



**HEALTH PROFESSIONS DIVISION
ASSOCIATE IN APPLIED SCIENCE – NURSING
Associate Degree Nursing Program Application**

Please read the application carefully, complete, sign, and submit with the required documentation to **Texas Southmost College Nursing Department 301 Mexico Blvd ITEC Building Office G115.**

Please refer the TSC ADN program checklist to enclose all required documentation with your application.

- Nursing – Fall Start 20__
- Nursing – Spring Start 20__
- LVN to RN – Summer Start 20__
- Readmission - ADN ____ or LVN to RN ____

Date of Application: _____ - _____ - _____
Month Day Year TSC Student ID # _____

Full Legal Name : _____
Last First Middle

Maiden Name : _____ Email Address: _____
(Required)

Current Mailing Address: _____
Street

City State Zip Code

Primary Phone Number: (____) _____ - _____ Alternate Phone Number: (____) _____ - _____

** Please provide phone numbers where you can be reached between the hours of 8 a.m. and 5 p.m. on weekdays

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

Personal Information (does not affect acceptance or admission into the program)

Male Female Place of Birth: _____

Ethnic Origin: (OPTIONAL – for affirmative action purposes only)

- Caucasian/White Hispanic/Latino Native Hawaiian/Pacific Islander African American/Black Asian
- American Indian/Alaskan Prefer not to answer

*** If you are an international student, please refer to the International Section in the TSC Catalog for additional requirements

Please check all that applies to you: Physical disability Learning disability Other: _____

Will you need special accommodations in order to succeed in the program? Yes No

** If yes, please refer to the TSC student handbook for disability services requirements

Emergency Contact: _____
 Name Relationship

 Street Address

 City, State, Zip Code

(____) - _____
 Phone Number

Educational Background:

List the high school you attended and REQUEST THAT AN OFFICIAL TRANSCRIPT be sent directly to: **Associate Degree Nursing Program, Texas Southmost College, 80 Fort Brown, Brownsville, TX 78520**

High School: _____
 Name City, State Graduation Date

List each college or university that you have attended or will attend prior to enrolling at Texas Southmost College.

****Request that an OFFICIAL transcript from EACH institution showing ALL work attempted is sent directly to:**

Associate Degree Nursing Program, Texas Southmost College, 80 Fort Brown, Brownsville, TX 78520

All college/university transcripts will also need to be sent to the TSC admissions office for evaluation.

Name of School	City	State	Dates of Attendance		Diploma/Degree Or Semester Hours
			Mo./Yr.	To Mo./Yr.	

List all college or university COURSES which **you are currently enrolled** or **will have complete before the program begins**, that **DO NOT PRESENTLY APPEAR** on your transcript.

College or University	Course No.	Course Title	Sem Hrs	Term/Year

**** If you have attended ANY Associate or Bachelor Degree Nursing program and did not complete the program you must provide a letter of good standing from the Director or Dean of that program in your application packet.**

Texas Board of Nursing Eligibility Questions

Please review the “Eligibility to take the NCLEX-RN 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. 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.)
 - been arrested and have a pending criminal charge?
 - been convicted of a misdemeanor?
 - been convicted of a felony?
 - pled nolo contendere, no contest, or guilty?
 - received deferred adjudication?
 - been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - been sentenced to serve jail, prison time, or court-ordered confinement?
 - been granted pre-trial diversion?
 - been cited or charged with any violation of the law?
 - 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 offense, 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 the subject of an order of non-disclosure 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 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 must sign the following disclaimer question.

I understand that the ADN selection committee will not regard this application as “complete” until all required supporting documents have been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is my understanding that official transcripts sent directly from each school I have attended must be received as soon as possible and at the end of each successive semester, quarter, etc. For as long as my application is being considered; however all transcripts **MUST** be received by the application deadline. (Transcripts showing additional work after acceptance must also be submitted).

If selected for admission to this program I will at all times conduct myself in accordance with the rules and regulations of the Texas Board of Nursing, TSC, ADN 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 of architectural, communication, or transportation barriers, other provision of auxiliary aids and services as described in the information packet. I hereby grant permission of Texas Southmost College 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.

Signature of Applicant

Date

DEADLINES FOR SUBMISSION OF APPLICATION AND ALL REQUIRED DOCUMENTS:

ASSOCIATE DEGREE NURSING PROGRAM

Fall Start - May 25th

Spring Start – September 1st

Summer (LVN to RN) – January 15th

Application, transcripts, and supporting documents should be turned in ***one complete packet***.

Associate Degree Nursing Program

Texas Southmost College

ITEC G115

80 Fort Brown

Brownsville, TX 78520-4993