

**LVN/Military to ADN Mobility Program  
APPLICATION PACKET  
COHORT V | SPRING | 2021**

**Application Process for LVN/Military to ADN Mobility Program**

Applicants must have all components prior to application submission. Incomplete applications are ineligible for consideration. It is the responsibility of the applicant to make sure that the application is complete before submitting to the nursing department. You will not be allowed to submit information at a later date. If the application is received and any requirements are missing, this will be deemed an incomplete application and will not be reviewed.

- ❖ Applicants must be enrolled in St. Philip's Community College. Admission to St. Philip's Community College does not guarantee admission to the LVN/Military to ADN Mobility Program. Please review information packet.
- ❖ Applicants for the Mobility Program who are LVN's must have proof of a US license (in good standing). If military must have training as Army Combat Medics, Navy Corpsmen, or Air Force Medics within the last 10 years. Military applicants must provide their Joint Service transcripts as well as their DD214.
- ❖ United States LVN nursing license must be maintained in good standing throughout duration of the program.
- ❖ Applicants must meet the Technical Standards (see attached form) required by the program.
- ❖ This is a day program only. This program is a concept-based curriculum. Students must be able to attend all theory and clinical courses.
- ❖ All supporting documentation (excluding official transcripts) should be copies of originals and submitted with application to be considered for review by the ADN admissions committee.
- ❖ Complete the application packet. The completed application packet and required documents must be placed in a 9 x 12 brown envelope with your name and Banner ID printed on the outside. The completed application must be submitted by mail to the St. Philip's College Nursing Education Department.

**Please Mail Deliver to:**

St. Philip's College  
LVN/Military to ADN Mobility Program  
Admissions Committee  
Center for Health Professions  
Room 100  
San Antonio, Texas, 78203



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- ❖ Official high school and college transcripts must be submitted to the nursing department by mail in a sealed envelope with applicant's printed name and Banner ID written on the envelope, this includes an official Alamo College Transcript. (High school transcripts may not be requested should the applicant submit an official Alamo College Transcript). For information regarding foreign transcript evaluation, contact the International Student Services Office at (210) 486-2876.
- ❖ Academic or Military Transcripts: If completed within the military or at other colleges/universities, courses must be transferred to St. Philip's College and posted to the student's academic record by the Office of Admissions & Records. This can be done by providing official military or college/university transcripts to the office of Admissions and Records. Allow up to six weeks for the processing. Having all course work posted to the applicant's record will allow nursing program admissions officials to access course grades for the consideration of the applicant. It is the applicant's responsibility to make certain all transcripts reflecting degree-requirement courses are evident in the admissions record.
- ❖ All applicants must take the Assessment Technologies Institute Test of Essential Academic Skills (ATI TEAS) assessment exam. A level of proficiency with an overall score of 70% must be achieved for consideration of admission. Testing must be within one year of application deadline.
- ❖ Applicants influenza vaccine, CPR and TB must be current by first day of class. No exceptions.

**Selection Process:**

**SELECTION** is based on the **Multi-criteria** points system in the following areas:

1. Required: Cumulative GPA of 3.0 or higher (this is not rounded),
2. Required: Mandatory minimum 1-year LVN work experience, within the last 5 years (will be verified). The LVN work experience must be completed by application submission date. An employment history will be filled out.
3. Required: If discharged from the military, you will be required to show proof of 1-year work experience in a civilian or military healthcare related job by application submission date.
4. Required: Standardized entrance exam (ATI TEAS) overall test results (overall 70%),
5. Required: Three reference letters (forms provided),
6. Previous educational experience (other college degrees),
7. ATI TEAS Science score
8. ATI TEAS Reading score

\*Applicants with the highest points will be selected. Should several applicants have the same points, the reference letters will be used in the selection process.



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**LVN/Military to ADN Mobility Program Degree Plan**

Grade	Semester	Prerequisites			Lecture Hours	Lab Hours	Contact Hours	Credit Hours
		BIOL	2401	Human Anatomy and Physiology I	4	3	96	4
		BIOL	2402	Human Anatomy and Physiology II	4	3	96	4
		BIOL	2420 or	Microbiology for Nursing and Allied Health or	4	4	96 or	4 or
		BIOL	2421	Microbiology for Science majors	4	4	96	4
		PSYC	2301	General Psychology	3	0	48	3
		PSYC	2314	Lifespan and Growth and Development	3	0	48	3
		PHIL	2306	Introduction to Ethics	3	0	48	3
		ENGL	1301	Composition I	3	0	48	3
				<b>Total Hours</b>			<b>480</b>	<b>24</b>

\*Science courses must have been taken within 5 years of application deadline.

Nursing Courses and Co-requisites								
Grade	Semester	First Semester Level 1			Lecture Hours	Lab Hrs./ Clinical	Contact Hours	Credit Hours
		RNSG	1424	Concept Based transition to Professional Nursing Practice	4	1	80	4
		RNSG	1216	Professional Nursing Competencies	0	8	128	2
		RNSG	1128	Introduction to Health Care Concepts	1	0	16	1
		RNSG	1263	Clinical-RN Concept Based Transition to Professional Nursing Practice	0	0/8 clinical	128	2
				<b>Total Hours</b>			<b>352</b>	<b>9</b>

\*Note: An additional 9 hours of credits (RNSG 1533, RNSG 1126 and RNSG 2362) will be granted for the Career Mobility student upon admission and completion of the first four nursing courses, earning credits in (RNSG 1424, RNSG 1216, RNSG 1128 and RNSG 1263) in the Nursing Career Mobility Program.



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Nursing Courses and Co-requisites							
Grade	Semester	First Semester Level 2			Lecture Hours	Lab Hours /Clinical	Credit Hours
		RNSG	1137	Professional Nursing Concepts III	1	0	1
		RNSG	1538	Health Care Concepts III	5	0	5
		RNSG	2363	Clinical-RN Health Care Concepts III	0	0/12 clinical	3
				<b>Total Hours</b>		<b>288</b>	<b>9</b>

Nursing Courses and Co-requisites							
Grade	Semester	First Semester Level 3			Lecture Hours	Lab Hrs./Clinical	Credit Hours
		RNSG	2138	Professional Nursing Concepts IV	1	0	1
		RNSG	2539	Health Care Concepts IV	5	0	5
		RNSG	2360	Clinical-RN Health Care Concepts IV	0	0/12 clinical	3
				<b>Total Hours</b>		<b>288</b>	<b>9</b>

### Requirements

#### Immunization Record:

1. Influenza Vaccine Information- required annually (must be current at the start of the program).

To protect patients and provide a safe environment for students, staff, and the public, all student and faculty participating in clinical/practicum are required to get the current seasonal influenza vaccine. Failure to have the immunization may have implications for clinical attendance. One of the following forms of documentation is required and must be signed by the administering healthcare provider:

- Letter (on official letterhead) from the healthcare provider, pharmacy or clinic that issued the vaccination. Documentation of date given, site given and lot number of the vaccine.
- Copy of immunization record showing student/faculty name as having received the vaccine. Documentation of date given, site given and lot number of the vaccine.
- Please note that even if the influenza vaccine is received in a public clinic, the information on the form must be completed to meet the clinical agency requirements.

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Students/faculty are responsible for keeping their personal vaccine records until further instructions are provided. If you rotate to multiple agencies within the same semester, you may be providing the documentation at each agency.

2. Tetanus-Diphtheria-Pertussis (TDap) (within 10 years)
3. MMR (measles, mumps, rubella)- 2 doses or Measles, Mumps and Rubella Titers (It must be positive).
4. Varicella (chickenpox) – 2 doses or Varicella Titer (It must be positive).
5. Hepatitis B (3 dose series) Administered over a 6-month period or Serological confirmation of Hepatitis B immunity (It must be positive).
6. Meningococcal (meningitis) – required for students under age 22
7. Tuberculosis Skin Test /Accepted TB tests:
  - TB skin test (with a negative result); If positive, then complete Tspot or QuantiFERON Gold
  - TSpot (with a negative result); If positive, get x-ray
  - QuantiFERON Gold (with a negative result); If positive, get x-ray
  - X-ray (negative chest x-ray); Valid for three years (Must provide) the radiology report
  - \*Negative PPD yearly thereafter while enrolled in the program.

**CPR Card (provide a copy of card):**

Proof of current CPR certification in Basic Life Support for adult, child and infant. American Heart Association (Health Care Provider Course) required. Online, American Red Cross or other courses are NOT accepted.

**Health Insurance (provide a copy of card):**

Must show proof of health insurance for illness and injury and remain insured throughout the duration of enrollment in the LVN/Military to ADN Mobility Program. Student's name must be on the insurance card if student is insured as a dependent on parent/guardian/spouse insurance plan.

**Photo ID:**

Please provide a copy of a current driver license, state identification card or passport photo ID.

**Social Security Card:**

Please provide a copy for our records.

**TEAS:**

All applicants must take the Assessment Technologies Institute Test of Essential Academic Skills (ATI TEAS) assessment exam. A level of proficiency with an overall score of 70% must be achieved for consideration of admission. Testing must be within one year of application deadline. To sign up to take the TEAS Nursing Exam you may go to [atitesting.com](http://atitesting.com).



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**Work Experience:**

Previous work experience in health care documentation, including mandatory one year of LVN work experience within the last 5 years. An employment history will be required for work verification purposes. (Form to be used included).

**References:**

Provide three professional reference letters. The forms included. Recommendations should be from persons who can comment on the applicant's professional or academic abilities. Examples of combinations of letters of recommendation are as follows:

- One professional (Supervisory Role) and Two academic (Nursing Professor/Nursing Preceptor)
- Two Professional (Supervisory Role) and One Academic (Nursing Professor/Nursing Preceptor)
- Three professionals (Supervisory Role) if you have been out of school for more than five years.

**License:**

License numbers will not be required for the application process. Applicant will need to provide current evidence of clear standing from the Board of Nursing.

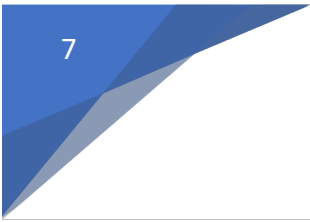
<https://www.bon.texas.gov/forms/vning.asp>

**Criminal Background Check:**

Instructions for the Board of Nursing background check will be given to applicants who receive a conditional letter of acceptance. All applicants must pass a criminal background check completed by the Texas Board of Nursing before official acceptance into the LVN/Military to ADN Mobility Program is granted. Individuals who do not have a clear criminal background check must complete the Declaratory Order process with the Board of Nursing. The Declaratory Order Process permits the Board of Nursing to make decisions regarding an applicant's eligibility for licensure prior to entering or completing a nursing program.

Background checks will be honored for the duration of the student's enrollment in the clinical program if the participating student has not had a break in the enrollment of a nursing class. A break in enrollment is defined as nonattendance of one full semester or more. The above information must be verifiable through the college/school.

Please note: The Declaratory Order Process must be started immediately before an applicant applies to the program if an individual has/had any legal or criminal issues. This process may take from 3 months to 1 year to complete. Applicants will not be officially accepted unless a



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clear background check or a cleared outcome letter from the Declaratory order process is presented to the Nursing Program. [http://www.bon.texas.gov/forms\\_declaratory\\_order.asp](http://www.bon.texas.gov/forms_declaratory_order.asp).

**Disclaimers**

Successful completion of a criminal background check for program admission does not ensure eligibility for licensure or future employment. Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility.

Clinical agencies can conduct additional background checks at their discretion.

If a student is found to be ineligible for clinical placement any time during the program, the student is unable to meet clinical learning objectives and will be withdrawn pending resolution of the situation.

**Drug Screening:**

In association with our clinical education program, drug screening is required on incoming students to ensure the safety of the patients treated by students in the program. You will be required to order your drug screen and submit your specimen in sufficient time for it to be reviewed by the school and/or hospital prior to starting your clinical rotation. A drug screen typically takes 3 days to complete, however its delivery to your school and/or clinical site can be impacted by a variety of factors.

Instructions for the drug screen will be given to applicants who receive a conditional letter of acceptance. Negative drug screen results are required for official acceptance into the LVN/Military to ADN Mobility Program. The applicant will be responsible for following drug screen protocol and requirements; failure to do so will make the applicant ineligible for admission.

Incoming students should initiate a drug screen ONLY upon directions from the department. There is a deadline for completing the drug screen. Failure to complete the drug screen within the allotted time will disqualify the applicant for admission and their place will be given to the next applicant on the list.

**Disclaimers**

Successful completion of a drug screen for the LVN/Military to ADN Mobility Program does not ensure eligibility for licensure or future employment.

Clinical agencies can require additional drug screens to comply with their policies.

If a student is found to be ineligible for clinical placement any time during the program, the student is unable to meet clinical learning objectives and will be withdrawn pending resolution of the situation.



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**Notification Process:**

Individuals will be notified of conditional acceptance into the LVN/Military to ADN Mobility Program via Alamo Colleges ACES student email only. Students are strongly encouraged to be checking their emails often. Applicants must respond by the deadline date identified in the notification email letter. Applicants who decline admission may re-apply later and must meet all current program requirements at that time. Instructions for the criminal background check and drug screen will be provided with the conditional acceptance letter.

Each applicant selected for admission will be notified via students' ACES email and given a deadline to accept or decline the invitation to join the upcoming class. Acceptance letters are sent to each applicant in order of rank until all available seats in the class are filled. Applicants who do not respond to letters of acceptance will be removed from the applicant pool and lose all review criteria points.

**Application Deadline:**

Completed applications must be submitted/received by mail for the Spring 2021 cohort by the deadline.

Deadline: Thursday October 22, 2020. Absolutely no exceptions. Tentative Acceptance Date: November 30-December 4, 2020.

**Military Applicants**

Official military training transcripts indicating completion of programs for Army Combat Medics, Navy Corpsmen, or Air Force Medics within the last ten (10) years to the college as well as the program. Please include training that would be equivalent to LVN experience. Applicants will be required to submit official documents which validate clinical experiences in military medical-technical roles with application for consideration.

**Application must be mailed to the Department of Nursing Education at the following address:**

St. Philip's College ADN Program Admissions Committee; Center for Health Professions Building Room 100; 1801 Martin Luther King Drive, San Antonio, TX 78203

Please note: A completed application does not mean that the student is automatically enrolled in the nursing program. A committee review must be done to ensure the candidate has met the requirements for entry into the program. A letter or email to the candidate following review by the admissions committee will indicate acceptance into the St. Philip's LVN /Military to RN Mobility Nursing program.

The following forms and documents must be completed and submitted to the Nursing Department in the order listed below. Please complete your check off list and initial each box.





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**LVN/Military to ADN Mobility Program Check off List**

<b>Required Documents:</b>	<b>Included:</b>	<b>Initials of Applicant</b>
Spring 2021 Application for Admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Standard Form (Signed & Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment History	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Letters <ul style="list-style-type: none"> <li>➤ One required from former faculty; preferably nursing faculty (see application for current information).</li> <li>➤ Each Form sealed in an individual envelope by respondents and their signature on the envelope seal.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
LVN Verification/JST Transcripts (Military Only) <ul style="list-style-type: none"> <li>➤ Please provide a printout directly from the Texas Board of Nursing webpage for license verification, this should include the status of the LVN license. Military only Turn in JST Transcripts indicating your completion of Army Combat Medic, Navy Corpsmen, or Air Force Medic (within 10 years).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensure Eligibility Document	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunization Record (Copy) <p>*Must be current by program start date</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit official record on one consolidated form from Healthcare Provider or health department.</li> <li><input type="checkbox"/> Refer to Immunization form for details regarding Seasonal Immunizations.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Examination Form <ul style="list-style-type: none"> <li>➤ Include Business card from Healthcare Provider. Official Seals (stamped) will also be accepted.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Health Insurance indication coverage for applicant (Copy) <ul style="list-style-type: none"> <li>➤ If your name does not appear on the card, provide a letter from insurance company indicating coverage along with card.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR Certification <ul style="list-style-type: none"> <li>➤ Proof of current CPR certification in Basic Life Support for adult, child and infant. American Heart Association (Health Care Provider Course) required. Online, American Red Cross or other courses are NOT accepted.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Social Security Card (Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Valid Driver's license (Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TEAS for Nursing ➤ Scores current within 1 year of application deadline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transcripts ➤ All transcripts submitted must be official with the school seal from other colleges outside of Alamo Colleges. <ul style="list-style-type: none"> <li>• If the college transcript indicates name of High School and the date of graduation, an official high school transcript is not required.</li> <li>• Transcripts from a foreign country must be translated and evaluated in English before being accepted (see office of Advising and Assessment for more information).</li> <li>• GED certificates must include GED scores.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note: Failure to initial each box as completed may be considered as an incomplete application.**

I (Print Name) \_\_\_\_\_, verify that I have read and completed all of the above initialed items prior to the deadline for submission. I understand that if I do not submit any of the items above as required, this application will be considered incomplete and will not be considered for the upcoming class admission.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

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**Application for Admission to:**

**Associate Degree Nursing Program**

*St. Philip's Community College does not discriminate based on race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.*

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Have you previously applied to the St. Philip's College ADN program? ☐ Yes ☐ No

Have you been enrolled in an ADN program before? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name (Print)	First Name (Print)	Middle Name (print)

Address	City	State	Zip Code

Home Phone Number	Cell Phone Number

Social Security Number	Banner ID Number

Date of Birth:

Month	Day	Year

Ethnicity (White, not of Hispanic Origin; Hispanic; African American; Asian; Chinese; American Indian/Alaskan Native)

Student ACES Email Address (Print)

Personal Email Address (Print)

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**Certification Statement**

I \_\_\_\_\_, understand that I must submit a **complete** application to the St. Philip's College LVN/Military to ADN Nursing Mobility Program, by mail. I agree to have the required transcripts necessary for any admission to St. Philip's College sent to the office of Records and Registration.

I understand that the minimum cumulative GPA for admission into the St. Philip's College LVN/Military to ADN Military Mobility program is a 3.0. If my GPA is found to be less than 3.0, my application and/or admission into the LVN/Military to RN Mobility Program may be withdrawn.

I also agree that my complete application includes the items listed in the check off list with my initials as verification. I understand that if I am ineligible scholastically at St. Philip's College, I will be withdrawn from the program.

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 expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of St. Philip's College, as appropriate. The information obtained will be kept confidential and may only be used in accordance with applicable laws, executive orders and regulation/policies of St. Philip's College and St. Philip's College LVN/Military to ADN Mobility Program.

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Signature of Applicant

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Date

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## Emergency Contact List

In case of emergency please list at least two (2) persons, relatives, or friends.

<b>Name:</b>	
<b>Relationship:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>Cell Phone:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>Cell Phone:</b>	

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**Employment History**

Begin with the most recent employment history-at least the past ten years. Please print.  
 Please be specific with the dates. If unable to verify work experience, we cannot grant admission.

<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	Supervisor Name:
<b>Phone Number:</b>	Your Job Title:
<b>City:</b>	Duties:
<b>State:</b>	Reasons for Leaving:
<b>Zip:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	Supervisor Name:
<b>Phone Number:</b>	Your Job Title:
<b>City:</b>	Duties:
<b>State:</b>	Reasons for Leaving:
<b>Zip:</b>	

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<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	<b>Supervisor Name:</b>
<b>Phone Number:</b>	<b>Your Job Title:</b>
<b>City:</b>	<b>Duties:</b>
<b>State:</b>	<b>Reasons for Leaving:</b>
<b>Zip:</b>	

Begin with the most recent employment history-at least the past ten years. Please print.  
 Please be specific with the dates. If unable to verify work experience, we cannot grant admission.

<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	<b>Supervisor Name:</b>
<b>Phone Number:</b>	<b>Your Job Title:</b>
<b>City:</b>	<b>Duties:</b>
<b>State:</b>	<b>Reasons for Leaving:</b>
<b>Zip:</b>	

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<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	<b>Supervisor Name:</b>
<b>Phone Number:</b>	<b>Your Job Title:</b>
<b>City:</b>	<b>Duties:</b>
<b>State:</b>	<b>Reasons for Leaving:</b>
<b>Zip:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	<b>Supervisor Name:</b>
<b>Phone Number:</b>	<b>Your Job Title:</b>
<b>City:</b>	<b>Duties:</b>
<b>State:</b>	<b>Reasons for Leaving:</b>
<b>Zip:</b>	



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### Reference List

Provide three professional reference letters. Recommendations should be from persons who can comment on the applicant's professional or academic abilities, this would include nursing professors and supervisors. References who are relatives or friends are unacceptable.

<b>Name:</b>	
<b>Occupation</b>	
<b>Work Address</b>	
<b>Day Time Phone:</b>	

<b>Name:</b>	
<b>Occupation</b>	
<b>Work Address</b>	
<b>Day Time Phone:</b>	

<b>Name:</b>	
<b>Occupation</b>	
<b>Work Address</b>	
<b>Day Time Phone:</b>	

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## Reference Form

### **Part I- To Be Completed by Applicant (Print)**

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Name of Person Completing Reference: \_\_\_\_\_

### **Part II-Performance Rating**

Please rate the applicant in comparison with other students/employees whom you have known in recent years.

Characteristic	Unable to Judge	Below Average	Average	Above Average	Outstanding
Academic/Scholarly Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Commitment to Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Thinking/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Communication: Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Communication: Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rank the student among other students/nurses in the field?

- ☐ Top 5%
- ☐ Top 10%
- ☐ Top 25%
- ☐ Other \_\_\_\_\_

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**PART III – Narrative Description**

We are most interested in your assessment of the applicant's strengths and weaknesses, professional contributions, ability to work independently, creativity, and aptitude for RN study. Please also indicate how long you have known the applicant and in what capacity. Do not hesitate to supply any other information you think is pertinent to this application.

*We would like to thank you for taking the time to provide a reference for this applicant. If you could provide the following information for verification purposes or questions related only to this recommendation later.*

**Reference Information**

Title/Position: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Institution/Employer: \_\_\_\_\_  
 Name (Print): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Physical Examination Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Gender Male/Female    Date of Birth\_\_\_\_\_ Phone Number\_\_\_\_\_

## MEDICAL HISTORY

List all medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List known drug and/or food allergies: \_\_\_\_\_

**Past Medical History:** Applicant, please check Yes or No. If Yes, give explanation

Have you ever had?	NO	YES	Explanation:
High Blood Pressure			
Diabetes			
Heart Disease			
Respiratory Disease or breathing problems/Asthma			
Abdominal Problems			
Vision or Hearing problems			
Surgery (please describe)			
Injuries (please describe)			
Any Disabilities (please describe)			
Back problems			
Bone or Joint problems; any problems walking, lifting, kneeling			
Have you ever been treated for depression or any other mental disorder(s)?			

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**Physical Examination Form**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Examination \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ Temp. \_\_\_\_\_

	<b>Within Normal Limits</b>	<b>Abnormal Findings</b>
General Appearance		
Vision: Acuity Correction Color Vision required?		
Hearing Correction required?		
Cardiovascular System		
Respiratory System		
Digestive System		
Neurologic System		
Endocrine System		
Musculoskeletal System Range of motion, Mobility		

**Notes/Comments:**

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**Technical Standard Form**

A student enrolled in LVN/Military to ADN Mobility Program MUST be able to meet the following standards:

1. Use the senses of vision, hearing, speech, and touch. Use of the senses enhances a nurse's ability to accurately observe the patient.
2. Perform psychomotor movements that require coordination of gross and fine muscle movements and equilibrium. Coordination is necessary for patient safety.
3. Communicate orally and in writing as well as demonstrate behavior that indicates sensitivity to others. Nurses are required to function in highly compassionate areas where integrity, interpersonal skills and concern for others are all desirable personal qualities.
4. Demonstrate stable emotional health and intellectual activities required to exercise sound judgement. The applicant must be flexible and able to adapt to change and stress.
5. Demonstrate adequate decision-making and critical thinking skills.
6. Demonstrate physical health necessary to perform strenuous activities related to patient care, which includes moving and lifting. (Must be able to lift and/or move 50 pounds)
7. Provide nursing care to patients with all types of health problems, including communicable diseases such as tuberculosis and HIV/AIDS.

Are you able to meet the above standards for the LVN to RN Mobility Program? Yes / No

If 'NO' explain why:

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Please Note: Mandatory criminal background check and drug screening will be required prior to admission.

*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 expulsion from College. I understand that the Faculty and Staff of St. Philip's College will read the information contained in this application, as appropriate.*

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Applicant Signature

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Date

**LVN/Military to ADN Mobility Program  
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**Transcript Information**

You must provide official transcripts from every College/University, Vocational School, Nursing School or Allied Health schools you have attended with this application, except Alamo Colleges. It is your responsibility to also provide St. Philip's College with official transcripts that mirror those submitted with the Mobility Program application.

Type of School	Name of School	Location City & State	Number of Credits Earned	Major or Degree Awarded
High School/GED				
College				

List any licenses or certificates held: (i.e., CAN, MA, EMT, etc.) Provide copy of licenses or certificates with official transcripts.

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List any other nursing program (s) you have attended:

Nursing School	City & State	Last Year Attended	Completed
Y/N			

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***St. Philip's College LVN/Military to ADN Mobility Program  
Course of Study***

**Semester I**

- RNSG 1424 - Concept-Based Transition to Professional Nursing Practice
- RNSG 1216 - Professional Nursing Competencies
- RNSG 1128 - Introduction to Health Care Concepts
- RNSG 1263 - Clinical - RN Concept-Based Transition to Professional Nursing Practice

*Note:* An additional 9 hours of credits (RNSG 1533, RNSG 1126, RNSG 2362) will be granted for the Career Mobility student upon admission and completion of the first 4 nursing course credits (RNSG 1424, RNSG 1216, RNSG 1128, RNSG1263) in the Nursing Career Mobility Program.

**Semester II**

- RNSG 1137 - Professional Nursing Concepts III
- RNSG 1538 - Health Care Concepts III
- RNSG 2363 - Clinical: RN Health Care Concepts III

**Semester III**

- RNSG 2138 - Professional Nursing Concepts IV
- RNSG 2539 - Health Care Concepts IV
- RNSG 2360 - Clinical: RN Health Care Concepts IV



## Cost for the LVN/Military to ADN Mobility Program

### *Cost for the LVN/Military to ADN Mobility Program:*

	<u>Total Approximate</u>	<u>Out of District:</u>
Tuition cost (Bexar County resident) Divided into 3 semesters	\$6,300.00	\$11,200.00
NCLEX -RN Fee	\$200.00	\$200.00
BON Licensure Fee	\$100.00	\$100.00
<b>Total:</b>	<b>\$300.00</b>	<b>\$300.00</b>
Books	\$1,000.00	\$1,000.00
*Special Tuition Fee \$1200.00/ semester	\$3600.00	\$3600.00
<b>TOTAL</b>	<b>\$11,200.00</b>	<b>\$16,100.00</b>

**\*Above costs are estimates only. (Are subject to change)**

\*These fees do not include uniforms or clinical supplies. See College Tuition and Fees for Costs of in-district verses out-of-district tuition and fees/hour. <http://www.alamo.edu/district/registration/tuition-and-fees/>

- Dress code for classroom and skills lab is nursing scrubs (any color or pattern) and closed toe athletic shoes.
- Students are required to purchase the official school uniform for clinical. The uniform will be discussed during orientation. Closed-toe, closed-back shoes are to be worn with clinical uniform in all black or all white.
- Students will be required to purchase items, such as stethoscope, blood pressure cuff, pulse oximeter, bandage scissors, pen light, etc.

### **LVN/Military to ADN Program Nursing Advisor:**

**Teresa Laughlin-Hopwood, MA**

**Certified Advisor**

St. Philip's College, Institute 3- Health and Biosciences  
1801 Martin Luther King Dr. | San Antonio, Texas 78203

Email: [thopwood2@alamo.edu](mailto:thopwood2@alamo.edu)

Direct: 210-486-2484 | Alt: 210-486-2008



ALAMO COLLEGES DISTRICT  
St. Philip's College

### **Your Rights and Legal Considerations**

#### **Legal considerations- Notice to all applicants and enrolled students:**

Enrollment into Health Sciences programs by students with felony or misdemeanor convictions could result in denial of an occupational license. These students would not be eligible for admission into the program until a declaratory order process is completed with the licensure and or certification board. A copy of the proof of eligibility for licensure and certification must be provided with the program application.

#### **What is an "Occupational License?"**

An "occupational license" is a license, certificate, registration, permit, or other form of authorization required by law or rule that must be obtained by an individual to engage in a particular business or occupation.

#### **Your rights:**

All applicants and enrolled students have the right to request a criminal history evaluation, per Texas Occupations Code, Sec. 53.102. An individual may request a licensing authority to issue a criminal history evaluation letter regarding the person's eligibility for a license issued by that authority if the person:

1. is enrolled or planning to enroll in an educational program that prepares a person for an initial license or is planning to take an examination for an initial license; and
2. has reason to believe that the person is ineligible for the license due to a conviction or deferred adjudication for a felony or misdemeanor offense.

The request from the licensing authority will state the basis for the person's potential ineligibility.

#### **What is a "Licensing Authority?"**

A "licensing authority" is a state agency or political subdivision that issues an occupational license

***Return this form with application.***

I (print name) \_\_\_\_\_ verify that I have received and read the Legal Considerations form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**LVN/Military to ADN Mobility Program**  
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St. Philip's College is a member of the Alamo Community Colleges and is an equal opportunity college and does not discriminate based on race, religion, color, national origin, sex age or disability. Please indicate the way you found out about this program:

- ☐ Career Fair
- ☐ Healthcare workers In Practice
- ☐ Television
- ☐ Community Contact(s)
- ☐ Recruiting Presentation @ Alamo Colleges
- ☐ Family Member

Other: \_\_\_\_\_

Due to the current COVID 19 Pandemic, we are unable to have open house on campus. If you are interested in attending a virtual open house, via zoom, please send your student email address to the program director, Valerie Moke at [vmoke@alamo.edu](mailto:vmoke@alamo.edu). Please indicate the date you want to attend. I will answer any questions about the program and this application. I am including the following virtual open house dates. I look forward to speaking with you.

**Summer 2020 Dates:**

- June 4, 2020 5:00pm to 6:00 pm
- July 8, 2020 3:00 pm to 4:00 pm
- August 18, 2020 11:00 am to 12:00pm
- 

**Fall 2020 Dates:**

- September 15, 2020 5:00 pm to 6:00 pm
- October 6, 2020 5:00 pm to 6:00 pm

Thank you for your interest in the St. Philip's College LVN/Military to ADN Program. I look forward to seeing you in 2021. Go Tigers!

Program Director,

Professor Moke

