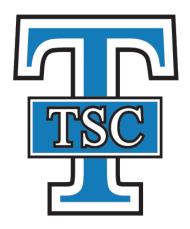
TEXAS SOUTHMOST COLLEGE

VOCATIONAL NURSING PROGRAM

Full Time Track



Information Pack

Application Deadline: For Fall- June 1st

For Spring- November 1st

VOCATIONAL NURSING APPLICATION PROCEDURES

- 1. Summit you VN application to the VN office at 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 score of 18 in all sections 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 HRPS 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 or at www.atitesting.com
- e. The following items will be submitted together in a packet to the VN Nursing Department Administrative Assistant at SET B 1.450 by: **June 1** Fall (August) class) before 5:00 pm and **November 1**(Spring) January class before 5:00 pm.
 - Completed Application for the VN Program
 - High school transcripts/GED score sheet
 - 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 College 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. The 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.

<u>Mathematics</u> – 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

	MISSION				A PPLICATIO	N FOR READMISSION $lacksquare$
Mark box corresponding	ng to the progra	m of applica		٦		
Vocational Nursing Associate Degree Nursing	Ţ.	956-295-35 956-295-35		LVN Advanced Placemen	nt	956-295-3577
	Note: See inc	lividual progr	ams for applic	ation requirements and p	processes.	
PLEASE TYPE O	R USE BLA	CK INK.	D o мот	USE NICKNAME	s. Failu	RE TO ANSWER
ALL QUESTIONS	COMPLETE	LY MAY	DELAY P	ROCESSING OF	YOUR AF	PPLICATION.
Date of Application:	-		-			-
	Mo.	Day	Yr.		TSC Stu	dent ID #
This application is for	admission into	the progran	n beginning:		/	
Full legal name:				Semester		Year
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(F	Please give a num	ber where y	you can be re	ached weekdays betw	een 8 a.m. an	d 5 p.m.)
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IN CASE OF AN EMER	GENCY, P	LEASE NO	TIFY:						
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Please check all that applie	es to you:		vsical di er disab	isability bility:	□ le	arning d	isabilit	y	
Will you need special acco	ommodations Yes, please s		succeed	in the pro	gram for w	which you	u are ap	oplying?	
EDUCATIONAL BACK	GROUND								
If you have not attended an OFFICIAL TRANSO Vocational Nursing Progra High School:	RIPT (show	ving your ra	nk in tl	he class &	GPA) be				
Name			Ci	ity/State				Graduation Date	
Please list each <u>college or</u> transcript from each inst									it a
NAME OF SCHOOL	CITY	STATE	DATI Mo./	ES OF AT Yr. TO	ΓENDAN Mo./			LOMA/DEGREE or Sem. Hours	
If you have attended more	than four co	lleges, pleas	e list or	n a separate	sheet.			_	
Please list all college or u you are currently enrolle DIRECTLY to TSC ADI when course work is com	ed or will ha	ave complet OFFICE in	ted befo	ore enrolli	ng at TSC	C. Final	officia	al transcripts must be s	ent
COLLEGE OR UNIVER	RSITY	COURSE N	O.	COURSE	TITLE	SEM	HRS	TERM/YR	
			+						

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

	ligibility to take the NCLEX Examination" in the information packet to answer these questions. If you he 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.)
disclosed, it is your re is recommended that your application. Fail minimum, subject yo truthfulness and chara NOTE: Orders of No subject of an order of criminal matter that if other sections of the information that is the	on-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the f non-disclosure you are not required to reveal those criminal matters on this form. However, a set the subject of an order of nondisclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record esubject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of losure, even if you properly did not reveal the matter, the Board may require you to provide
2 Yes No 3 Yes No	Are you currently the target or subject of a grand jury or governmental agency investigation? 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
5 Yes No	any other drug? 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
	ES" to any of the questions listed above, attach a letter of explanation that is dated and signed stances(s) you are reporting to the Board.

*If you are licensed as an VNin 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.

APPLICATION CHECKLIST

Α.	Submit an	application to Texas Southmo	st College, MEET REQUIREMENTS FOR AI	DMISSION, and obtain a TSC ID number.
В.		E FOLLOWING ITEMS TOGETHI IE DESCRIBED BELOW.	E R IN A PACKET TO THE DEPARTMEN	T OFFICE, LHSB 2.720, BEFORE THE
		Completed Nursing Applicat	ion (last six pages of this packet).	
		High school transcript or G		ceptable (If you have previously attended
		_	copies will be accepted (ONLY UTB/TS) C you must submit your transcripts for e	C TRANSCRIPTS WILL BE ACCEPTED, if you valuation to the Admission's Office).
		Tetanus/Diphtheria (TD - Im	munization received within the last 10 aberculin Test (PPD – administered and	or confirmation of Immunity/protective titer); years); Hepatitis B Series (or confirmation of read within the last 12 months); and Varicella.
		Proof of CPR for the Healtho	are Provider.	
		Program Required test scores	required (ACT, TEAS, TASP, GRE*)	* These vary by program
	in included			ed. Cost for the professional liability insurance nsurance is only applicable to students in their
O	TE: All VN	applicants must demonstrate gr	raduation from high school or completio	n of a GED.
List n th	the high sch	nool you graduated from on the l	ine below and request that an OFFICIA	AL TRANSCRIPT (showing your rank st College 80 Fort Brown, Brownsville,
High	School:			
		Name	City/State	Graduation Date
f yo	ou did not g	raduate from high school inclu	de a copy of GED certificate with this	s application.
				<u> </u>
O	ΓE: All AD	N applicants who have not atter	nded university must complete the follow	wing.
				AL TRANSCRIPT (showing your rank
	ne class & o wnsville, Tex		ociate Degree Nursing Program, Texa	as Southmost College, 80 Fort Brown,
High	School:			
٠		Name	City/State	Graduation Date

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 ranscripts 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.

	ge in order to be considered for admission. No application package will be accepted if incomplete. n your admission that you would like for those reviewing your application to know about, please describe o
	Signature of Applicant Date
DEADLINES FOR RECEIPT OF	F APPLICATION AND ALL REQUIRED DOCUMENTS:
	Type 4SI
Vocational Nursing Program	- June 1 st - November 1st
Application, transcripts, and supporting docum	nents 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:]		
Program: (circle program):	VN ADN		
	Date		Result
MMR#1		<u> </u>	
MMR#2			
Tetanus(TD) Booster		<u></u>	
Varicella Vaccine	_1#	2#	Illness
Hepatitis B Vaccine	1#	2#	3#
Hepatitis B Waiver signed			
Comments:			
Please bring a copy of this form with your completed application	n to your physician/heal	th care provid	der and have them fill out and sign. Return
Health Care Provider Signature	Date		
Address			