LVN/Paramedic to ADN Transition
Application for Admission
Fall 2016

Application Packet Checklist:

I have provided all documentation listed below. I understand that any missing items will render me ineligible to apply if not submitted by the deadline of April 1, 2016.

______ ADN Transition Admissions Application
______ Official transcripts from ALL institutions attended
______ Degree Evaluation
______ Core Performance Standards for Successful Program Progression
______ Immunizations – Uploaded to Certified Profile account.
______ Physical – Uploaded to Certified Profile account.
______ Drug Screen – Posted in Certified Profile account.
______ Acknowledgement Statements:
  Information Session
  Criminal Background Check
  HESI A2
  Eligibility Questions

Students will be informed of their admission status via email from melissa.guy@sjcd.edu, so please add this email address to your contacts to avoid emails going to SPAM/JUNK folder.

Incomplete applications will not be considered.

Applicant Name ___________________________ G Number ___________________________

Applicant Signature ___________________________ Date ___________________________
LVN/Paramedic to ADN Transition
Application for Admission

San Jacinto College District does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Submit completed application and LVN license/Paramedic certification to:
SJC-South ADN Transition Program, 13735 Beamer Rd.
Building 1 Health & Natural Science Office 253b (S-1.253b), Houston, TX 77089

Please Check Appropriate Box Below

Vocational Nurse License:  Active □ Inactive □ Number: ______________ Expiration Date: ______________

Paramedic Certification:  Active □ Inactive □ Number: ______________ Expiration Date: ______________

Print or Type and Do Not Fold

Full Name: ____________________________________________________________

Last __________ First __________ Middle __________

Home Address: _________________________________________________________
Number & Street __________ City __________ State __________ Zip Code __________ County __________

Cell Phone: ___________________________ Home Phone: ___________________________

SJC Email: ___________________________ Personal Email: ___________________________

Social Security No.: ___________________________ SJC G#: ___________________________ Date of Birth: __________

Gender:  ____ Male  ____ Female

Marital Status:  ____ Single  ____ Married  ____ Separated  ____ Divorced  ____ Widowed

Number of Children (if applicable):  ____  Child Ages: ___________________________

Ethnic Background: Please indicate which of the following groups best describes your ethnic background

 ____ American Indian or Alaskan Native  ____ Asian or Pacific Islander  ____ White, Non-Hispanic

 ____ African American, Black  ____ Hispanic or Latino  ____ Other ___________________________

Emergency Contact Name: ___________________________ Relationship: ___________________________

Address: ______________________________________________________________

Number & Street __________ City __________ State __________ Zip Code __________

Cell Phone: ___________________________ Home Phone: ___________________________ Email: ___________________________

To be completed by the LVN/Paramedic ADN Transition Program Office:

Received Date: ___________________________ Received By: ___________________________

Admission: Yes / No  If no, reason: ________________________________________________

Student admission status notification sent date: ___________________________ Sent by: ___________________________
Please list all colleges, universities, vocational schools and/or allied health schools attended:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City and State</th>
<th>Number of Credit Hours Earned</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Have you failed out of an Academic Nursing Program within the past 2 years?  Yes  No

If yes, which school, semester and year?

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**Employment Information**

<table>
<thead>
<tr>
<th>Current Employer (Business Name)</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Position</th>
<th>Type of Medical Unit</th>
<th>Immediate Supervisor</th>
<th>Supervisor Phone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

How did you first hear about the SJC-South ADN Transition Program?

- [ ] Television
- [ ] Newspaper
- [ ] Work
- [ ] Friend
- [ ] Online
- [ ] Other (Please specify)_______________________

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Applicant Signature ___________________________  Date ___________________________
Applicants admitted into the SJC-South ADN Transition Program are expected to perform the minimum, but not limited to, common nursing technical standards and essential functions. Students 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 the ADN program.

Please review the technical standards and essential functions below required for program admission and progression.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>EXAMPLES (not inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking sufficient for clinical reasoning and judgment.</td>
<td>Independent decision- making which results in competent client assessment, accurate data analysis and problem identification, appropriate treatment plans and interventions, evaluation of client outcomes.</td>
</tr>
<tr>
<td>Interpersonal Abilities</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Therapeutic interactions with clients and their families stressed by illness, death, life situations, and cultural differences.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Accurate interpretation of verbal and/or written instructions, communication of patient responses, documentation of therapeutic procedures, health education, professional consultation with other health care providers.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room, walk in hallways, maneuver in small spaces, and lift patients as needed.</td>
<td>Ability to ambulate to and from departments and patient rooms, to care for all assigned clients, to assist in patient transport, to administer CPR.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care.</td>
<td>Performance of vital signs and psychomotor nursing skills, calibration and use equipment, physical assessment.</td>
</tr>
</tbody>
</table>
Successful applicants possess qualities such as:

- Interest and aptitude for math and science
- Strong motivation to learn
- Well-developed study skills
- Good problem-solving and decision-making skills
- Ability to work with people from diverse backgrounds

Are you able to meet the minimum technical standards and essential functions for program duration?  Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Auditory ability sufficient to monitor and assess health needs.</th>
<th>Auscultation of BP, breath sounds, heart sounds, bowel sounds, ability to hear alarms, emergency signals, call bells, phones, cries for help; ability to converse with patients, family, and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment and to provide nursing intervention.</td>
<td>Performance of palpation, administration of injections, initiation of IVs and other therapeutic interventions</td>
</tr>
<tr>
<td>Strength/Stamina</td>
<td>Sufficient stamina to provide care and related responsibilities for extended periods of time (8-12 hours)</td>
<td>Ability to perform shift work, lift 25 pounds from standing position, ability to bend, position, and lift</td>
</tr>
</tbody>
</table>

Applicant Signature ____________________________ Date ________
Eligibility Questions

If you answer YES to Eligibility Questions, please contact the Board of Nursing:

Texas Board of Nursing (BON)
Web:  www.bon.state.tx.us
Phone:  (512) 305-7400.

1) [ ] No [ ] Yes *For any criminal offense, including those pending appeal, have you:
   A. been convicted of a misdemeanor?
   B. been convicted of a felony?
   C. pled nolo contendere, no contest, or guilty?
   D. received deferred adjudication?
   E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
   F. been sentenced to serve jail or prison time? court-ordered confinement?
   G. been granted pre-trial diversion?
   H. been arrested or have any pending criminal charges?
   I. been cited or charged with any violation of the law?
   J. been 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/or 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 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?
Eligibility Questions Cont.

3) [ ] No [ ] Yes  *Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) [ ] No [ ] Yes  *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

5) [ ] No [ ] Yes  *Within 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?

If “YES” indicate the condition:
[ ] schizophrenia and/or psychotic disorders,
[ ] bipolar disorder,
[ ] paranoid personality disorder,
[ ] antisocial personality disorder,
[ ] borderline personality disorder

*Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual’s physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual’s criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer ‘NO’ to questions #4 and #5.

If you answer “YES” to one or more of the questions 1-5, you must attach a letter of explanation and relevant documents indicating the circumstance(s) you are reporting to the Board of Nursing (BON). The document must be signed and dated. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you will be required to pay a $150.00 review fee. Once we have a complete application, required documents and the fee, if applicable, your file will be transferred to our Enforcement Department for review. This review may take a minimum of four months. The BON will not approve an applicant for licensure or issue a temporary permit until a decision has been rendered by our Enforcement Department.

Applicant Signature ___________________________  Date ___________________________
INFORMATION SESSION
Acknowledgement Statement

I, ________________________________, acknowledge I have completed the mandatory information session for admissions into the SJC-South ADN Transition Program on ________________________________.

I understand the requirements for admissions eligibility.

I understand that all required application documents, immunizations, HESI A2 exam results, and Drug Screening must be completed and received by the application deadline of April 1, 2016.

Applicant Signature

Date

HESI A2 Acknowledgement Statement

I, ________________________________, acknowledge that I have been informed:

Print Name

- the HESI A2 is required for admissions into the SJC-South ADN Transition Program
- the HESI A2 may ONLY be taken at the SJC-South Campus Testing Center
- HESI A2 exams not taken at the SJC-South Campus Testing Center will not be accepted
- the minimum required score is 75% for each of the following five HESI A2 sections: Math, Reading Comprehension, Vocabulary and General Knowledge, Grammar, Anatomy and Physiology
- I am allowed to take each section of the HESI A2 a maximum of two times per enrollment period
- HESI A2 sections that I test for twice will be averaged together to calculate that section score
- the five required section scores will be averaged together to calculate a HESI A2 composite score
- if I do not have an average score of 75% or higher on all HESI A2 sections after the second attempt, I will not be eligible for program admission for that enrollment period
- HESI A2 scores are valid for 2 application periods and will expire at the end of the second application cycle

Applicant Signature

Date
Criminal Background Check
Acknowledgement Statement

I, ____________________________, acknowledge I have been informed, read, understand and honestly
answered the SJC-South ADN Transition Program eligibility questions from the Texas Board of Nursing (BON)
 as discussed in orientation, outlined in the student handbook and as published on the BON website. I
acknowledge understanding of expected behaviors and notification regarding criminal behavior, mental illness
and chemical dependency.

I have read the Criminal Background Check document that is included with the program application and
understand if I answered “Yes” to any questions, there is a possibility I may be denied the opportunity to sit
for the NCLEX-RN licensure examination.

I am not allowed to register for program courses until successful completion of the Declaratory Order process
through the Texas Board of Nursing. I will contact the BON immediately if a Declaratory Order is needed as
this can be a lengthy process.

I understand upon completion of a Declaratory Order, I must submit one of following eligibility documents
from the Texas Board of Nursing to the ADN Transition Program: Blue Card, Outcome Letter, or Letter of
Eligibility.

I understand if any of my responses to the questions change during my time in the LVN/Paramedic to ADN
Transition program, I will notify the Texas BON.

_________________________________________                 _____________
Applicant Signature                          Date
Medical Record and Physical Examination

This form should be completed by a Qualified Health Care Provider

Name of Applicant: ____________________________________________________________
Miss, Mrs. or Mr. Last First Middle

Date of Birth: ___/___/____ Height:__________ Weight:__________

Allergies

Food:________________________ Medications:__________________________
Latex:________________________ Environmental:________________________

**Medical History:** Check Yes or No if you have had any of the following:

- [ ] Yes No Shortness of breath or moderate exertion
- [ ] Yes No Hoarseness, Excessive coughing
- [ ] Yes No Tuberculosis
- [ ] Yes No Seizure disorder
- [ ] Yes No Mental disorders / Emotional instability
- [ ] Yes No Frequent headaches
- [ ] Yes No Diabetes
- [ ] Yes No Heart disease
- [ ] Yes No Hay fever / Sinus infections
- [ ] Yes No Asthma
- [ ] Yes No Musculoskeletal problems

Please discuss significant issues from the item listed above: ____________________________________________

List childhood diseases:__________________________________________________________

List medical conditions:__________________________________________________________

List all surgeries:________________________________________________________________

List injuries:____________________________________________________________________
Physical Examination

Vision: Right Eye _____ Left Eye _____ Contacts: □ Yes □ No Glasses: □ Yes □ No

Hearing: Right Ear _____ Left Ear _____ Apical Heart Rate _____bpm

Blood Pressure: (Circle one) Left or Right Arm _____mmHg Position: (Circle one) Sitting Standing Lying

Please note any abnormalities:

Circulatory:

Respiratory:

Musculoskeletal:

Neurological:

Gastrointestinal:

Genitourinary:

Reproductive:

Recommendations

In your professional judgment, is the applicant mentally and physically able to complete the ADN Transition program? (Please check one) □ Yes □ No

Is the applicant cleared to perform nursing school requirements without restrictions? (Please check one) □ Yes □ No

Comments: __________________________________________________________

__________________________________________________________________________

Signature Print Name Date

__________________________________________________________________________

Facility Address City, State, Zip Code Telephone