#### **Note to Applicants**

Thank you for your interest in applying to the Palo Alto College Nursing Program. The Nursing Department makes every effort to provide an understandable application process by ensuring 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 Palo Alto College Nursing Program.

Admission to the Nursing Program is determined by a point system outlined on page three of this packet. The Nursing 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. In the event of a tie in points, the program will choose students based on the order that the completed applications were received.

Upon review of applications, the Nursing Department staff will rank and conditionally accept 30 students and select 10 conditional alternate students, after the application deadline. Applicants who are conditionally accepted or conditional alternates will receive an email with next steps and deadlines. Should any Texas Board of Nursing or clinical partner requirement changes occur, conditionally accepted and conditional alternate applicants will be notified. All tasks must be accomplished by the assigned deadline. No exceptions.

For an applicant's status to change from conditional to accepted, **all of the following must occur**:

- 1. Evidence of background clearance per a Texas Board of Nursing Blue Card or a Texas Board of Nursing Declaratory Order Letter stating the applicant is deemed eligible to take the NCLEX-RN.
- 2. Complete the CastleBranch/Bridges registration, background check and receive confirmation of a negative background
- 3. A negative drug screen

Should a conditionally accepted applicant fail to meet background clearance or drug screening clearance or fail to submit either of these items before the deadline, the applicant will be removed from the conditionally accepted list. The first conditional alternate applicant who meets the criteria will move to accepted student status.

Alamo Colleges, Palo Alto College, and the Nursing Department are not responsible for an applicant's misinterpretation of the application or selection process. The Nursing Department staff can assist the applicant with general application questions. However, it remains the responsibility of the applicant to follow all written instruction for application submission and selection criteria.

#### **Pre- Application Checklist**

Prior to applying to the Palo Alto College Nursing Program, please complete the following:

Complete all Palo Alto College enrollment steps

- Palo Alto College must be your primary campus
- Your major must be Biology/Pre-Nursing
- Submit transcripts from all previously attended institutions
- ☐ Complete prerequisites with a "C" or higher
  - o ENGL 1301 Composition I
  - BIOL 2401 Human Anatomy and Physiology I
  - BIOL 2402 Human Anatomy and Physiology II
  - o BIOL 2420 Microbiology for Nursing and Allied Health

Take ATI TEAS 7 EXAM in person at a proctored site.

### **Application Checklist**

All of the following must be completed and submitted together as a packet to be considered a complete application:

| Application Cover Page   |
|--|
| Disclosures  |
| <ul> <li>Unofficial Transcripts from all previously attended institutions</li> <li>Must show a GPA of 2.6 or higher.</li> <li>Must show completion of all prerequisites with a "C" or higher.</li> </ul> |
| TEAS Exam Scores   |
| <ul> <li>TEAS 7 exam must have been taken in person. Only 3 attempts accepted</li> </ul>   |
| Letter of intent   |
| <ul> <li>Write a letter to the Admissions Committee in 1000 words or less on the<br/>following topic: Why do you want to be a nurse? Describe your support<br/>system.</li> </ul>                        |
| American Heart Association Basic Life Support Provider CPR Certification   |
| Immunization checklist and attached records  |
| Proof of Health Insurance  |

All documents must be submitted in the order they are listed on the application checklist as one PDF packet to <a href="mailto:pac-nursingapp@alamo.edu">pac-nursingapp@alamo.edu</a> by 4:00 PM on June 14, 2024.

The PDF should be titled LAST NAME (in capital letters) followed by your Banner ID. For example, WALLIS123456789

#### STUDENT RANKING: POINT CRITERIA

 TEAS

 TEAS Reading
 Points

 92.3% to 100%
 3

 82.1% to 92.2%
 2

 59% to 82%
 1

 ≤ 58.9% Not accepted

| TEAS                 |        |
|----------------------|--------|
| TEAS Math            | Points |
| 94.1% to 100%        | 3      |
| 82.4% to 94%         | 2      |
| 58.8% to 82.3%       | 1      |
| < 58.7% Not accepted |        |

| TEAS Science       | Points |
|--------------------|--------|
| 93.2% to 100%      | 3      |
| 81.8% to 93.1%     | 2      |
| 59.1% to 81.7%     | 1      |
| < 59% Not accepted |        |

| TEAS English         | Points |
|----------------------|--------|
| 97% to 100%          | 3      |
| 84.8% to 96.9%       | 2      |
| 63.6% to 84.7%       | 1      |
| < 63.5% Not accepted |        |

TEAC

Average scores or composite scores are not accepted for the TEAS test. Each category (Reading, Math, Science and English) must meet or exceed the minimum score, on a single TEAS test. The TEAS must be taken in person, at a proctored testing site, to be considered in your application. Each student may attempt the TEAS test up to three times. If the TEAS test is taken four or more times, your nursing application will not be accepted.

| Prerequisites                       | Points |
|-------------------------------------|--------|
| All prerequisites complete          | 3      |
| All science complete                | 2      |
| Two or more prerequisites<br>needed | 1      |

| GPA               | Points |
|-------------------|--------|
| 3.6 to 4.0        | 3      |
| 3.1 to 3.5        | 2      |
| 2.6 to 3.0        | 1      |
| 2.59 Not accepted |        |

| Criteria for Review of Letter of Intent   | Points |
|---|--------|
| Letter of Intent fully addresses the prompt; ideas are clearly expressed, well developed, and well organized; spelling, grammar and punctuation are nearly error-free.                          | 3      |
| Letter of Intent adequately addresses the prompt; evidence of some content development and an attempt to organize ideas; some errors evident in spelling, grammar, and punctuation.             | 2      |
| Letter of intent partially addresses the prompt. Content is underdeveloped and may lack organization. Numerous errors in spelling, grammar & punctuation may detract from the writer's meaning. | 1      |

| Points |
|--------|
|        |
| 7      |
|        |
|        |
|        |
| 3      |
| 3      |
| 23     |
|        |

## **Application Cover Page**

Please print or type all information. You must use your full legal name as it appears on your ID.

| First Name     | Middle Name            | Last Name               |
|----------------|------------------------|-------------------------|
| Banner ID      | Alamo Email Address    | Phone Number            |
| Street Address |                        |                         |
| City           | State                  | Zip                     |
| Date of Birth  | Social Security Number | Personal E-mail Address |

### Disclosures

# **Nursing Program Transcript Disclosure Statement**

| I,, hereby acknowledge and agree that by applying to the nursing program at Palo Alto College, I am required to submit all official transcripts from all previous educational institutions attended including colleges, universities, and any other nursing programs. |  |  |  |
|---|--|--|--|
| I understand that the submission of all transcripts is a mandatory requirement for consideration of admission into the nursing program. Failure to provide all transcripts may result in the delay or denial of my application.                                       |  |  |  |
| I also understand that any misrepresentation or omission of academic records or transcripts will result in dismissal from the nursing program, if already enrolled.   |  |  |  |
| I acknowledge that Palo Alto College reserves the right to verify the authenticity of all transcripts submitted and that any discrepancies found may lead to disciplinary action, up to and including expulsion from the nursing program.                             |  |  |  |
| I have read, understand, acknowledge, and accept the Nursing Program Transcript Disclosure Statement.   |  |  |  |
| Student Signature: Date:  |  |  |  |
| Nursing Program Accuracy Disclosure   |  |  |  |
| I,, hereby acknowledge and affirm that all information provided by me in my application to the nursing program at Palo Alto College is true, accurate, and complete to the best of my knowledge.  |  |  |  |
| I understand that any falsification, misrepresentation, or omission of information in my application may result in the denial of my application for admission or if discovered after admission, will result in immediate dismissal from the nursing program.          |  |  |  |
| I understand that the information provided in my application, including but not limited to academic records, immunization records, and certifications will be used by the admissions committee to evaluate my eligibility for admission into the nursing program.     |  |  |  |
| I agree to promptly notify the Admissions Office of Palo Alto College of any changes or updates to the information provided in my application, including changes to academic records, disciplinary actions, or other relevant information.                            |  |  |  |
| I understand that Palo Alto College reserves the right to verify the accuracy of all information provided in my application, and I consent to the release of any necessary information to verify the accuracy of my application.                                      |  |  |  |
| I have read, understand, acknowledge, and accept the Nursing Program Accuracy Disclosure.   |  |  |  |
| Student Signature: 5  |  |  |  |

# **Texas Board of Nursing Eligibility Disclosure Statement**

| I,, hereby acknowledge and agr<br>program at Palo Alto College, I check my eligibili<br>eligibility criteria on the website of the Texas Boa   | , , , ,   |
|--|---|
| I acknowledge that it is my responsibility to revieure requirements for licensure on the website of the determine whether I meet the necessary qualification.  | Texas Board of Nursing and to   |
| I understand that failure to meet the eligibility req<br>ability to obtain licensure as a nurse in the future<br>admission into the nursing program at Palo Alto   | , and it will affect my eligibility for   |
| By signing this disclosure statement, I affirm that criteria on the Texas Board of Nursing website. F to take the NCLEX- RN exam upon successfully Nursing Program, provided I meet all other licens Board of Nursing, including the criminal backgrounds. | further, I acknowledge that I am eligible completing the Palo Alto College sure requirements set forth by the Texas |
| I have read, understand, acknowledge, and acce<br>Disclosure Statement.  | ept the Texas Board of Nursing Eligibility  |
| Student Signature:   | Date:   |

# **Unofficial Transcripts**

Attach a copy of your official transcripts on or after this page.

### **TEAS Exam Scores**

Attach a copy of your TEAS exam scores on or after this page.

### Letter of Intent

Write a letter to the Admission Committee in 1000 words or less addressing the following questions: Why do you want to be a nurse? Describe your support system.

### American Heart Association Basic Life Support Provider CPR Certification

All students in the PAC Nursing Program must provide proof of a valid American Heart Association Basic Life Support Provider CPR Certification for the duration of the program (Training must include adult, child, infant and AED).

Attach a copy of your American Heart Association Basic Life Support Provider CPR Certification on or after this page.

### **Immunization Checklist**

Attach all immunization documents after this checklist. The information must be legible. Please note this list may change in the future, per the requirements of our clinical partners.

| Tdap (Tetanus, diphtheria and pertussis within the last 10 years)      |
|--|
| Measles: Two doses or serologic confirmation of immunity               |
| Mumps: Two doses or serologic confirmation of immunity                 |
| Hepatitis B: Complete series or serologic confirmation of immunity     |
| Varicella: Two doses or serologic confirmation of immunity             |
| Meningitis: Booster is needed within the last 5 years                  |
| Rubella: One dose or serologic confirmation of immunity                |
| Seasonal flu vaccine: per year   |
| COVID-19 optional  |
| Annual Influenza vaccine   |
| TB Testing: Negative test results. Documentation of no active disease. |

### **Health Insurance**

All students in the PAC Nursing Program must provide proof of valid health insurance for the duration of the program.

Attach proof of health insurance on or after this page.