the matter, the Board may require you to provide information about that criminal matter.

2. ____ Yes ____ No Are you currently the target or subject of a grand jury or governmental agency investigation?
3. ____ Yes ____ No Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
4. ____ Yes ____ No Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
5. ____ Yes ____ No Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If “YES” indicate the condition: [] schizophrenia and/or psychotic disorders, [] bipolar disorder, [] paranoid personality disorder, [] antisocial personality disorder, [] borderline personality disorder

If you answered “YES” to any of the questions listed above, attach a letter of explanation that is dated and signed indicating the circumstances(s) you are reporting to the Board.

**If you are licensed as an VN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer “NO” to questions #4 and #5.*

B. SUBMIT THE FOLLOWING ITEMS TOGETHER IN A PACKET TO THE DEPARTMENT OFFICE, LHSB 2.720, BEFORE THE DEADLINE DESCRIBED BELOW. :

- C.** Students are encouraged to carry **health insurance**. Students needing health insurance may obtain information in the Student Affairs website. Students must carry professional liability insurance. Professional liability insurance coverage in at least a minimum amount of \$1 million limit each claim and \$3 million aggregate is required. Cost for the professional liability insurance is included in the fees paid during each fall semester. The professional liability insurance is only applicable to students in their student role, not in their employment role.

If you did not graduate from high school include a copy of GED certificate with this application.

High School: _____

Name	City/State	Graduation Date
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Note: All students must sign the following disclaimer question.

I understand that the Department of Nursing will not regard this application as "complete" until all supporting papers have been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts must be sent directly from each school to the ADMISSIONS OFFICE in TANDY 115 to a Transcript Evaluator.

If selected for admission to this program I will at all times conduct myself in accordance with the rules and regulations of the College, Program and its clinical affiliates. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I certify that I can perform the essential eligibility requirements for participation in clinical nursing with or without reasonable modifications to rules, policies, or practices, the removal architectural, communication, or transportation barriers, or the provision of auxiliary aids and services as described in the information packet. I hereby grant permission to TSC to verify any and all information submitted/stated.

I understand that my acceptance to any nursing program is only conditional, until such time as I have cleared a criminal background/security clearance screening.

NOTE:

All applicants must submit a complete application package in order to be considered for admission. No application package will be accepted if incomplete. If there are circumstances that may have an influence on your admission that you would like for those reviewing your application to know about, please describe on a separate sheet and attach.

Signature of Applicant

Date

DEADLINES FOR RECEIPT OF APPLICATION AND ALL REQUIRED DOCUMENTS:

VOCATIONAL NURSING PROGRAM

- JUNE 1ST

- NOVEMBER 1ST

Application, transcripts, and supporting documents should be turned in a packet together to respective programs.

**Program Name
Texas Southmost College
SET B 1.450
80 Fort Brown
Brownsville, TX 78520-4993**

Immunization Record

Name: _____ ID# _____

Program: (circle program): VN ADN

	Date	Result
MMR#1	_____	_____
MMR#2	_____	_____
Tetanus(TD) Booster	_____	_____
Varicella Vaccine	1# _____ 2# _____	Illness _____
Hepatitis B Vaccine	1# _____ 2# _____	3# _____
Hepatitis B Waiver signed		

Comments: _____

Please bring a copy of this form to your physician/health care provider and have them fill out and sign. Return with your completed application.

Health Care Provider Signature Date

Address