



NOTICE TO PROGRAM APPLICANTS

Thank you for your interest in applying to the St. Philip's College Vocational Nursing Program.

The Nursing Education Department makes every effort to provide an understandable application process by insuring each applicant has the necessary information for application completion. It is the student's responsibility to review the application requirements and selection criteria for the nursing program they are applying. Application requirements and selection criteria are subject to change. Please visit the program's website for detailed information about the nursing program application and selection process.

The Nursing Education Department reserves the right to consider an applicant ineligible for program admission if any part of the stated requirements for application or selection is missing or incomplete. Fulfilling all application criteria does not guarantee acceptance into the program as program size is limited. Acceptance into the Vocational Nursing Program is also subject to completion of a criminal background check and drug screen. Instructions for the background check and drug screen will be given with the conditional letters of acceptance.

Nursing Education Department office personnel are able to assist you with general application questions you may have. However, it remains the responsibility of the applicant to follow all written instruction for application submission and selection criteria.

Alamo Colleges, St. Philip's College, and the Nursing Education Department are not responsible for any applicant misinterpretation of the application or selection process. As evidence that you have read and understand this notice, you will be asked to confirm understanding with your signature on the Vocational Nursing Application.



ALAMO COLLEGES DISTRICT St. Philip's College

VOCATIONAL NURSING PROGRAM

Visit our Web Page at <http://www.alamo.edu/spc/vocational-nursing-program>

Print this application and complete all pages and sections. The completed application packet, and required documents, must be placed in a 9 x 12 brown envelope and may be submitted in person, or mailed, to the St. Philip's College Nursing Education Department.

In Person Deliver to:

St. Philip's College
Vocational Nursing Program
Admissions Committee
Center for Health Professions
Room 100

*If mailing application, it must be postmarked on or before the application deadline and it is advisable that you send it with return receipt requested to ensure that we received it.

Applicants requesting admission consideration into the New Braunfels extension campus must submit the application directly to the New Braunfels campus at the Central Texas Technology Center, 2189 FM 758, New Braunfels, TX 78130.

APPLICATION CHECKLIST

Initial each box below to affirm you completed that step prior to applying. SUBMIT THIS PAGE WITH APPLICATION.

- _____ Are you college ready? Have you completed the...
1. "Apply Texas" application for admission to St. Philip's College if necessary?
 2. Assessment test or submitted assessment scores; or are you exempt?
 3. Did you submit the **TSI College Ready** form from ACES indicating you are college ready in all areas?
- _____ Have you completed and included the **ATI TEAS PN** pre-entrance exam score?
- _____ Do you have a high school diploma or GED? You must submit official transcripts. Foreign transcripts must be translated into English.
- _____ Do you meet the minimum grade point average (GPA) requirement?
You must have minimum 2.5 on a 4.0 scale to apply to the Vocational Nursing Program.
- _____ Did you include official transcripts?
Official transcripts from all colleges attended are required. An official transcript is one printed on official paper from the Registrar's office and in a sealed envelope. Students should request the transcript(s) be sent to their home address. **DO NOT OPEN.** Submit official transcripts with all other application documents in one sealed envelope. Unofficial transcript is acceptable for courses taken at the Alamo Colleges. Foreign Transcripts must be translated in English. ***A separate official transcript must also be provided to the records and registration office to be admitted as a St. Philip's college student.***
- _____ Have you completed the Vocational Nursing application for admission? Fill out all pages of the application **legibly and completely.** You must sign and date the forms where indicated.
- _____ Have you provided the completed questionnaire regarding Licensure Eligibility?
- _____ Have you provided the Physical Examination Form completed by your physician?
- _____ Have you provided proof of the required immunizations on one official form from your Physician, local health department, or military record? All immunizations must be complete upon submission of the application.
- _____ Have you provided a copy of your valid photo ID or driver's license?
- _____ Have you provided a copy of your social security card?
- _____ Have you provided a copy of your CPR certification? American Heart Association BLS Health Care Provider Course will be the only accepted CPR course.
- _____ Have you provided proof of health insurance stating your name as the covered individual?
- _____ Have you provided your 200 word (minimum) essay?
- _____ Have you provided 3 completed reference forms? Do not open the sealed envelopes.
- _____ Have you read the NOTICE TO PROGRAM APPLICANTS statement?
- _____ I understand I must submit to drug screening testing if I am chosen for conditional admission to the nursing program and that if my drug screen is positive, I will not be admitted to the nursing program.
- _____ I understand I must submit to a criminal background check performed by the Texas Board of Nursing if I am chosen for conditional acceptance to the nursing program and that if my criminal background check is not clear, I will not be admitted to the nursing program.

PRINTED NAME

DATE

Banner ID #

SIGNATURE

**St. Philip's College
Nursing Education Department
Vocational Nursing Program
Application for Admission**

PLEASE PRINT OR TYPE ALL INFORMATION

Please check which program you are applying to:

(Check One) DAYS: _____ EVENINGS: _____ NEW BRAUNFELS: _____

PERSONAL DATA

NAME: _____
(Print Name) LAST FIRST MI.

SSN:_____ **Banner ID**_____ **Date of Birth:** _____

Alamo Colleges Email:_____ **Home/Cell Phone (____)**_____

Ethnicity _____ **Female** _____ **Male** _____

ADDRESS: _____

STREET

APT. # _____

CITY	STATE	ZIP CODE
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EDUCATIONAL DATA

Educational Status upon Entry into the Vocational Nursing Program:

Name of High School:	H.S. Graduation Date:	High School Equivalency Test (GED)
City/State:	Month_____Year_____	Date Passed _____State Awarded _____

You must provide information & turn in transcripts concerning *any* college, university, vocational schools, or allied health schools you have attended:

Name of Institution(s)	City & State	Number of Credits Earned	Dates/Attended
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List any licenses or certificates held (i.e. CNA, MA, EMT, etc.):

List/Identify any work or volunteer experience you have in a health related field (CNA, Medication Aide, etc.) with relevant dates:

☐ No ☐ Yes Have you EVER been enrolled in, or attended, any nursing program (including Alamo Colleges)?

**For ANY Nursing Programs Previously Attended (including Alamo Colleges)
You *Must* Complete the Following & Submit Official Transcripts:**

Name of Nursing School Previously Attended	Provide an Address	Year Last Attended

A student enrolled in Vocational Nursing **MUST** be able to meet the following standards:

1. Use the senses of vision, hearing, speech and touch. Use of the senses enhances the nurse's abilities to accurately observe the patient.
2. Perform psychomotor movements that require coordination of gross and fine muscle movements and equilibrium. Good 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 judgment. 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 or move MORE than 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 Vocational Nursing Program?

_____ YES _____ NO

If "NO" explain: _____

Please note that a mandatory criminal background check and drug testing will be required prior to admission. Instructions will be provided in conditional acceptance letter if applicant is chosen for admission to the nursing 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 may be read by various faculty and staff members of St. Philip's College.

Signature of Applicant

Date

REFERENCES and EMERGENCY CONTACT INFORMATION

Name, address and occupations of three (3) individuals that you plan to submit as references. These 3 individuals should be current or past employers, supervisors, co-workers, teachers, counselors, and/or clergy. **References must not be a relative or friend.**

1.	_____ Name	_____ Occupation
	_____ Day Time Phone	_____ Address
2.	_____ Name	_____ Occupation
	_____ Day Time Phone	_____ Address
3.	_____ Name	_____ Occupation
	_____ Day Time Phone	_____ Address

In case of emergency while you are at school, please list at least two (2) persons who can be contacted.

1.	_____ Name	_____ Telephone	_____ Relationship
2.	_____ Name	_____ Telephone	_____ Relationship

IMPORTANT INFORMATION REGARDING LICENSURE ELIGIBILITY

Licensure Information:

1) ☐ **No** ☐ **Yes** Have you ever taken the NCLEX-PN®?

If "Yes", indicate dates and states _____

2) ☐ **No** ☐ **Yes** Have you ever been granted authority to practice nursing in any country, state, province or territory?

If you answered "Yes" to question 2, you must answer questions #3, #4, and #5 in this section of the application.

3) ☐ **No** ☐ **Yes** Have you used the authority granted to practice nursing?

If "Yes", indicate the country(ies) _____

and date you last practiced as a licensed vocational/practical nurse: _____ / _____
MM YYYY

4) ☐ **No** ☐ **Yes** Have you practiced nursing by using your nursing knowledge, skills, and abilities as a licensed vocational/practical nurse for a minimum of two years from the date of graduation?

5) ☐ **No** ☐ **Yes** Have you practiced nursing by using your nursing knowledge, skills, and abilities within the past four years?

If you answer yes to any of the following five questions, you must complete the declaratory order process with the Texas Board of Nursing.

The Declaratory Order process permits the Board of Nursing to make decisions regarding a petitioner's eligibility for licensure **even before applying to, or entering a nursing program.**

The process may take from 3 months to 1 year to complete.

Eligibility Questions:

- 1) ☐ **No** ☐ **Yes** For any criminal offense, including those pending appeal, have you:
- Been arrested and have any pending criminal charges?
 - 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 the subject of a court-martial article 15 violation, or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. 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 on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

- 2) ☐ **No** ☐ **Yes** Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) ☐ **No** ☐ **Yes** Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censure, reprimanded, or otherwise disciplined you?
- 4) ☐ **No** ☐ **Yes** In the past five (5) years have you been diagnosed with, treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work?
- 5) ☐ **No** ☐ **Yes** Within the past 5 years have you been addicted to and/or treated for the use of alcohol or any other drug?

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, 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 Occupations Code §301.466.

If your response is yes to any of these questions, you may not be eligible for licensure. You must submit a Petition for Declaratory Order before the BON can determine your eligibility for licensure. For information/guidance in this process to determine eligibility for licensure by examination, contact the Texas Board of Nursing at (512) 305-7400 or go to web site: www.bon.state.tx.us. The "Declaratory Order" form can be accessed at http://bon.texas.gov/pdfs/forms_pdfs/initial_licensure_recognition_pdfs/declaratoryorder_pdfs/DOAPP2014.pdf

By signing below, you are indicating that you are aware of the information regarding eligibility for licensure by the Texas Board of Nursing.

Print name _____ **Banner ID #** _____

Signature _____

St. Philip's College
Nursing Education Department
Vocational Nursing Program

Physical Examination Form

Name _____
(Print Name) Last First Middle

_____ Address _____ City _____ State _____ Zip Code

Gender: M / F Date of Birth: _____ Phone Number: _____

MEDICAL HISTORY

List all medications you are currently taking: _____

List known drug and/or food allergies: _____

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

<i>Have you ever had:</i>	<i>NO</i>	<i>YES</i>	<i>Explanation:</i>
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)?			

*** Please include the Physician's Business Card **PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION, cont'd.

Examination _____ Height _____ Weight _____ Date of

Blood Pressure _____ Pulse _____ Respirations _____

	Within Normal Limits	Abnormal Findings
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		

PHYSICIAN RECOMMENDATIONS:

_____ was examined by me on _____ and found:
Applicant Name _____ Date _____

_____ to be in good physical health which includes moving and lifting more than 50 pounds and stable emotional and mental health.

_____ to have some abnormalities but is suitable, both physically and mentally, for participation in a vocational nursing program, including class, lab, and clinical requirements and able to lift 50 lbs. or greater.

_____ to be physically unfit because of abnormalities that are uncorrectable and would prevent him/her from performing class, lab or clinical requirements in a vocational nursing program.

Comments:

Signature of Examining Physician

Date

Telephone Number

Address

City

State

Zip Code

REQUIRED IMMUNIZATIONS

ALL Immunizations must be on official letter head and be consolidated on one record from physician office, health department or military record.

Tetanus:	Within the last 10 years.
Measles, Mumps & Rubella:	2 MMR vaccines are required.
Hepatitis B:	a complete 3 injection series is required or a serum titer confirming immunity *note: The Hepatitis B series is a 6 month process
Varicella (chickenpox):	a complete 2 injection series is required or documented history of the disease or a serum titer confirming the disease. *note: The Varicella injection series is a four week process.
Tuberculosis:	Negative PPD skin test or chest x-ray within the last 12 months. PPD skin test record must contain date administered, date read, and the results. Negative PPD yearly thereafter while enrolled in the VN Program. - Students with a positive PPD must submit current documentation from their Medical Provider (on Health Providers Letterhead) stating that the student is negative for infective process. - Students whose responses indicate possibility of TB infection must submit documentation of medical evaluation and treatment, if applicable. - Students with a negative PPD on admission who convert to positive while enrolled in the nursing program must submit documentation of medical evaluation and treatment.
Meningitis:	Anyone under 22 years of age must show proof of the Meningitis vaccine.
Flu:	Must obtain a flu vaccine annually by October 1 of each year

Titer proving immunity is acceptable for MMR, HEP B, and Varicella. Must have all immunizations completed, including Hepatitis B series and Varicella series, and copy of record submitted with application. *This form will not be accepted as an immunization record.*

I _____ (print name) understand that the Nursing Program requires the preceding immunizations, as well as CPR certification, remain current while in the Vocational Nursing Program. I also understand that if the required immunizations and CPR expire while enrolled in the program, I will not be allowed to attend clinical. I understand exceeding allowable absences will result in me being dropped from the course and/or program.

Signature _____ Date _____

Banner ID: _____

St. Philip's college
Nursing Education Department
Vocational Nursing

Varicella (chickenpox) immunization/immunity is a requirement for admission into the Vocational Nursing Program. Proof of varicella immunity can be provided by any one of the following:

- Documentation of prior varicella illness. A written statement from a physician or parent verifying approximate date. Complete statement below.
- Serologic confirmation of varicella immunity (positive varicella titer)
- Documented proof of administration of two (2) varicella vaccinations documented on an official immunization record.

DOCUMENTATION OF PRIOR VARICELLA ILLNESS

This is to verify that _____ had varicella disease
(chickenpox) Print Name

on or about _____/_____/_____
approximate month/day/year

Signature

Relationship to student

Date

CERTIFICATION STATEMENT

I, _____ understand that I must submit the *complete* application and

(Print Name)

required documents to the St. Philip's College Vocational Nursing Program **in person** OR **via USPS mail** to:

I certify that all the information given is correct and complete. I agree to have the required transcripts necessary for my admission to St. Philip's College sent to the Office of Records and Registration and to the Nursing Education Department.

I understand that the ***minimum*** GPA for admission into the St. Philip's College Vocational Nursing Program is a **2.5**. If my GPA is found to be less than **2.5**, my application and/or admission into the Vocational Nursing Program may be withdrawn. I also agree that my ***complete*** application will include the following: TEAS VI (Nursing) Test Scores indicating college ready level in all areas, Physical Examination Form, Immunization Record, Three Reference Forms, College/University, Vocational/Technical, and High School or GED official transcripts, copy of health insurance card, copy of driver license or identification card, copy of social security card, copy of CPR certification (American Heart Association BLS course for health care providers to include adult, child, and infant). I understand that **internet CPR courses** are not accepted.

I understand that if I am ineligible scholastically at St. Philip's College, I will be withdrawn from the program.

I understand if I am selected for conditional admission, I will receive a letter via my Alamo Colleges student email address with further instructions for the criminal background check and drug screen.

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 Vocational Nursing Program. I understand that the information contained in this application will be read by the faculty, staff, and Nursing Admissions Committee 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 regulations/policies of St. Philip's College and St. Philip's College Vocational Nursing Program.

Signature of Applicant

Date

Banner ID # _____

St. Philip's College is a member of the Alamo Colleges and does not discriminate on the basis of race, religion, color, national origin, sex, age or disability with respect to access, employment programs, or services.

**PLACE
ALAMO GPS
WORKSHEET
PRINT OUT
FORM from
ACES HERE
(TSI College Ready Status)
Indicating College Ready
in all areas**

**PLACE
TEAS PN (Practical Nursing) EXAM
RESULTS
HERE**

**PLACE
OFFICIAL
TRANSCRIPTS
HERE**

Do not open the sealed envelopes

Overall GPA of 2.5 is required

**PLACE
IMMUNIZATION
RECORD
HERE**

Must be on one consolidated record from
physician's office,
health department
or military record

**PLACE
COPIES
OF
DRIVER LICENSE OR PHOTO ID,
SOCIAL SECURITY CARD,
CPR CARD,
HEALTH INSURANCE CARD
HERE**

**PLACE
ESSAY
HERE**

200 word typed essay, 12 font-Times New Roman,
on why you want to be a nurse,
why you chose St. Philip's College,
and what will contribute to your success in the nursing
program

**PLACE
THE
THREE
REFERENCE
LETTERS
HERE**

Do not open the sealed envelopes

St. Philip's College
Nursing Education Department
Vocational Nursing Program
Request for Reference

_____, is requesting that you serve as a reference for his/her

(Print Name)

application for admission to the Vocational Nursing Program. To assist us in evaluating his/her application, please complete the following form and return it to the applicant in a sealed envelope.

In completing the form, please, rate the applicant in comparison to other students and/or employees you have known.

	Exceptional	Above Average	Average	Below Average	No Information
Work Habits					
Ability To Work With Others					
Communications Skills					
Integrity					
Potential for Professional Goal					
Likelihood of Success In Vocational Nursing Program					
Problem Solving Ability					

How Long Have You Known the Applicant? _____yrs _____ mos.

Under What Circumstances _____

Please make any comments that you think would assist faculty members in evaluating the candidate's application (If more space is needed, please use the back of this sheet).

How would you rank the applicant?

_____ Not recommended for Vocational Nursing program of study

_____ Unsure of ability in study/academics

_____ Recommended for Vocational Nursing program of study

Signature: _____ Date: _____

Name Printed or Typed: _____ Title: _____

Institution: _____ Address: _____

Please Return Form to Applicant - In a Sealed Envelope

St. Philip's College
Nursing Education Department
Vocational Nursing Program
Request for Reference

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St. Philip's College
Nursing Education Department
Vocational Nursing Program
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Integrity					
Potential for Professional Goal					
Likelihood of Success In Vocational Nursing Program					
Problem Solving Ability					

How Long Have You Known the Applicant? _____yrs _____mos.

Under What Circumstances _____

Please make any comments that you think would assist faculty members in evaluating the candidate's application (If more space is needed, please use the back of this sheet).

How would you rank the applicant?

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_____ Unsure of ability in study/academics

_____ Recommended for Vocational Nursing program of study

Signature: _____ Date: _____

Name Printed or Typed: _____ Title: _____

Institution: _____ Address: _____

Please Return Form to Applicant - In a Sealed Envelope