



## VOCATIONAL NURSING APPLICATION PROCEDURES

1. Submit your VN application to the VN office at ITECC G 114.
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 HESI Admission Assessment Exam with a **Minimum cumulative score of 75% and minimum of 70% on each section.**
  - b. Must take and pass all three sections of the T.S.I. or provide a college readiness letter.

\*Please note students who have never attended TSC will need to provide a copy of their T.S.I. Scores to the Enrollment Office.
  - c. To register for the HESI Admission Assessment Exam you must call the TSC testing center for testing schedule and availability at 956-295-3662.
  - d. Results from the HESI Admission Assessment Exam can be obtained from the TSC testing center on your test day.
  - e. The following items will be submitted together in a packet to the VN Nursing Department Administrative Assistant at ITECC G 114 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
- Official High school transcripts/GED score sheet
- Official College transcripts
- Copies of T.S.I. (pass) or (demonstrating college readiness)
- HESI Admission Assessment Exam (Minimum cumulative score of 75%; 70% in each section)
- 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 allied health volunteer work or community activities, etc.
- Complete Vocational Nursing Immunization record
- CPR certification through the American Heart Association

***Please note: Students accepted into the LVN program will be required to clear a background/security clearance screening.***



**DEPARTMENT OF NURSING**

APPLICATION FOR ADMISSION  APPLICATION FOR READMISSION

Mark box corresponding to the program of application:

Licensed Vocational Nursing

*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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TSC Student ID # \_\_\_\_\_  
Mo. Day Yr.

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  
\_\_\_\_\_  
City State Zip

*Note: This address should be a constant one where you can be reached now and in future years.*

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you have previously attended any school under a name other than that given above, specify on line below.

**PERSONAL INFORMATION**

The following information is needed for reporting 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.



**Note: All 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.*

## APPLICATION CHECKLIST

**A. Submit an application to Texas Southmost College, MEET REQUIREMENTS FOR ADMISSION, and obtain a TSC ID number.**

**B. SUBMIT THE FOLLOWING ITEMS TOGETHER IN A PACKET TO THE DEPARTMENT OFFICE, ITECC G 114, BEFORE THE DEADLINE DESCRIBED BELOW.**

- Completed **Nursing Application**.
- Official Accredited College Transcripts** (If you have never attended TSC you must submit your transcripts for evaluation to the Admission's Office).
- Proof of Immunizations** for Measles/Mumps/Rubella (MMR – or confirmation of Immunity/protective titer); Tetanus/Diphtheria/Pertussis(TDap – Immunization received within the last 10 years); Hepatitis B Series (or confirmation of Immunity/protective titer); Tuberculin Test (PPD – administered and read within the last 12 months); and Varicella. See “Immunization Record” attachment to this application.
- Proof of CPR** from the American Heart Association.
- Program Required **test scores**

**C.** Students are required to carry **health insurance**.

**D.** 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.

**NOTE: All VN applicants must demonstrate graduation from high school or completion of a GED.**

List the high school you graduated from on the line below and request that an **OFFICIAL TRANSCRIPT** (showing your rank in the class & GPA) be sent directly to: Vocational Nursing Program, Texas Southmost College 80 Fort Brown, Brownsville, Texas 78520.

High School: \_\_\_\_\_  
Name City/State Graduation Date

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

**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 1<sup>ST</sup>**

**- NOVEMBER 1<sup>ST</sup>**

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

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



## Immunization Record

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Program: (circle program):            VN    ADN

	Date	Result
TB	_____	_____
MMR#1	_____	_____
MMR#2	_____	_____
Tetanus/Diphtheria/Pertussis(TDap)	_____	_____
Varicella Vaccine	1# _____ 2# _____	Illness _____
Hepatitis B Vaccine	1# _____ 2# _____	3# _____
Hepatitis B Titer	_____	_____

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