

St. Philip's College

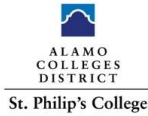
**St. Philip's College
Nursing Education Department
LVN/Military to ADN Mobility Program
Application Process**

Application Process for LVN/Military to ADN Mobility Program

- 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.
- US 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.

An Admission Committee will review applicants and determine conditional admittance based upon criteria that will include: standardized entrance exam (TEAS VI), degree requirements, LVN theory courses and prerequisite courses with a GPA of 3.0 or higher (this is not rounded), previous educational experience, past work experience, including a minimum of 6 months LVN work experience. The LVN work experience must be completed by application submission date. Letters of references are required (3). Copies of supporting documentation must be submitted with application in order to be considered for review by the admissions committee. Official transcripts must be submitted with the application to the Nursing department in a sealed envelope with the applicant's name and Banner ID. Only complete applications will be reviewed for conditional acceptance. It is the responsibility of the applicant to make sure that the application is complete before submitting to the nursing department. Once the application is received and any requirements are missing, this will be deemed an incomplete application and will not be reviewed.

- All supporting documentation (excluding official transcripts) should be copies of originals and submitted with application in order to be considered for review by the admissions committee.



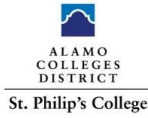
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- Complete the application packet. The completed application packet and required documents must be placed in a 9 x 12 brown envelope (with your name printed) and must be submitted in person to the St. Philip's College Nursing Education Department.

In Person Deliver to:

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

- Official high school and college transcripts must be submitted to the nursing department 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 Test of Essential Academic Skills (ATI TEAS) assessment. This program only accepts the Test of Essential Academic Skills (ATI TEAS) assessment test within one year from date of examination. Applicants must submit scores to St. Philip's College LVN/Military to ADN Mobility Program by the application deadline. An overall composite score of 70% is required.
- Flu vaccine, CPR and TB must be current by first day of class. No exceptions.



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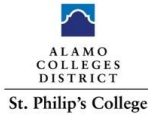
St. Philip's College LVN/Military to AND Mobility Program

Technical Standards for Admission

The following technical standards and essential functions outline reasonable expectations of a student in a Professional Nursing program for the performance of common nursing functions. The Professional Nursing student must be able to apply the knowledge and skills necessary to function in a variety of classroom, lab and/or clinical situations while providing the essential competencies of a Professional Nursing program.

The student must be able to meet the following requirements to apply for admission and continuation in the program. Minimum abilities expected include but are not limited to:

| <i>Essential Functions</i> | <i>Definition of the Function</i> | <i>Examples of the Function</i> |
|---|--|--|
| Behavioral and Social Attributes | <p>Possess the emotional health and stability required for full utilization of the student's intellectual abilities, the exercise of good judgment, the prompt completion of all academic and patient care responsibilities and the development of mature, sensitive, and effective relationships with clients and other members of the health care team.</p> <p>Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical settings with patients.</p> <p>Possess compassion, integrity, concern for others, and motivation.</p> <p>Possess the ability to demonstrate professional behaviors and a strong work ethic.</p> | <p>Utilize intellectual abilities,</p> <ul style="list-style-type: none"> • Exercise good judgment and complete tasks within required time limits. • Demonstrate the emotional health required for full utilization of intellectual abilities and exercise of good judgment. • Show integrity, concern for others, interpersonal skills, interest and motivation. |
| Communication | <p>Ability to communicate effectively in English using verbal, non-verbal and written formats with faculty, other students, clients, families and all members of the healthcare team.</p> <p>Ability to read English and interpret without assistance.</p> | <ul style="list-style-type: none"> • Patient teaching • End of shift reports • Documentation in legal records/ charts • Medication records • Transcribe doctor's orders from chart, interpret, and implement • Collaborates with members of health care team |



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| | | |
|---------------------|---|---|
| Intellectual | Ability to collect, interpret and integrate information and make decisions. Ability to read and interpret the English language without assistance. | Transcribe orders from chart, interpret the orders and intervene • Display critical thinking abilities in planning patient care – analyze data, formulate nursing diagnosis, and prioritize care |
| Motor | Sufficient motor ability to execute the movement and skills required for safe and effective care and emergency treatment | Standing for long periods of time (8-12 hrs./day) • Lifting up to 30 lbs. • Performing one person and two person transfers • Turning, log rolling and ambulating another person • Manipulating equipment • Performing patient care procedures with finger and manual dexterity (i.e., starting IVs, phlebotomy, dressing changes, catheterization) |
| Observation | Ability to participate actively in all demonstrations, laboratory exercise, and clinical experiences in the professional program component and to assess and comprehend the condition of all clients assigned to him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations. | Visually discriminating incremental readings on syringes, sphygmomanometers and other various medical equipment • Visually discriminating between different colored objects • Discriminating between auditory stimuli • Perform a comprehensive assessment on patients |

In general, successful applicants possess qualities such as:

- Interest and aptitude for math and science
- A strong motivation to learn
- Well-developed study skills
- Good problem-solving and decision-making skills
- An ability to work with people with diverse backgrounds

Applicant Signature

Date



ALAMO
COLLEGES
DISTRICT

St. Philip's College

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Deadline

Applications are accepted **only** within periods listed below. If a deadline begins or ends on a weekend, the date will begin/end on the next business day.

- Fall 2019 Class: **April 3, 2019 – June 7, 2019**

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LVN/Military to ADN Mobility Program Degree Plan

| Grade | Semester | Prerequisites | | | Lec. Hrs. | Lab Hrs. | Cont. Hrs. | Cred. Hrs. |
|-------|----------|---------------|---------|---|-----------|----------|------------|------------|
| | | *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 |
| | | | | Total Hours | | | 480 | 24 |

. Science courses must have been taken within 10 years of application deadline.

| Nursing Courses and Co-requisites | | | | | | | | |
|-----------------------------------|----------|------------------------|------|---|-----------|-------------------|------------|------------|
| Grade | Semester | First Semester Level I | | | Lec. Hrs. | Lab Hrs./Clinical | Cont. Hrs. | Cred. Hrs. |
| | Fall | RNSG | 1424 | Concept Based transition to Professional Nursing Practice | 4 | 1 | 80 | 4 |
| | Fall | RNSG | 1216 | Professional Nursing Competencies | 0 | 8 | 128 | 2 |
| | Fall | RNSG | 1128 | Introduction to Health Care Concepts | 1 | 0 | 16 | 1 |

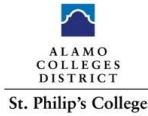
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|--|------|------|------|---|---|--------------|------------|----------|
| | Fall | RNSG | 1263 | Clinical-RN Concept Based transition to Professional Nursing Practice | 0 | 0/8 clinical | 128 | 2 |
| | | | | Total Hours | | | 352 | 9 |

*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.

| Nursing Courses and Co-requisites | | | | | | | | |
|-----------------------------------|----------|------------------------|------|--------------------------------------|-----------|-------------------|------------|------------|
| Grade | Semester | First Semester Level 2 | | | Lec. Hrs. | Lab Hrs./Clinical | Cont. Hrs. | Cred. Hrs. |
| | Spring | RNSG | 1137 | Professional Nursing Concepts III | 1 | 0 | 16 | 1 |
| | Spring | RNSG | 1538 | Health Care Concepts III | 5 | 0 | 80 | 5 |
| | Spring | RNSG | 2363 | Clinical-RN Health Care Concepts III | 0 | 0/12 clinical | 192 | 3 |
| | | | | Total Hours | | | 288 | 9 |

| Nursing Courses and Co-requisites | | | | | | | | |
|-----------------------------------|----------|------------------------|------|-------------------------------------|-----------|-------------------|------------|------------|
| Grade | Semester | First Semester Level 3 | | | Lec. Hrs. | Lab Hrs./Clinical | Cont. Hrs. | Cred. Hrs. |
| | Summer | RNSG | 2138 | Professional Nursing Concepts IV | 1 | 0 | 16 | 1 |
| | Summer | RNSG | 2539 | Health Care Concepts IV | 5 | 0 | 80 | 5 |
| | Summer | RNSG | 2360 | Clinical-RN Health Care Concepts IV | 0 | 0/12 clinical | 192 | 3 |
| | | | | Total Hours | | | 288 | 9 |



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Requirements

1. Flu Shot 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 flu 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.

Copy of immunization record showing student/faculty name as having received the vaccine.

Please note that even if the flu vaccine is received in a “public” clinic, the information on the form must be completed in order to meet the clinical agency requirements.

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.**

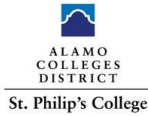
Students **are not** to give the record to their clinical instructor at this time. If you receive a receipt when you get the flu vaccine, please attach a copy to the application.

Maintain your documentation and keep a copy with you at clinical agencies at all times.

2. Tetanus (within 10 years)

3. MMR (measles, mumps, rubella)- 2 doses

4. Varicella (chickenpox) – 2 doses or documented evidence of disease



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5. **Hepatitis B** – COMPLETE series of 3 vaccines (This is a 6 month series)

6. **Meningococcal (meningitis)** – required for students under age 22

7. **Serum titers-** confirming immunity are accepted for Hepatitis B, MMR, and Varicella

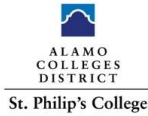
8. **TB Test**
Negative PPD or chest x-ray within the last 12 months. Negative PPD yearly thereafter while enrolled in the program.
 - Students with a positive PPD must submit current documentation from their Medical Providers (on Health Providers Letterhead) stating that the student is negative for 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 program must submit documentation of medical evaluation and treatment.

9. **CPR Certification**
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.

10. **Photo ID: copy**
Please provide a current driver license or passport for photo ID.

11. **Social Security Card: copy**
Please provide a copy for our records.

12. **TEAS:**
All applicants must take the ATI Testing of Essential Academic Skills (ATI TEAS) Nursing assessment exam. A level of proficiency with an overall composite score of 70% must be achieved for consideration. Testing must be within one year of application. To sign up to take the TEAS Nursing Exam you may go to atitesting.com.



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13. References:

Provide three professional reference letters. 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)
- Or Three professional (Supervisory Role) if you have been out of school for more than five years.

The letters must be sealed in envelopes and signed across the envelope seal by the endorsers. Family, friends, and professional colleagues are not acceptable references. Reference forms are included in the application packet.

14. Work Experience:

Previous work experience in health care, including mandatory 6-month LVN work experience. A resume must be submitted. References from supervisor should be included.

15. License:

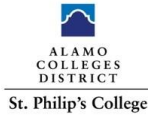
License numbers will not be required for the application process. Applicant will need to provide current evidence of clear standing from the Board of Nursing.

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

16. Criminal Background Check:

Purpose

Community Standards for criminal background checks was developed in conjunction with the Healthcare Workforce Alliance of Central Texas (HWACT) to meet clinical agency compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards pertaining to human resource management and to comply with state and federal laws. JCAHO requires verification of competency of all individuals who have direct contact with patients or employees; this includes students doing clinical rotations in



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the facility. Competency extends beyond technical skills to an individual's criminal history.

Implementation

Successful completion of a criminal background check is required for admission and continuation in the LVN/Military to ADN Mobility Program. Students will be given specific directions from the program about how to obtain the background check. 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.

Disclaimers

Successful completion of a criminal background check for the does not ensure eligibility for licensure or future employment.

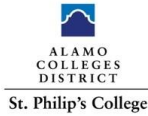
Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility.

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.

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.

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 clear background check or a cleared outcome letter from the



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Declaratory order process is presented to the Nursing Program.
http://www.bon.texas.gov/forms_declaratory_order.asp.

17. Drug Screen

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.

Incoming students should initiate a drug screen **ONLY** upon directions from the department. Failure to undergo the drug test in the time period required will result in denial into the program. No exceptions will be made.

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. Specific instructions will be provided with the application. The applicant will be responsible for following drug screen protocol and requirements; failure to do so will make the applicant ineligible for admission.

Disclaimers

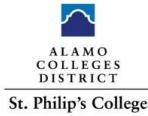
Successful completion of a drug screen for the LVN/Military to ADN Mobility Program does not ensure eligibility for licensure or future employment.

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.

18. Health Insurance

Proof of health insurance for all LVN/Military to ADN Mobility Program students is required prior to beginning the first clinical course, consistent with the requirements of our clinical education partners. With the increasing risks of providing patient care, it is necessary for you to be protected.



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Proof of insurance will be verified each semester by submitting a copy of an insurance card. Student's name must be on the insurance card if student is insured as a dependent on parent/guardian/spouse insurance plan.

Students are required to keep the policy current and notify the program if changes occur. Failure to do so will result in removal from the clinical site and withdrawal from the program because students will not be able to meet their learning objectives

19. Notification Process:

Individuals will be notified of conditional acceptance into the LVN/Military to ADN Mobility Program via Alamo Colleges ACES student email only. 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.

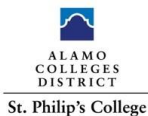
Each applicant selected for admission will be notified via students' ACES email and given a deadline to accept or decline the invitation to join the upcoming class.

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 points.

20. Application Deadline:

Completed applications must be submitted for fall 2019 Semester by:

Deadline: Friday, June 7, 2019. Completed applications should be submitted at least one hour before office closes to ensure all information being turned in is completed. No exceptions.



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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.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements.

LVN/Military to ADN Mobility Program

Please Print or Type Application Date _____/_____/_____

Name: _____
(Print Name) Last First MI

Address: _____
Number & Street City /State Zip

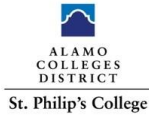
Home Phone () _____ Cell Phone () _____

SSN: _____ - _____ - _____ Banner ID _____

Ethnicity _____ Date of Birth: _____/_____/_____

Student ACES Email: _____

Personal Email: _____



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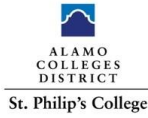
You must provide official transcripts from every College/University, Vocational School, Nursing School or Allied Health schools you have attended with this application, except Alamo Colleges. It is your responsibility to also provide St. Philip's College with official transcripts that mirror those submitted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

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

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



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

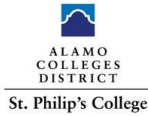
1. Use the senses of vision, hearing, speech and touch. Use of the senses enhances a nurse's ability to accurately observe the patient.
2. Perform psychomotor movements that require coordination of gross and fine muscle movements and equilibrium. Coordination is necessary for patient safety.
3. Communicate 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: _____

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

Date

Certification Statement

I _____ understand that I must submit a complete application to the St. Philip's College LVN/Military to RN Nursing Mobility Program, in person. 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 GPA for admission into the St. Philip's College LVN/Military to RN 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.

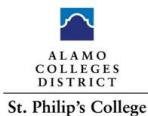
I also agree that my complete application will include the following: Entrance Exam Test Scores, Physical Examination Form, Immunization Record, Three Reference Forms, Official Transcripts from all High Schools, Colleges, Universities, Trade/Technical Schools, or GED certificate as required by the LVN/Military to RN Mobility Program, and proof of current CPR certification, (health care provider course 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 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 RN Mobility Program.

Signature of Applicant

Date



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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: _____

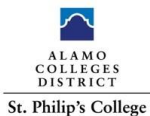
Emergency Contact & Reference List

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

| | |
|---------------------|---------------------|
| Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

Please list the contact information for the three references you have chosen. If currently employed one of the references must be an immediate supervisor. Family, friends, and professional colleagues are not acceptable references. Reference forms are included in the application packet.

| Name | Occupation | Phone Number | Address |
|-------------|-------------------|---------------------|----------------|
| | | | |



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**Letter of Recommendation
St. Philip's College
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Part I- To Be Completed by Applicant

Name: _____ Banner ID: _____

Name of Person Completing Reference (print): _____

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"/> |

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| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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_____

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.



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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: _____

Work Phone Number: _____

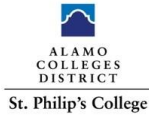
Institution/Employer: _____

Institution/Employer Address: _____

Name (Printed): _____

Signature: _____

Date: _____



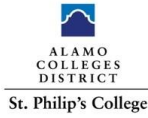
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Physical Examination Form

Height _____ Weight _____ Date of Examination _____

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 | | |



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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?"

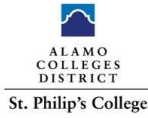
A "licensing authority" is a state agency or political subdivision that issues an occupational license.

Return this form with application.

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

(Signature)

(Date)



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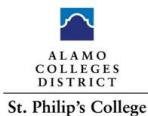
Application must be hand delivered to the Nursing Department. Mail in applications will not be accepted. Please submit your test scores at the time of submission of the nursing application.

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 committee indication 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.

LVN/Military to ADN Mobility Program Check off List

| Required Documents: | Included: | Initials of Applicant |
|---|--|------------------------------|
| Application for Admission (Current form) | <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 | |
| References and Emergency Contact Information ➤ References listed should match the reference letters provided | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reference Letters ➤ One required from former faculty; preferably nursing faculty (see application for current information). ➤ Each Form sealed in an individual envelope by respondents and their signature on the envelop seal. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| LVN Verification/JST Transcripts (Military Only) ➤ 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). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Licensure Eligibility Document | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Work History ➤ Please include a resume | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Immunization Form ➤ Must be current by program start date | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Immunization Record (Copy) ➤ Submit official record on one consolidated form from Healthcare Provider or health department. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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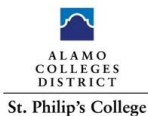
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| | | |
|--|--|--|
| ➤ Refer to Immunization form for details regarding Seasonal Immunizations. | | |
| Physical Examination Form ➤ Include Business card from Healthcare Provider. Official Seals (stamped) will also be accepted. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Proof of Health Insurance indication coverage for applicant (Copy) ➤ If your name does not appear on the card, provide a letter from insurance company indicating coverage along with card. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CPR Certification ➤ 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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"> • If the college transcript indicates name of High School and the date of graduation, an official high school transcript is not required. • Transcripts from a foreign country must be translated and evaluated in English before being accepted (see office of Advising and Assessment for more information). • GED certificates must include GED scores. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I (Print Name) _____, verify that I have read and completed all 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: _____

Date: _____



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Application Check List (For Office Use)

Name: Banner ID: Male Female
Address: Phone:
City: State: Zip:

Aces Email: @student.alamo.edu Personal Email:

Ethnicity: White African American Hispanic Asian/Pacific Islander
American Indian/Alaskan Other

- Application Process Drug Screen Receipt
Application for Admission Immunization Form
Certification Statement Physical Examination Form
Emergency Contacts and References Proof of Health Insurance
References 1 2 3 CPR Certification
Employments and Volunteer History Social Security Card
LVN Verification (Active or Not Active) TEAS VI Nursing
JST (Military Applicants Only) Technical Standard Form
Official Transcripts Work History (Resume)
Texas ID or Driver's License

Hepatitis B Series: #1 #2 #3 Flu vaccine

Varicella: #1 #2 documented history

TB: Expiration:

MMR: #1 #2

TDAP: Meningococcal (Meningitis) under age 22

CPR: Administered Through: Expires:

High School Transcripts GED w/ Scores Date awarded

TEAS Nursing within 1 year Current Proficient Advanced Composite Score:

College Transcripts: GPA:

Pre-Requisites:

- BIOL 2401 BIOL 2402 BIOL 2420 or BIOL 2421 PSYC 2301 PSYC 2314 PHIL 2306 ENGL 1301



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