



Vocational Nursing Program Application Packet

The Vocational Nursing (VN) Program is a sixteen (16) month certificate program that prepares the graduate to perform patient care under the direct supervision of a Registered Nurse or Physician. Upon successful completion of the program, the graduate vocational nurse qualifies to take the National Council of Licensure Examination for Practical Nurses (NCLEX-PN®) and upon passing the exam, will be issued a Texas license to practice as a Licensed Vocational Nurse. Applications are accepted once a year. Students applying by August will start the program in the spring if accepted and all first semester courses are completed by the January start date..

The Vocational Nursing Program was established in 1973 and has full approval from the Texas Board of Nursing (BON). Additionally, Texas State Technical College (TSTC) is accredited by the Texas Higher Education Coordinating Board (THECB) and the Southern Association of Colleges and Schools Council of Colleges (SACSCOC).

Deadline dates for selection of class starting January 2022 at the Breckenridge and Sweetwater campuses:

Event	Date(s)
Completed Application Packet DUE	August 6, 2021 @ 5:00 pm
ATI TEAS® version 6 (at least 1 attempt) <i>TSI requirements</i>	See page 3 for details
Texas Board of Nursing Criminal Background Check results (<i>Blue Card</i> or Petition for Declaratory Order)	By first class day Jan. 10. 2022
Attend Mandatory Meeting	Announced at a later date
Selected applicants notified via email	October 2021
Acceptance of enrollment required by	TBD, 1 week after letter of invitation
SOLO class if new student	Must be completed before registration
HPRS 1206, BIOL 2301, 2101, 2302, 2102 first semester to be completed before core nursing courses begin.	Completed by first class day of Jan. 10, 2022. May be taken online in summer or fall or transferred credit.
First day of class	January 10, 2022

Applicants *must* keep a copy of the completed VN application packet for their personal records.

VOCATIONAL NURSING PROGRAM ADMISSION CRITERIA

- A. Meet and complete all college and program requirements.
- B. Complete the entire VN application packet and *make a copy for your personal records*.

- C. Submit, by the posted deadline, the entire VN application packet to the address provided on page 21 of this packet. The application packet can be hand delivered or sent via USPS.
- D. If you choose to mail your application packet, we recommend mailing it certified mail.
- E. A check list is provided on page 21.
- F. **Incomplete application packets *will not* be accepted. The application materials must be submitted in a 9x12 inch envelope and include the items listed on the attached checklist.**

COLLEGE AND PROGRAM REQUIREMENTS

Prior to submitting an application packet to the Vocational Nursing program, the following criteria must be met:

COLLEGE APPLICATION

- A. Complete a Texas State Technical College (TSTC) application. This must be completed on the TSTC website utilizing the online application system. Please visit www.tstc.edu and click on the “Apply” button.
- B. Make sure to select Vocational Nursing. **DO NOT** select the ADN.AAS bridge program
- C. After completion of all required TSTC admission paperwork, you will be assigned an Enrollment Coach on the campus you are applying to. You may apply to only one location, Breckenridge campus or Sweetwater campus.
- D. From each college previously attended, you must request official transcripts to be sent to the Admissions and Records office on the campus to which you have applied. Transcripts must be received in Admissions office before your packet will be considered for admission to Vocational Nursing Program.

Breckenridge Address: TSTC
 Attn: Admission & Records
 307 N. Breckenridge Ave.
 Breckenridge, TX 76424

Sweetwater Address: TSTC
 Attn: Admission & Records
 300 Homer K. Taylor Dr.
 Sweetwater, TX 79556

APPLY FOR FINANCIAL AID

Start the application process to apply for financial aid as soon as possible.

4 Steps to Applying for Financial Aid at TSTC

1. Register for your FSA ID @ <http://www.fafsa.ed.gov>
2. Complete your FAFSA (Free Application for Federal Student Aid)
 School Code is **(003634)** <http://www.fafsa.ed.gov> This will show as Waco, but is correct.

3. Be prepared to provide verification documents to the Financial Aid office

4. Keep in contact with your enrollment coach.

If you have completed all of the steps listed above and haven't received ANY correspondence (email) regarding your financial aid within 3 weeks of doing so, contact your Enrollment Coach via email, in person, phone or mail and inquire about the status of your file. The enrollment coaches for VN are:

Cassandra Love 254-559-7713 cassandra.love@tstc.edu

Lisa Langford 254-559-7731 lisa.langford@tstc.edu

TEXAS SUCCESS INITIATIVE (TSIA2) ASSESSMENT 2.0

Before enrolling in classes at TSTC, applicants are required to submit one of the following:

- Scores from at least one Texas Success Initiative (TSIA/TSIA2) assessment.
- Evidence of TSIA/TSIA2 completion from another Texas college or university.
- Proof of exemption from the TSIA/TSIA2.

Applicants failing to achieve minimum passing scores on any or all of the TSI Assessment 2.0 (TSIA2) sections may be eligible to enroll in a remediation course or courses. Successful completion of course(s) fulfills the TSI requirement. *If you are **not** TSI met by the first class day, you will be enrolled in a developmental course to complete TSI requirements.*

A Pre-Assessment Activity (PAA) must be completed prior to taking the initial TSIA2. The activity can be found and completed online at:
<https://www.tsipreview.com/welcome/tstc-west-texas>.

Once you have completed the Pre-Assessment Activity, you are ready to schedule an appointment to take the TSIA2. For on campus testing, please select a location near you. For virtual or online testing, please register at tstc.edu/Testing-Waco.

Location	Contact	Telephone
Abilene	Susan Hash	325-734-3641
Breckenridge	Lisa Langford	254-559-7731
Brownwood	Kimberly Carroll	325-641-5955
Sweetwater	Patricia Carpio	325-235-7441

The fee for the TSIA2 is \$24 for both sections (Math & ELAR) or \$12 per section. Please note that for virtual or online testing there is an additional proctoring fee of \$25 paid to Examity.

VN PROGRAM ADMISSION TEST:

ATI TEAS Exam (On Campus)

The ATI TEAS measures basic skills in the academic areas of reading, mathematics, science and English and language usage. The time limit for the exam is approximately four hours.

The ATI TEAS exam is used as part of the admission process by the LVN programs.

There are only two attempts allowed per application period. The cutoff date for on campus testing is Thursday, July 29th in Breckenridge and/or Brownwood. The last week of on campus testing for the Abilene campus is 7/27 and for the Sweetwater campus is 7/21.

Steps before scheduling your exam

- Sign in at one of our campuses. **(New users will be assessed an annual one-time non-refundable \$5 scheduling fee.)**
 - Abilene: tstc.edu/Testing-Abi
 - Breckenridge: tstc.edu/Testing-Breck
 - Brownwood: tstc.edu/Testing-Bro
 - Sweetwater: tstc.edu/Testing-Swtr
- Choose a group: **ATI TEAS (On Campus)**
- Choose an exam: **ATI TEAS Exam OR ATI TEAS Retake**
- Choose a date and time
- Complete the required information
- Click add to cart Complete the credit card fields and click Purchase Exams
- Click Complete Registration (a confirmation email will be sent)

Testing Fees & Requirements

- Bring a current (non-expired) government-issued photo ID
- Bring a credit/debit card to pay the test fee online (\$65) (This is in addition to the \$25 proctoring fee paid online through our scheduling system.)
- Create a profile with ATI before your test date at atitesting.com. Bring your ATI student login credentials.

Study Resources



- <http://atitesting.com/teas>
- <http://tstc.libguides.com/teas>

For additional information, please contact a Testing Center in West Texas. For contact information, please visit tstc.edu/testing. To request testing accommodations, please contact the Access and Learning Accommodations Office at (254) 867-3600 or adarequest@tstc.edu.

ATI TEAS Exam (Virtual)

The ATI TEAS measures basic skills in the academic areas of reading, mathematics, science and English and language usage. The ATI TEAS exam is used as part of the admission process by the LVN programs. **There are only two attempts allowed per application period.**

The time limit for the exam is approximately four hours. Below are the WTX virtual test dates. The session starts at 10 am. **Max is 50 per test session.**

April 9th
May 14th
June 18th
July 16th
August 20th

Steps before scheduling your exam

- Sign in at tstc.edu/Testing-Swtr (New users will be assessed an annual one-time non-refundable \$5 scheduling fee.)
- Choose a group: **ATI TEAS (Virtual)**
- Choose an exam: **ATI TEAS Exam (Virtual) OR ATI TEAS Retake (Virtual)**
- Choose a date and time
- Complete the required information
- Click add to cart Complete the credit card fields and click Purchase Exams
- Click Complete Registration (a confirmation email will be sent)
- **You will receive an email 24 hours prior to your appointment. Email will provide payment instructions.**

Testing Fees & Requirements

- Bring a current (non-expired) government-issued photo ID

- A credit/debit card to pay the test fee online (\$65) and Proctorio fee of \$5 plus tax
- Laptop/desktop, internet connection, webcam, microphone, install Google Chrome. [Student Orientation Video.](#)

Study Resources

- <http://atitesting.com/teas>
- <http://tstc.libguides.com/teas>

For additional information, please contact Patricia Carpio at prcarpio@tstc.edu or (325) 235-7441.

To request testing accommodations, please contact the Access and Learning Accommodations Office at (254) 867-3600 or adarequest@tstc.edu.

APPLICANT CPR TRAINING

All applicants will be required to show proof of a current American Heart Association (AHA) Basic Life Support (BLS) Cardio Pulmonary Resuscitation (CPR) card that is valid for 2 years. * No other CPR card will be accepted. * TSTC may offer a CPR class for nursing applicants during the first semester. Applicants without a current AHA BLS CPR card can request to be placed on that list. Notify Kristi Hendrix (Kristi.hendrix@tstc.edu) in the Nursing Department to be placed on the list. Applicants on the list will be notified via email when a CPR class is scheduled. The class is generally 8 hours and the cost is the responsibility of the applicant.

LETTER OF INTENT

The required “Letter of Intent” is a one (1) page testament of why you are seeking admission into the TSTC VN Program. “To help people” is not sufficient. In this letter explain the steps you have taken to assure a 16-month commitment to the nursing program; your educational goals over the next 5 years and area(s) of professional interest. Please think about your reasons for wanting to become a vocational nurse and document them using acceptable grammar and spelling. You must sign the letter with your usual signature and include it in the application packet.

LETTERS OF RECOMMENDATION

Submit three (3) letters of recommendation from non-family members. Each letter **must** include contact information and signature of the writer.

SELECTION CRITERIA

- Applicant selection involves consideration of packet information, a point system, and attendance at the mandatory meeting.

Failure to attend the mandatory meeting will result in being removed from class selection.

- The TSI status and ATI TEAS® version 6 scores are also included in the selection process.
- Returning students are **not** guaranteed readmission to the program.
- TSTC does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, veteran status, or any other legally protected status in educational programs, activities, admission, or employment practices.

DRUG SCREENS AND CRIMINAL BACKGROUND CHECKS

Drug Screens

Applicants accepted into the Vocational Nursing program at TSTC will be required to complete a random drug screen by a specified date to be announced at a later time. ***You will receive information on the location and approximate cost of the drug screen on the first class day.*** The date the drug screen must be completed by will be provided within 48 hours of the deadline. Results are stored in an online database. Students will have access to their own drug screen results. The TSTC VN faculty will also have access to all students' results to serve as evidence for Texas Board of Nursing (BON) and clinical affiliate compliance. Applicants will be responsible for any and all charges incurred for the drug screen including travel expenses to the testing site. Failure to complete the drug screen within the time frame given will result in dismissal from the VN program.

Note: Drug screen results may be released to an official representative of a clinical agency, under contract with TSTC, if formally requested. If an applicant has concerns regarding this practice, please contact the VN Program Director or academic advisor.

Criminal Background Checks

TSTC Vocational Nursing program requires evidence of a clear criminal background investigation due to the BON requirement of a clear criminal background prior to authorizing graduates to take the NCLEX-PN. The Texas Board of Nursing conducts a criminal background check (CBC) with the Texas Department of Public Safety (TDPS) and the Federal Bureau of Investigation (FBI). Identogo is the online provider of this service. Applicants are required to submit fingerprints through Identogo. The applicant is responsible for the cost of the background investigation.

After the application deadline, the Program Director will submit a roster of all applicants to the BON. The roster includes date of birth, social security number and email address. A correct email address on the enclosed application is critical to receive correspondence from the BON and Identogo. DO NOT provide an email address assigned by your high school (this will have isd in the email address). Information and instructions on completing the CBC process will be provided via email from Identogo to all applicants that submit a complete application packet. This process may take 4 - 6 weeks after the application deadline before applicants receive the information from Identogo.

Criminal Background Checks for Applicants with a Criminal History

Applicants with a criminal history are encouraged to access the Texas Board of Nursing web site for information on filing a *Petition for Declaratory Order* (DO). The Texas Board of Nursing website is www.bon.state.tx.gov. Click on “*Applications and Forms*” on the right side of the screen; scroll down and click on “*Initial Licensure & Recognition Forms*”; scroll down and click on “*Petition for Declaratory Order*”. Any costs associated with a DO are the sole responsibility of the applicant.

A partial list of offenses and situations that require a DO is noted on the *Statement of Student Responsibility*, page 15 and 16 of this application packet. A complete list is available on the BON web site. This process can be started before submitting an application packet. Follow the instructions carefully as you prepare for the background check. If needed, the TSTC VN program code is: **US27103000**.

One or more of the clinical sites utilized by the TSTC Nursing Department may require an additional drug screening and/or criminal background check. These are in addition to the application requirements. A separate processing fee at the expense of the student is required. FYI: Any clinical facility may reject a student due to a criminal issue whether it is cleared or not.

STUDENT INSURANCES

Per the TSTC Student Handbook, the following applies to students accepted into the Nursing Program:

If accepted into the nursing program, the student will be required to purchase TSTC Student Accident insurance if they do not own and provide a copy of a personal policy for accidents. A Needle Stick Rider and Malpractice Insurance are **automatically** included with the student’s tuition and fees each semester.

Immunizations and Tests Required by State Law and Clinical Facilities

Name: _____ TSTC ID#: _____

Program: _____ Date of Birth: _____

*Include this form **and** signed immunization records in the application packet*

Vaccines administered after September 2, 1991 shall include the MM/DD/YY each vaccine was given.

Measles (Rubeola), Mumps, Rubella: ALL students must show proof of either:	
A. Two doses of MMR vaccine on or after their first birthday and at least 30 days apart OR Copy of signed records required	Date #1 _____ (mm/dd/yy) Date #2 _____ (mm/dd/yy)
B. Serologic test positive for measles, mumps, and rubella antibodies Copy of signed test results required	Date: _____ (mm/dd/yy)
Hepatitis B: ALL students must show proof of either:	
A. Three doses of vaccine OR Documentation of series in progress with 3 rd injection due by end of fall semester* OR Copy of signed records required	Date #1 _____ (mm/dd/yy) Date #2 _____ (mm/dd/yy) 30 days after #1 Date #3 _____ (mm/dd/yy) 6 months after #1
B. Serologic test positive for Hepatitis B antibody Copy of signed test results required	Date: _____ (mm/dd/yy) Result: _____
Hepatitis A (optional)	
A. Two doses of vaccine (administered 6 months apart) OR Copy of signed records required	Date #1 _____ (mm/dd/yy) Date #2 _____ (mm/dd/yy)
B. Serologic test positive for Hepatitis A antibody Copy of signed test results required	Date: _____ (mm/dd/yy) Result: _____
Varicella: ALL students must show proof of either:	
A. Two doses of Varicella vaccine administered 4 weeks apart	Date #1 _____ (mm/dd/yy)

<p>*Only one dose of Varicella vaccine is needed if the student received first dose before the age of thirteen (13).</p> <p>OR Copy of signed record(s) required</p>	<p>Date #2 _____ (mm/dd/yy)</p>
<p>B. Serological test positive for Varicella antibody</p> <p>OR Copy of signed test results required</p>	<p>Date: _____ (mm/dd/yy)</p> <p>Result: _____</p>
<p>C. Physician or parent documented history or diagnosis of Varicella</p> <p>Official form attached</p>	<p>Date Disease Occurred _____ (mm/dd/yy)</p>
<p>Tetanus, Diphtheria and Acellular Pertussis (Tdap):</p>	
<p>One dose Tdap</p> <p>Copy of signed record required</p>	<p>Date: _____ (mm/dd/yy)</p>
<p>Tetanus (Td)</p> <p>One dose within the past 10 years at the time of application</p> <p>Copy of signed record required</p>	<p>Date: _____ (mm/dd/yy)</p>
<p>Meningococcal vaccine</p>	
<p>One dose MCV4</p> <p>*For ages 22 and under as of the first class day</p> <p>Copy of signed record required</p>	<p>Date: _____ (mm/dd/yy)</p>

According to the Texas Department of State Health Services and Texas Administrative Code (TAC) 97.62 immunization exclusions are allowable on an individual basis for medical contraindications, active duty with the armed forces of the United States, and reasons of conscience, including religious belief.

Additional information and compliance instructions can be found at <https://www.dshs.texas.gov/immunize/> under *School Requirements*

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).

Section §97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child’s/student’s positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write a statement to record cases of chickenpox that they see. The school will make and keep copies of any reports proving chickenpox illness or the results of any serologic tests given as proof of immunity. The original should be given back to the parent or guardian. If a parent or guardian cannot give the history of disease, or if serologic proof is not available, the varicella vaccine requirement must be met.

Proof of having had chickenpox disease can be proved by:

1. Serologic blood confirmation of varicella immunity.
2. A written report from a doctor, school nurse, or the parent or guardian of the child or student using words like:

This is to prove that _____ had chickenpox on or

(Name of Student)

about _____ and does not need a Varicella vaccine.
(month / day / year)

(Signature)

(Relationship to student)

(Date)

Visit our website at: www.immunizetexas.com
Texas Department of State Health Services Immunization Unit
Stock No. C-9 Revised 11/2016

Documentación del historial de enfermedad: Varicela (Chickenpox)

Este formulario resume las "Excepciones al Requisito de Inmunización (Verificación de inmunidad/Historial de la enfermedad)" incorporadas en el Título 25, Servicios de Salud, Sección §97.65 del Código Administrativo de Texas (TAC).

La Sección §97.65 del TAC estipula: "Una declaración firmada de uno de los padres (o tutor legal, o padre con la custodia principal), o la enfermera de la escuela o un médico, la cual dé fe de que el niño o estudiante tiene un historial positivo de enfermedad de la varicela (*chickenpox*), o tiene inmunidad a la varicela, es aceptable en lugar de un registro de la vacuna contra esta enfermedad (vea el formulario en <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>)." Las enfermeras de la escuela también pueden hacer una declaración por escrito para registrar los casos de varicela que vean. La escuela hará y guardará copias de cualquier informe que demuestre que se ha tenido la enfermedad de la varicela o de los resultados de cualquier análisis serológico que se hayan entregado como prueba de inmunidad. El original debe regresarse al padre o tutor. Si el padre o tutor no pueden proporcionar el historial de enfermedad, o no cuentan con evidencia serológica disponible, el requisito de vacunación contra la varicela debe cumplirse.

Se puede probar que se ha tenido la enfermedad de la varicela mediante:

1. Confirmación serológica sanguínea de inmunidad a la varicela.
2. Un informe por escrito de un médico, enfermera de la escuela, o uno de los padres o tutor del niño o estudiante, que diga algo como lo siguiente:

Por este medio demuestro que _____ tuvo varicela
en esta

(Nombre del estudiante)

Fecha o en una fecha aproximada _____ y
necesita la _____
ño) (mes / día /
vacuna contra la varicela."

(Firma)

(Relación con el estudiante)

(Fecha)

Visite nuestro sitio web en: www.immunizetexas.com

Texas Department of State Health Services Immunization Unit
Stock No. C-9 Revised 11/2016

Non-Progression Policy:

Students scoring less than a B as a final course average on nursing courses will not progress to the next level or graduate from the program. **A student must complete A&P I and A&P II before starting spring classes with at least a 70% (C) or they will be removed from the program. HPRS 1206 must be completed with a grade of B before the spring semester or they will be removed from the program.**

Mastery levels for each semester are progressive with the goal of every student achieving a minimum proficiency level of 8 before graduation. This level reflects a high probability of success on the NCLEX-PN. Students failing to achieve the minimum mastery level in semesters two and three will be dismissed from the program and will have to reapply for the next cohort. Students not achieving a mastery level of 8 at the end of semester four will not receive an Affidavit of Graduation. The benchmark for Level II is a minimum mastery level 2. Level III minimum mastery level is 5, and Level IV minimum mastery level is 8. Assignments in each course during Levels II, III, and IV are designed to give students the tools and experience to confidently meet the mastery levels and pass the NCLEX-PN on their first attempt.

Should a student fail a course (es), they will be required to repeat the program **in full**. Repeat of A&P courses passed with at least 70% or (C) is at the discretion of the director of General Education Courses and Career Success and the A&P instructor. Students will coordinate reapplication with the Program Director. The student will be required to purchase the current textbook(s) and resources needed to repeat the program if new textbooks and resources have been adopted.

If a student fails any semester the second time, they will be dismissed from the program. Readmission to the TSTC VN program will be allowed one time after a two year wait period. Students will not be readmitted after three attempts in the program.

This signed and dated document, Non-Progression Policy, must be included in the application packet.

Student Printed Name

Signature of Applicant

Date

EXPECTATIONS OF STUDENTS

Following is an abbreviated list of the expectations of vocational nursing students throughout the program; please read, sign and include in the application packet.

Classroom Behavior:

- Nursing students are adults and are expected to display mature behavior that is focused on learning during class or lab time.
- Students are expected to exhibit honesty in all areas.
- Students are expected to display respect for the college, faculty, staff, and peers at all times.
- Students will prepare for class/lab appropriately and submit assignments in the manner and time frame indicated by the faculty.
- Students will **not**:
 - Sleep in class
 - Surf the internet in class
 - Use social media during class
 - Read and/or answer emails or instant messaging during class
 - Shop online during class
 - Play internet games during class
 - Use profanity or sexually oriented language during class
 - Display rude or disturbing facial or hand gestures during class (I.E., eye rolling, sighing, giggling, head-slapping, etc.) that can be interpreted as insulting or disturbing to peers or faculty
 - Work on course assignments, especially for another course, during class

Attendance Policies:

- Students are expected to attend all scheduled on campus class and lab time and clinical rotations.
 - Students missing more than three (3) days in a semester will meet with the VNProgram Director and may be dismissed from the program.
- Students are expected to complete all online assignments. Time spent in each assignment is recorded by the faculty.
 - Failing to complete assignments or not logging adequate time when completing online assignments will meet with the VN Program Director may be dismissed from the program.

Substance Abuse (Drugs or Alcohol)

- Students are expected to refrain from using drugs or alcohol at any time while in the vocational nursing program.
 - Random drug testing at the student's expense can be initiated by the faculty if the student is suspected to be using during the sixteen (16) months of vocational nursing school.

EXPECTATIONS OF STUDENTS (Continued)

Social Media

- Students are expected to use common sense and discretion when using social media during their time in vocational nursing school.
- Display respect for TSTC, clinical facilities, faculty, staff, peers
- Do not post using foul, obscene, lewd, racist, abusive, threatening, hateful, unlawful material in language or images.
- Do not disclose proprietary or confidential information about TSTC, faculty, staff, or other students.
- Do not take pictures of any type while in a clinical facility.

Offenses of this nature will result in meeting with the VN Program Director and may result in dismissal from the program.

By my signature below, I attest to the fact that I have read and understand the basic expectations of the TSTC Vocational Nursing Program.

This signed and dated document, Expectations of Students, must be included in the application packet.

Student Printed Name

Signature of Applicant

Date

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to insure 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 (TBON) with your application. Failure to reveal an offense, arrest, ticket, or citation that has not in fact been expunged or sealed may subject your license to a disciplinary or fine. Nondisclosure of relevant offenses raises questions related to truthfulness or character. (See 22 TAC §213.27)

NOTE: Orders of nondisclosure: Pursuant to Tex. Gov't code §552.142(B), if you have criminal matters that are the subject of an order of nondisclosure 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 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 nondisclosure. If the Board discovers a criminal matter that is the subject of an order of nondisclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues with character and fitness.

12. No Yes - Are you currently the target or subject of a grand jury or governmental agency investigation?

13. No Yes - Has **any** licensing authority ever 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?

14. No Yes - Within the last 5 years have you been diagnosed with, treated or hospitalized for

No Yes Schizophrenia and/or psychotic disorders,

No Yes Bipolar disorder,

No Yes Paranoid personality disorder

No Yes Antisocial personality disorder,

No Yes Borderline personality disorder

15. No Yes - Within the last 5 years, have you been addicted to and/or treated for the use of alcohol or any other drug?

Pursuant to the Texas Occupations Code §301.207, information, including diagnoses 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 Texas Occupations Code §301.466

IF YOU ANSWER "YES" TO ANY OF THE ABOVE, YOU WILL NEED TO GO TO THE TEXAS BOARD OF NURSING WEBSITE FOR MORE INFORMATION ON FILING A PETITION FOR A DECLARATORY ORDER. Please sign and include in your application packet.

This signed and dated document, *Statement of Student Responsibility*, must be included in the application packet.

Student Printed Name

Signature of Applicant

Date

POINT SYSTEM FOR SELECTION

Point system for selection into the Vocational Nursing program is based upon the following criteria (Total possible points = 25)

Points awarded for early packet submission	Points
four or more weeks prior to deadline date (07/6/21 @ 5:00 pm)	4
three weeks prior to deadline (07/15/21 @ 5:00 pm)	3
two weeks prior to deadline (07/22/21 @ 5:00 pm)	2
one week prior to deadline (07/29/21 @ 5:00 pm)	1
Prior TSTC Certificate or Associates Degree graduate	1
Current employment in healthcare. Must provide a letter from employer on company/institution letterhead	1
Completed packet submitted	2
United States Military Service	1
Prior United States Military medical training	3
<u>TSI Complete</u>	2
TEAS taken and passed	2
Current registered Certified Nurse Assistant	2
<u>GPA 2.5 or higher</u>	2
Official Transcripts included or on file	2
Fall 2016 semester or later	
Completion of 4 credit hours of A&P I with a grade of "C" or better	1
Completion of 4 credit hours of A&P II with a grade of "C" or better	1
Completion of 2 hours of Medical Terminology with a grade of "B" or better	1

In the event of a tie, applicants' highest overall ATI TEAS[®] version 6 test score will receive preference.



Vocational Nursing Program Application

Complete in **black ink only**.

Write legibly. TSTC VN Program not responsible for misinformation submitted to the Texas Board of Nursing due to illegible handwriting

Check the campus of which application is being made:

Sweetwater Campus

Breckenridge Campus

*See TSTC website, www.tstc.edu for the degree plan of the Vocational Nursing program.

Name: _____
First Middle Last Maiden

Mailing

Address: _____
Number & Street or PO Box City State Zip

Physical Address (if different from above): _____

Texas County of Residence: _____ Country of
Citizenship: _____

Social Security #: _____ Date of
Birth: _____

Home Phone: _____ Cell Phone: _____ Text: Y
 N

E-mail Address: (**Must be current**) _____
(Do not use a high school (isd) email address)

In case of emergency
notify: _____
Name Relationship

Address: _____
Phone: _____
Number & Street City State Zip

Education

Did you graduate from high school or have a GED: _____ High School _____ GED

Name of high school: _____ Year graduated or received
GED: _____

Have you previously attended a technical school, college, or university: _____ Yes _____ No

Have you ever attended a nursing program? _____ Yes _____ No

If you answered "Yes" to the above question(s), list all schools of higher learning that you have attended:

Name of Institution	City	Dates To/From	Degree
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Professional Licenses or Certifications

Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience

Begin with most recent:

1. Name of
Company: _____

Complete Address: _____

Telephone #: _____ Dates Employed: From _____ To _____

Supervisor's Name: _____

Nature of Job Duties: _____

Reason for leaving: _____

2. Name of Company: _____

Complete Address: _____

Telephone #: _____ Dates Employed: From _____ To _____

Supervisor's Name: _____

Nature of Job Duties: _____

Reason for leaving: _____

3. Name of Company: _____

Complete Address: _____

Telephone #: _____ Dates Employed: From _____ To _____

Supervisor's Name: _____

Nature of Job Duties: _____

Reason for leaving: _____

Follow Up Information

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

Name	Complete Mailing Address	Telephone #
1. _____ _____	_____	_____
2. _____ _____	_____	_____

Please Read and Sign the Following Information

Have you ever been convicted or received deferred adjudication for a felony/misdemeanor?
_____yes / _____no

(Any person convicted of a misdemeanor or a felony must report charges and disposition to certification or licensing agency in order to determine eligibility for certification or licensure.)

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for **denial of admission or dismissal from the program**. Please sign and include in the application packet.

Signature of Applicant

Date

Texas State Technical College (TSTC) is an affirmative action/equal opportunity employer. Applicants are considered on the basis of qualifications without regard to gender, age, race, color, creed, religion, national or ethnic origin, veteran status or the presence of a non-job-related disability or any other legally protected status.

This checklist is provided to assist you in ensuring your packet is complete prior to submission. Please include a copy in your packet.

BEFORE COMPLETING THE VN APPLICATION PACKET	
Task	Done
1. Complete online application to TSTC (select VN program) at www.tstc.edu	
2. Apply for Financial Aid as outlined in this application packet. (Page 2)	
3. Request official transcripts from each high school and/or college previously attended (Page 2)	
4. Discuss Texas Success Initiative (TSI) status with an Enrollment Coach (Page 3)	
5. Schedule the ATI TEAS® version 6 test with the testing department (Page 3)	
ASSEMBLING A COMPLETE APPLICATION PACKET	
The following documents are required in a complete Vocational Nursing Program Application packet	
DOCUMENT	Done
1. Copy of scores on at least one (1) attempt on the ATI TEAS® version 6 (Page 3)	
2. Signed Letter of Intent (Page 5)	
3. Signed letters of recommendation with contact information from three (3) non-family members	
4. Completed <i>Immunizations and Tests</i> form (Pages 8 - 9)	
5. Signed immunization records for <i>Immunizations and Tests</i> (Pages 8-9)	
6. Signed <i>Non-Progression Policy</i> (Page 12)	
7. Signed <i>Expectations of Students</i> (Pages 13-14)	
8. Signed <i>Statement of Student Responsibility</i> (Pages 15-16)	
9. Complete <i>Vocational Nursing Program Application</i> (Pages 18-20)	
10. Copy of Texas driver's license or Texas issued identification card (proof of residency)	
11. Copy of social security card	
12. Copy of all previous college transcripts.	
OPTIONAL DOCUMENTS	
1. Signed healthcare employer statement on official facility letterhead	
2. Copy of current certifications and/or licenses if applicant is a healthcare provider	
DOCUMENTS REQUIRED <i>AFTER</i> DEADLINE AND <i>BEFORE</i> FIRST CLASS DAY	
1. Copy of passing scores in all 4 sections of the ATI TEAS® (Page 1)	
2. Copy of additional college transcripts earned after submission deadline (Page 2)	
3. Copy of compliance with the Texas Success Initiative (TSI met) (Page 3)	
4. Copy of front and back of American Heart Association Basic Life Support (BLS) CPR card (Page 4)	
5. Copy of results of the Criminal Background Check from the Texas Board of Nursing (Page 5-6)	

Please keep a copy of the application packet and all documents submitted to the Nursing Department.

Place the above materials in a 9" X 12" manila envelope for submission either in person or by mail to:

Texas State Technical College
 Attn: Mary Wilhite, Allied Health Student Services Specialist

LVN Degree Plan 2021

Rubric	Num	Course Title	CIP	Lec	Lab	Ext	Cont	SCH
Semester 1 Pre-Reqs								
BIOL	2401	Anatomy & Physiology I (lecture + lab)	26.0707	3	3	0	96	4
BIOL	2301	or Anatomy & Physiology I (lecture)	26.0707	3	0	0	48	
BIOL	2101	and Anatomy & Physiology I (lab)	26.0707	0	3	0	48	
BIOL	2402	Anatomy & Physiology II (lecture + lab)	26.0707	3	3	0	96	4
BIOL	2302	or Anatomy & Physiology II (lecture)	26.0707	3	0	0	48	
BIOL	2102	and Anatomy & Physiology II (lab)	26.0707	0	3	0	48	
HPRS	1206	Essentials of Medical Terminology	51	2	0	0	32	2
HITT	1305	or Medical Terminology I	51.0707	2		0		
Semester Totals				10	6	0	224	10

Semester 2

VNSG	1261	Clinical - Licensed Practical/Vocational Nurse Tr	51.3901	0	0	12	192	2
VNSG	1304	Foundations of Nursing	51.3901	3	0	0	48	3
VNSG	1331	Pharmacology	51.3901	3	0	0	48	3
VNSG	1402	Applied Nursing Skills I	51.3901	3	3	0	96	4
VNSG	1327	Essentials of Medication Administration	51.3901	3	0	0	48	3
Semester Totals				12	3	12	432	15

Semester 3

VNSG	1230	Maternal-Neonatal Nursing	51.3901	2	0	0	32	2
VNSG	1329	Medical-Surgical Nursing I	51.3901	3	0	0	48	3
VNSG	1462	Clinical - Licensed Practical/Vocational Nurse Tr	51.3901	0	0	12	192	4
VNSG	2413	Applied Nursing Skills II	51.3901	3	4	0	80	4
Semester Totals				8	4	12	384	13

Semester 4

VNSG	1119	Leadership and Professional Development	51.3901	1	0	0	16	1
VNSG	1334	Pediatrics	51.3901	3	0	0	48	3
VNSG	1432	Medical-Surgical Nursing II	51.3901	3	2	0	80	4
VNSG	2463	Clinical - Licensed Practical/Vocational Nurse Tr	51.3901	0	0	12	192	4
Semester Totals				7	2	12	336	12

Program Totals **35 13 48 1376 50**

Capstone Course(s): VNSG 2463 Clinical