



5800 Uvalde Road
Bldg. 17, Office 2114
Houston, Texas 77049
281-998-6150 Ext: 7132
vnnursingnorth@sjcd.edu

Name: _____

G00 _____

Application for Vocational Nursing Program-North Campus: This application and this checklist must be filled out completely and submitted to the Vocational Nursing Department during the application period for the semester you want to attend. You must submit to the Vocational Nursing Office North Campus (N-17.2114) all items listed below **IN A SEALED ENVELOPE** for review by mail.

Check the website for dates and times of application submission.

Students applying for admission to the Vocational Nursing program must complete the following steps:

1. Apply to San Jacinto College at the following website (www.sanjac.edu)
2. **Submit official copies of all non-San Jacinto College transcripts to the Office of Enrollment Services.**
3. Submit Vocational Nursing application to the nursing office at North campus (N-17.2114).
4. Submit official sealed transcripts of **all** schools attended to the nursing office along with VN Program application.
5. Submit HESI A2 Scores to complete your application. You are allowed only two (2) HESI test submissions within the past 2 years
6. Submit copy of Healthcare Insurance Card front/back.
7. Submit BON Statement Form. (included in this packet)
8. Submit Skill Level Verification form from Counseling showing a **7 in Reading and Writing, and 8 in math.**
9. Students submitting international transcripts must include the SPANTRAN (or equivalent) evaluation.

INCOMPLETE APPLICATION SUBMISSION PACKETS WILL NOT BE REVIEWED.

Once accepted into the Program applicant will be required to pass a physical exam and Submit documentation of required immunizations and CPR Card.

All acceptances are conditional of meeting all requirements and submitting all required documentation.

Please list all sealed transcripts you are submitting with this application:



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Applications will be accepted on the dates specified. This application packet must be typed and complete upon submission:

Please initial all boxes as each item is accounted for:

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1. Show proof of admission into San Jacinto College. Provide the letter they sent you in the mail or by email or provide a transcript from San Jacinto College as proof of admission.	
2. Submit official transcripts to Enrollment Services for Evaluation.	
3. Submit official transcripts to the Vocational Nursing Office. We DO NOT accept online print outs and the department needs its own copy regardless of transcripts submitted to Enrollment Services. Transcripts must be within 60 days of the application date. *If submitting international transcripts, SPANTRAN (or equivalent) evaluation must also be submitted. **Failure to submit all transcripts will result in an incomplete application and will not be reviewed. **	
4. Submit proof of 2.25 or Higher GPA – Cumulative GPA from all previous colleges attended. Validated with College Transcripts. The Nursing Department will calculate cumulative GPA for multiple transcripts.	
5. Submit copy of High School Transcript or GED or Foreign Evaluation.	
6. Submit Skill Level Verification form from Counseling showing 7 in Reading & Writing, and 8 in Math. Must be college ready at time of application.	
7. Submit current San Jacinto College GPS report or Degree Evaluation report.	
8. Submit HESI A2 scores (must be taken within last 2 years) <i>Applicants must achieve a score of 70% or higher in each category. Categories include: Reading Comprehension, Grammar, Vocabulary, and Mathematics. *Only 2 sets of scores may be submitted. Include copy of the HESI reports (Summary and Critical Thinking)</i>	
9. Submit copy of Healthcare Insurance Card front/back	
10. Submit copy of Healthcare Provider CPR card from the American Heart Association (front & back) Must be BLS Provider and must not expire during the program	
11. Submit signed BON Statement Form and Emergency Contact Form included in this packet	
12. Submit signed statement of requirements	

 Applicant's Signature



Vocational Nursing Program Application – North Campus
Please Complete the Form in its Entirety and Accurately

Application must be typed

Date _____ Application for _____ Semester / Year _____ G00#: _____

SSN (required by BON): _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Full Name _____
 Last First Middle Maiden

Address _____
 Number/PO Box Street City State Zip

Home Phone _____ Cell _____ Work _____

Active Email (required must be typed)

High School Diploma / GED / Span Tran (or other evaluation)
 Year _____ Name of High School _____ City/State/ Country _____

ALL College(s) attended, including San Jacinto College, if applicable. (Please list all sealed transcripts you are submitting with this application as well. Reminder- Transcripts must be within 60 days of application date)

Name of School	City/State	Sealed Transcripts (Y/N)	Courses in Progress

Are you or have you ever been on any academic probation or suspension? _____

Have you ever applied to this nursing program before? Yes No If Yes, When? _____

Have you attended any other school of nursing? Yes No If Yes, When? _____

Where? Name of school _____ City/State _____

Entrance Date _____ Exit Date _____ Reason for leaving _____

I, _____, acknowledge that the information on this application is true and correct to the best of my knowledge. I, _____, understand that any falsification of information provided will result in disqualification for admission.

Signature _____



In Case of Emergency
(Must be Typed)

Please list in the order you prefer us to call in case of emergency.

Name	Relationship	Phone	Permission To Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____

_____ I understand that should my emergency contact change, it is my responsibility to update my record in the nursing office.

Signature

Date

Printed Name



Texas Board of Nursing Licensure Eligibility

All applicants must have a clear criminal background to be eligible for licensure with the Texas BON.

To check your eligibility for licensure, please review the following:

Have you...

1. Been convicted of a misdemeanor?
2. Been convicted of a felony?
3. Pled nolo contendere, no contest, or guilty?
4. Received deferred adjudication?
5. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
6. Been sentenced to serve jail or prison time or court-ordered confinement?
7. Been granted pre-trial diversion?
8. Been arrested or have any pending criminal charges?
9. Been cited or charged with any violation of the law?
10. Been subject of a court-martial; Article 15 violation; or received any form of military judgment, punishment, or action?

NOTE: You may only exclude Class C misdemeanor traffic violations

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, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character of the Nurse.

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 of duty 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 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.

•Are you currently the target or subject of a grand jury or governmental agency investigation?

•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 license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial or renewal licensure application)

•*Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or a psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regimen and have had no further hospitalization since disclosure)

*In the past five (5) years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "No" if you have completed and/or are in compliance with TPAPN) *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 Occupations Code §301.466.



Texas Board of Nursing Statement Form

Name: _____
(Please Type)

Please read the following statements and sign below.

The applicant who has been convicted of a felony, implicated in substance abuse or involved in activities considered inappropriate by the Board of Nursing for the State of Texas is not eligible to apply to the Vocational Nursing Program until he or she has received a declaratory order from the Texas Board of Nursing granting permission to write the NCLEX- PN. This form is available at <http://www.bon.state.tx.us/olv/pdfs/DOapp.pdf>. The Board’s statement of eligibility must be submitted to the Vocational Nursing Department Chairperson/Coordinator.

The prospective student is responsible for obtaining a “Petition for Declaratory Order.”

I, _____, have read and understand this statement. Date: _____

My signature acknowledges that I have read the Texas Board of Nursing Licensure eligibility statements. I further acknowledge that I have initiated the Declaratory Order process, if applicable, and will communicate the outcome to the nursing program.

*** Signature _____ Date _____

Texas Board of Nursing Roster Submission Statement

The program will submit the names of qualified applicants to the Texas Board of Nursing per the Texas Board of Nursing’s guidelines. This process initiates the background check process. Students will be contacted via email with directions for fingerprinting.

I, _____, have read and understand this statement. Date: _____

My signature acknowledges that I have read the Texas Board of Nursing Roster Submission Statement. I further acknowledge that my information will be sent to the Texas Board of Nursing based on the Board of Nursing’s guidelines.

*** Signature _____ Date _____

*****A signature is required *****
The signature portions of the application must be signed not typed.
Typing the signature portions will invalidate your application.



Acknowledgement of Requirements Upon Acceptance

Applicants who are accepted into the program must complete the following:

- Attend the mandatory Vocational Nursing Student Orientation: Dates provided in Acceptance Letter.
- Submit proof of completed immunization status to program and/or CastleBranch (See list below).
- CPR - Submit completion of American Heart Association BLS (Health Care Provider) to CastleBranch.
- BON clearance –Original Blue Card or Outcome Letter (along with a copy of same for our records) must be submitted to Vocational Nursing Office at orientation.
- Submit copy of Healthcare Insurance Card
- Complete Physical Examination (Physical form issued at time of orientation)

Required Immunizations Include:

- Tetanus/Diphtheria /Pertussis (Tdap) **[within the past 8 years]**
- TB (PPD) skin test, Chest X-ray, or Quantiferon test **[within the past year]**
- Seasonal flu vaccine (within the last year). Flu mist is not accepted.

Titers that show immunity for the following:

- MMR titer
- VARICELLA titer (No history of disease will be accepted.)
- HEPATITIS B titer (A “fast track” series will not be accepted.)
- HEPATITIS C Titer (this titer should be negative)

My signature acknowledges that I have read the requirements to complete, *if accepted*.

I further acknowledge that I will comply with the requirements. Failure to comply will result in denial to the program.

*** Signature

Date

Vocational Nursing Admission Scoring Rubric

THE MINIMUM SCORE REQUIRED TO APPLY IS 4. THE MAXIMUM SCORE POSSIBLE IS 32

1. GRADES:

A=5 B=3 C=1 IP=0

Course: BIOL 2301/2101 is a Pre-Requisite for the VNSG Program

Grades

Points

a. BIOL 2301 AND BIOL 2101 OR BIOL 2401 **date of course**

A B C IP

b. BIOL 2302 AND BIOL 2102 OR BIOL 2402 **date of course**

A B C IP

If you have failed out of a vocational nursing program, you must wait 1-year from the date of your last failed course to apply.

Example: Failures in Fall 2018 or later render you ineligible for Fall 2019 enrollment.

****Course in progress (IP) receive no points.**

****If BIOL 2301/2101 was repeated within the last 5 years due to course failure (D or F), there will be a 2-point reduction.**

3. HESI EXAM

Composite Score: _____

Note: If you've taken the HESI more than once, add the highest scores on the four sections we require- then divide by four to obtain your composite score. **All categories must be 70 or greater.**

- 1) Reading Comprehension _____
- a) Meaning-Word Use _____
- b) Conclusions _____
- c) Implications _____
- d) Understanding _____
- 2) Grammar _____
- 3) Vocabulary _____
- 4) Math _____

- Composite Score**
- 70 – 75% - 2 points
 - 76 – 80% - 3 points
 - 81 – 85% - 4 points
 - 86 – 90% - 6 points
 - 91 - 95% - 8 points
 - 96 – 100% - 10 points

Critical Thinking Score: _____

4. Overall GPA: San Jacinto College (if applicable) & all other schools: _____

If more than one school was attended – acceptance committee will calculate your GPA.

- 2.25 – 2.49 – 2 points**
- 2.50 – 2.75 – 4 points**
- 2.76 – 2.99 – 6 points**
- 3.00 – 3.50 – 8 points**
- > 3.51 - 10 points**

5. Veterans or Certified Nursing Assistants may receive an additional two (2) points with appropriate documentation.

- Veterans- DD-214 showing an Honorable Discharge
- CNAs- Current certification and verifiable, current work experience.

****A maximum of two (2) points will be given. For example, a veteran who is a CNA will only receive 2 points, not four.****

