



**HEALTH PROFESSIONS DIVISION
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 AND or LVN program checklist to enclose all required documentation with your application.

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

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 purpose 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.**

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. 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?
 - 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 or court-ordered confinement?
 - G. Been granted pre-trial diversion?
 - H. Been arrested or have 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, or action?

(You may ONLY exclude Class C misdemeanor traffic violations)

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 of the Nurse.

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 non-disclosure may become a character and fitness of duty 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 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.

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 license, certificate or multi-state privilege held by your now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you?
4. Yes No In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?
If you answered “yes” please indicate the condition/disorder: _____
5. Yes No In the past five (5) years, have you been addicted or treated for the use of alcohol or any other drug?

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

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

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**