



Vocational Nursing Program Application Packet

The Vocational Nursing (VN) Program is a twelve (12) month certificate program that prepares the graduate to perform patient care under the direct supervision of a Registered Nurse or Physician. Upon successful completion of the program, the Graduate Vocational Nurse qualifies to take the National Council of Licensure Examination for Practical Nurses (NCLEX-PN[®]) and upon passing the exam, will be issued a Texas license to practice as a Licensed Vocational Nurse. Prerequisites must be completed before VN core courses begin.

The Vocational Nursing Program-Harlingen was established in 2009 and has full approval from the Texas Board of Nursing (BON). Additionally, Texas State Technical College (TSTC) is accredited by the Texas Higher Education Coordinating Board (THECB) and the Southern Association of Colleges and Schools Council of Colleges (SACSCOC).

Deadline dates for selection of class starting Spring 2025:

Vocational Nursing Packet due by September 27, 2024 by 5:00pm. Packet submission to be submitted in person no later than September 27, 2024 at 5:00 to Tanya Villarreal at the Nursing Education Building.

Harlingen Campus

Event	Date(s)
Completed Application Packet DUE:	September 27, 2024 at 5 p.m.
ATI TEAS [®] version 7 (all 4 sections passed before application submittal) <i>TSI requirements</i>	See pages 4-6 See pages 3-4 for details
Texas Board of Nursing Criminal Background Check results (<i>Blue Card</i> or Petition for Declaratory Order)	By first class day
Attend Mandatory Orientation	TBD after class selection
Selected applicants notified via email	October 2024
Letter of Intent returned & signed via email required by	TBD, 1 week after letter of invitation
SOLO class if new student	Must be completed before registration
HPRS 2302 or Transfer HPRS 1206, BIOL 2301, 2101, 2302, 2102 first semester. To be completed before core nursing courses begin.	Must be completed and transcripts submitted at the end of each course.
First day of class	January 13, 2025

Applicants *must* keep a copy of the completed VN application packet for their personal records.

VOCATIONAL NURSING PROGRAM ADMISSION CRITERIA

- A. Meet and complete all college and program requirements.
- B. Complete the entire VN application packet and *make a copy for your personal records*.
- C. Submit, by the posted deadline, the entire VN application packet must be submitted by September 27, 2024 @ 5:00 PM. You will not be able to submit incomplete packets. A checklist is provided on page 28.
- D. **Incomplete and/or late applications packets will not be accepted.**

COLLEGE AND PROGRAM REQUIREMENTS

Prior to submitting an application packet to the Vocational Nursing program, the following criteria must be met:

COLLEGE APPLICATION

- A. Complete a Texas State Technical College (TSTC) application.
- B. To proceed with your registration, please complete the following steps:
- C. ****1. Log into TSTC Portal:****
- D. - Visit [login.tstc.edu](<http://login.tstc.edu>).
- E. - If this is your first time logging in, you may need to click on “Need help logging in?”
- F. ****2. Access Workday:****
- G. - Click on the “Workday” application within the portal.
- H. ****3. Check Pending Tasks:****
- I. - Once in Workday, click on the mailbox-looking icon to bring up all pending tasks.
- J. ****4. First-Time Login:****
- K. - If this is your first-time logging into Workday, you will see a “Welcome to Workday” message.
- L. After you have completed these steps, please reach out to the enrollment coaches listed below. Make an appointment to move forward with your registration and advising process.
- M. Make sure to select Vocational Nursing. **DO NOT** select the ADN.AAS bridge program
- N. From each college previously attended, you must request official transcripts to be sent to the Admissions and Records office on the campus to which you have applied. Transcripts must be emailed to registrars@tstc.edu or mail: Attn: Office of the Registrar, 3801 Campus Drive, Waco, TX 76705. Transcripts must be received before your packet will be considered for admission to Vocational Nursing Program.

APPLY FOR FINANCIAL AID

Start the application process to apply for financial aid as soon as possible.

Steps to Applying for Financial Aid at TSTC

1. Register for your FSA ID @ <https://studentaid.gov/h/apply-for-aid/fafsa>

2. Complete your FAFSA (Free Application for Federal Student Aid)
School Code is **(003634)** This will show as Waco, but is correct.

3. Be prepared to provide verification documents to the Financial Aid office

4. Keep in contact with your enrollment coach.

If you have completed all of the steps listed above and haven't received ANY correspondence (email) regarding your financial aid within 3 weeks of doing so, contact your Enrollment Coach via email, in person, phone or mail and inquire about the status of your file.

VN Enrollment coaches:

- | | | |
|----------------------|--------------|--|
| 1. Sergio Canales | 956-364-4990 | sergio.canales@tstc.edu |
| 2. Brian Leal | 956-364-4979 | brian.leal@tstc.edu |
| 3. Isabella Guajardo | 956-364-4439 | isabela.guajardo@tstc.edu |
| 4. Diana Rodriguez | 956-364-4308 | diana.rodriguez@tstc.edu |

TEXAS SUCCESS INITIATIVE (TSIA2) ASSESSMENT 2.0

In the Fall 2013 semester, the Texas Success Initiative (TSI) Assessment established new college readiness standards for incoming students. The TSI Assessment is designed to help determine if students are ready for college-level coursework in the general areas of Reading, Writing and Math. If the student does not meet testing requirements, the assessment will also help with student placement in courses that will aid in the preparation of student skills for college-level classes.

Before enrolling in classes at TSTC, applicants are required to submit one of the following:

- Scores from at least one Texas Success Initiative (TSIA/TSIA2) assessment.
- Evidence of TSIA/TSIA2 completion from another Texas college or university.
- Proof of exemption from the TSIA/TSIA2.

Applicants failing to achieve minimum passing scores on any or all of the TSI Assessment 2.0 (TSIA2) sections may be eligible to enroll in a remediation course or courses. Successful completion of course(s) fulfills the TSI requirement. If you are NOT TSI met by the first-class day, you will be enrolled in a developmental course to complete TSI requirements.

A Pre-Assessment Activity (PAA) must be completed prior to taking the initial TSIA2 the activity can be found and completed online at: <https://www.tstc.edu/admissions/testing/tsi-testing-and-exemptions/>

Once you have completed the Pre-Assessment Activity, you are ready to schedule an appointment to take the TSIA2. For on campus testing, please select a location near you.

For virtual or online testing, please register at <https://www.tstc.edu/admissions/testing/>

Location	Contact	Telephone
Harlingen	Llesmin Gonzales testing@tstc.edu	956-364-4310 956-3644308

The fee for the TSIA2 is \$24 for both sections (Math & ELAR) or \$12 per section. Please note that for virtual or online testing there is an additional proctoring fee of \$25 paid to Examity.

VN PROGRAM ADMISSION TEST:

Assessment Technologies Institute Test of Essential Academic Skills (ATI TEAS[®] version 7)

ATI TEAS Exam (On Campus)

The ATI TEAS measures basic skills in the academic areas of reading, mathematics, science and English and language usage. The time limit for the exam is approximately four hours. The ATI TEAS exam is used as part of the admission process by the LVN programs.

Steps before scheduling your exam

- Sign in at one of our campuses. (**New users will be assessed an annual one- time non-refundable \$7 scheduling fee.**)
 - **Harlingen- [tstc.edu/Testing-Hgn](https://www.tstc.edu/Testing-Hgn)**
- Choose a group: **ATI TEAS (On Campus)**
- Choose an exam: **ATI TEAS Exam OR ATI TEAS Retake**
- Choose a date and time
- Complete the required information
- Click add to cart Complete the credit card fields and click Purchase Exams
- Click Complete Registration (a confirmation email will be sent)

Testing Fees & Requirements

- Bring a current (non-expired) government-issued photo ID
- Bring a credit/debit card to pay the test fee online (\$65) (This is in addition to the \$25 proctoring fee paid online through our scheduling system.)
- Create a profile with ATI before your test date at <https://www.tstc.edu/admissions/testing/> Bring your ATI student login credentials.

Study Resources

- <http://atitesting.com/teas>
- <http://tstc.libguides.com/teas>
- <https://www.mometrix.com/studyguides/teas/>

For additional information, please contact a Testing Center in Harlingen.

Llesmin Gonzalez 956-364-4309 llesmin.gonzalez@tstc.edu

To request testing accommodations, please contact the Access and Learning Accommodations Office at (254) 867-3600 or adarequest@tstc.edu.

ATI TEAS Exam (Virtual)

The ATI TEAS measures basic skills in the academic areas of reading, mathematics, science and English and language usage. The ATI TEAS exam is used as part of the admission process by the LVN programs. Passing scores must be obtained before applying to the LVN program. The time limit for the exam is approximately four hours.

Max is 50 per test session. Call for testing dates in Harlingen.

Steps before scheduling your exam

- Sign in at <https://www.registerblast.com/tstcharlingen/Exam/List> (New users will be assessed an annual one-time non-refundable \$7 scheduling fee.)
- Choose a group: **ATI TEAS (Virtual)**
- Choose an exam: **ATI TEAS Exam (Virtual) OR ATI TEAS Retake (Virtual)**
- Choose a date and time
- Complete the required information
- Click add to cart Complete the credit card fields and click Purchase Exams
- Click Complete Registration (a confirmation email will be sent)
- **You will receive an email 24 hours prior to your appointment. Email will provide payment instructions.**

Testing Fees & Requirements

- Bring a current (non-expired) government-issued photo ID
- A credit/debit card to pay the test fee online (\$65) and Proctorio fee of \$7 plus tax
- Laptop/desktop, internet connection, webcam, microphone, install Google Chrome.

Required ATI TEAS testing scores:

- You must submit passing ATI TEAS scores with your application.
- Applications submitted without a passing ATI TEAS score will not be considered for the Spring 2025 admission.
- There is a 4 times per year limit to take and pass the ATI TEAS test with a 2 week remediation period between attempts.
- ATI scores are valid for one year from Application deadline.
- Minimum passing scores are:
 - Reading 50% or above
 - Math 50% or above
 - Science 40% or above
 - English 50% or above

APPLICANT CPR TRAINING

All applicants will be required to show proof of a current **American Heart Association (AHA)** Basic Life Support (BLS) Cardio Pulmonary Resuscitation (CPR) card that is valid for 2 years. * No other CPR card will be accepted.

LETTERS OF RECOMMENDATION

Submit three (3) letters of recommendation from **non-family members**. Each letter **must be typed and include** contact information and **signature** of the writer.

Contingent Students:

(Students still taking last prerequisites)- Letter from your current Instructor with current standing and grade in your course that you are currently contingent.

Required GPA

G.P.A. of 2.5 is required to be considered for the program

STUDENT INSURANCES

Per the TSTC Student Handbook, the following applies to students accepted into the Nursing Program.

“Health science students should be aware that many of the facilities where they will receive clinical training require each student to be covered by various forms of insurance”.

The required insurance could be Health, Accident, Needle Stick, and Liability insurance, but many facilities do not require all four kinds. However, TSTC does not provide the ability to purchase Health Insurance. TSTC may request proof of coverage prior to enrollment or prior to placement at a clinical site, and clinical site personnel may ask for proof of coverage at any time. Students may be denied access to clinical experience if not covered by the required insurance. Failure of students to obtain required insurance will prevent students from attending some facilities which will probably prevent students from completing the program or cause them to fail the program. Should a student be denied clinical experience due to lack of insurance coverage, TSTC cannot adjust grades or credits or make any other adjustments.

TSTC Vocational Nursing Program Application Criteria Update-

TSTC students who are currently enrolled and completing final prerequisite courses for the LVN program may submit a complete application for consideration of conditional admission into the upcoming cohort. Full acceptance will be determined after official transcripts and course grade requirements have been validated. Grade requirements for A&P I and A&P II require “C” or better. Medical Terminology requires a grade of “B” or better. Application link for the Vocational Nursing programs will be obtained by attending a mandatory information session. All expenses incurred prior to full acceptance may not be eligible for refund.

SELECTION CRITERIA

- Applicant selection involves consideration of packet information, and a point system.

HOW SELECTION IS MADE

Applicants with the highest number of points will be selected for the program.

POINT SYSTEM FOR SELECTION

▲ Point system is based on the following criteria:

Test of Essential Academic Skills / TEAS

Composite Score

▲ Grade Point Average (G.P.A.) will be computed from your college transcript:
(G.P.A. of 2.5 is required to be considered for the program.)

CUMULATIVE GPA CREDIT: Based on all college courses	Possible Points
GPA 3.6 – 4.0	3 pts
GPA 3.0 – 3.5	2 pts
GPA 2.5 – 2.9	1 pt.
Prerequisite Courses	
Three total courses = additional points for your grades (Possible Points 6 -9)	A 3 pts B 2 pts

OTHER CREDIT: Only one of the following items may be added to the points earned in the above categories. Choose the one with the highest points and provide written documentation at the time you apply to the Vocational Nursing Program.

Current Texas certificate as CNA (submit copy of <u>current</u> Texas certificate in packet) or PCT	5 points
OR	
Submit Completed Online Application in the Month of July	3 Points
Submit Completed Online Application in the Month of August	2 Points
Current Surgical Tech or Medical Assistant	3 points
US Military Service	1 point
US Military with Medical training	2 points

**TOTAL MAXIMUM ADDITIONAL POINTS POSSIBLE = 20 +
 Composite Score from TEAS**

Total Points = Selection Score

STATEMENT OF EQUAL OPPORTUNITY

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by Texas State Technical College on the basis of race, color, national origin, religion, sex, age, Veteran status or disability

NOTIFICATION OF SELECTED APPLICANTS

- A. Selected applicants and alternates will be sent an email notification of their acceptance and asked to return the letter of intent written acceptance or non-acceptance of the position by a specified date via email.
- B. **If the Letter of Intent is not returned to the Department Secretary, on or before the specified due date, the applicant's name will be removed from the list and the applicant will have to re-apply to be considered in the next application process.**
- C. The qualified applicants who were not selected will be placed on an alternate list if they accept their place on the alternate list.

In the event of cancellations, eligible applicants will be moved up the list and these candidates will be notified.

Applicants who are not selected and those who decline a position must re- apply to be considered in the next selection process.

- D. Students who are selected for the Vocational Nursing Program will be required to attend two mandatory orientation sessions prior to the beginning of the program. (Alternates must attend mandatory orientation.)

****Failure to attend and arrive in a timely manner will result in forfeiture of space in the program****

- E. The selections procedure is subject to change to enhance the quality of the Vocational Nursing Program. TSTC-HARLINGEN Vocational Nursing Program has received approval of the Texas Higher Education Coordinating Board and approval from the Texas Board of Nursing.

DRUG SCREENS AND CRIMINAL BACKGROUND CHECKS

Drug Screens

Applicants accepted into the Vocational Nursing program at TSTC will be required to complete a random drug screen by a specified date to be announced at a later time. The date of the drug screen will be during the first 7 weeks of the first semester.

Screens must be completed when notification is given the day the student is to report to the testing center. Results are stored in a secure file. Students will have access to their own drug screen results.

The TSTC VN faculty will have access to all students' results to serve as evidence for Texas Board of Nursing (BON) and clinical affiliate compliance. Applicants will be responsible for any and all charges incurred for the drug screen including travel expenses to the testing site. Failure complete the drug screen within the time frame given will result in dismissal from the VN program.

Note: Drug screen results may be released to an official representative of a clinical agency, under contract with TSTC, if formally requested. If an applicant has concerns regarding this practice, please contact the VN Program Director or academic advisor.

Criminal Background Checks

TSTC Vocational Nursing program requires evidence of a clear criminal background investigation due to the BON requirement of a clear criminal background prior to authorizing graduates to take the NCLEX-PN. The Texas Board of Nursing conducts a criminal background check (CBC) with the Texas Department of Public Safety (TDPS) and the Federal Bureau of Investigation (FBI). Identogo is the online provider of this service. Applicants are required to submit fingerprints through Identogo. The applicant is responsible for the cost of the background investigation.

TSTC Vocational Nursing program students' program may be required to complete a comprehensive set of background checks beyond the standard criminal record check conducted by the Texas Board of Nurses. Each clinical facility that partners with the program can request additional background investigations to ensure the suitability and eligibility of students for clinical placements at their sites. These supplementary checks can include a sex offender registry search, a review of the Office of Inspector General's list for the U.S. Department of Health and Human Services, an examination of the General Services Administration's list of parties excluded from federal programs, as well as a screening of the U.S. Treasury's Office of Foreign Assets Control list of specially designated nationals. The purpose of these wide-ranging background verifications is to thoroughly vet each student and confirm they have no concerning offenses or affiliations that could jeopardize patient safety or violate facility policies. If any issues are uncovered through this extensive background check process that prevent a student from being cleared to attend clinical rotations at a particular site, unfortunately you may be dismissed from the nursing program, as the inability to meet all clinical objectives is grounds for dismissal. This multi-faceted background check requirement is an essential safeguard to uphold the high standards of the nursing profession and protect vulnerable patients under the program's care.

After the application deadline, the Program Director will submit a roster of all applicants to the BON. The roster includes date of birth, social security number and email address. A correct email address on the enclosed application is **CRITICAL** to receive correspondence from the BON and Identogo. DO NOT provide an email address assigned by your high school (this will have .isd in the email address). Information and instructions on completing the CBC process will be reviewed during the first mandatory orientation. Additional information will be

provided via email from Identogo to all applicants that submit a complete application packet and accepted into the program. This process may take a few weeks. If you have not heard from Identogo with instructions to get the process started there is an additional form that will be given to you in your orientation packet, follow those instructions. Please reach out to the Vocational Nursing program Teal Lead via email at hmsauceda@tstc.edu if you have questions or did not receive any emails from Identogo. Do not begin this process until directed to do so by the Board of Nursing.

Criminal Background Checks for Applicants with a Criminal History

Applicants with a criminal history are encouraged to access the Texas Board of Nursing web site for information on filing a *Petition for Declaratory Order* (DO). The Texas Board of Nursing website is www.bon.state.tx.gov. Click on “Applications and Forms” on the right side of the screen; scroll down and click on “Initial Licensure & Recognition Forms”; scroll down and click on “Petition for Declaratory Order”. Any costs associated with a DO are the sole responsibility of the applicant.

A partial list of offenses and situations that require a DO is noted on the *Statement of Student Responsibility*, of this application packet. A complete list is available on the BON web site. This process can be started before submitting an application packet. Follow the instructions carefully as you prepare for the background check. If needed, the TSTC VN program code is: **US27106100**.

One or more of the clinical sites utilized by the TSTC Nursing Department may require an additional drug screening and/or criminal background check. These are in addition to the application requirements. A separate processing fee at the expense of the student is required. FYI: Any clinical facility may reject a student due to a criminal issue whether it is cleared or not.

Licensure Eligibility per Texas Board of Nursing:

https://www.bon.texas.gov/licensure_eligibility.asp.html

The Board of Nursing looks at responses to questions relating to criminal conduct to determine eligibility for renewal. To check your eligibility for renewing your license, please review the following:

To check your eligibility for renewing your license, please review the following questions:

1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?
2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?
3. Have you, in the last 5 years*, been addicted to and/or treated for the use of alcohol or any other drug?
4. For any criminal offense*, including those pending appeal, have you:

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application.)

been arrested and have a pending criminal charge?

been convicted of a misdemeanor?

been convicted of a felony?

pled nolo contendere, no contest, or guilty?

received deferred adjudication?

been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?

been sentenced to serve jail, prison time, or court-ordered confinement?

been granted pre-trial diversion?

been cited or charged with any violation of the law?

been subject of a court-martial; Article 15 violation; or received any form of military

judgment/punishment/action?

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, 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. 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. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to 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.

5. Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

6. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?

7. *Are you currently the target or subject of a grand jury or governmental agency investigation?

8. *Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

NOTE: Any positive response will remain confidential and not subject to public disclosure unless required by law.

9. Have you ever been granted the authority to practice nursing in any country, state, province, or territory?

NOTE: This does not apply to any nursing license(s) issued by another US state or territory, excluding Puerto Rico. If you were licensed in Puerto Rico, you should be answering yes.

*Pursuant to the Texas 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 ANSWER "YES" TO ANY OF THE ABOVE, YOU WILL NEED TO GO TO THE TEXAS BOARD OF NURSING WEBSITE FOR MORE INFORMATION ON FILING A PETITION FOR A DECLARATORY ORDER.

Please sign and include in your application packet.

Student Printed name: _____

Student Signature: _____

Date: _____

Clinical Vaccination Requirements-

According to the Texas Department of State Health Services and Texas Administrative Code (TAC) 97.62 immunization exclusions are allowable on an individual basis for medical contraindications, active duty with the armed forces of the United States, and reasons of conscience, including religious belief.

Additional information and compliance instructions can be found at <https://www.dshs.texas.gov/immunize/> under *School Requirements*

Our students may be impacted by clinical Covid requirements. Each entity will apply allowed exemptions to this requirement as they see fit. Additionally, sites may choose to mandate vaccinations in an effort to maintain continuity in Health Care and protect patients and caregivers.

Exemptions will not be determined by TSTC, each clinical site will establish their policy and expectation as relates to exemptions as well as approval or denial of waivers. TSTC will ensure the process is followed and documented in the students record.

TSTC will meet the requirement of ensuring all students at attendance at clinical meet the requirements to attend clinical as determined by each site in compliance with their entities internal policies and CMS as it applies.

TSTC as an entity does not fall under the requirement of CMS and will only work to ensure students enrolled in programs with off campus clinical requirements for experiential learning are compliant with all expectations. If a program does not have an alternative option for completion of clinical requirements and experiential learning the student will not be eligible for acceptance into the program.

Additionally, in order to successfully meet job requirements of clinical, employees must meet the same expectations required by the program's clinical sites.

Please sign and include in your application packet.

Student Printed name: _____

Student Signature: _____

Date: _____

Name: _____ TSTC ID#: _____

Program: _____ Date of Birth: _____

Include this form and signed immunization records in the application packet

Vaccines administered after September 2, 1991 shall include the MM/DD/YY each vaccine was given.

Measles (Rubeola), Mumps, Rubella: ALL students must show proof of either:	
A. Two doses of MMR vaccine on or after their first birthday and at least 30 days apart OR Copy of signed records required	Date #1 _____ (mm/dd/yy) Date#2_ _____ (mm/dd/yy)
B. Serologic test positive for measles, mumps, and rubella antibodies	Date: _____ (mm/dd/yy)
Hepatitis B: ALL students must show proof of either:	
A. Three doses of vaccine prior to the start of class. Copy of signed records required	Date #1 _____ (mm/dd/yy) Date#2_ _____ (mm/dd/yy) Date#3 _____ (mm/dd/yy)
B. Serologic test positive for Hepatitis B antibody Copy of signed test results required	Date: _____ (mm/dd/yy) Result: _____
Hepatitis A (optional)	
A. Two doses of vaccine (administered 6 months apart) OR Copy of signed records required	Date #1 _____ (mm/dd/yy) Date#2_ _____ (mm/dd/yy)
B. Serologic test positive for Hepatitis A Antibody Copy of signed test results required	Date: __ _____ (mm/dd/yy) Result: _
Varicella: ALL students must show proof of either:	
A. Two doses of Varicella vaccine administered 4 weeks apart	Date #1 _____ (mm/dd/yy)

<p>*Only one dose of Varicella vaccine is needed if the student received first dose before the age of thirteen (13). OR Copy of signed record(s) required</p>	<p>Date #2 _____ (mm/dd/yy)</p>
<p>B. Serological test positive for Varicella antibody OR Copy of signed test results required</p>	<p>Date: _____ (mm/dd/yy) Result: _____</p>
<p>C. Physician documented history or diagnosis of Varicella</p>	<p>Date Disease Occurred _____ _____ (mm/dd/yy)</p>
<p>Tetanus, Diphtheria and Acellular Pertussis (Tdap):</p>	
<p>One dose Tdap Copy of signed record required</p>	<p>Date: _____ (mm/dd/yy)</p>
<p>Tetanus (Td) One dose within the past 10 years at the time of application</p>	<p>Date: _____ (mm/dd/yy)</p>
<p>Meningococcal vaccine</p>	
<p>One dose MCV4 *For ages 22 and under as of the first class day Copy of signed record required</p>	<p>Date: _____ (mm/dd/yy)</p>
<p>TB test An annual tuberculin or purified protein derivative (PPD) skin test or bi-annual chest x-ray verifying negative results are required.</p>	<p>Date: _____ (mm/dd/yy)</p>
<p>Flu Shot - must be current year dose available After Sept. 1</p>	

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC).

Section §97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's/student’s positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write a statement to record cases of chickenpox that they see. The school will make and keep copies of any reports proving chickenpox illness or the results of any serologic tests given as proof of immunity. The original should be given back to the parent or guardian. If a parent or guardian cannot give the history of disease, or if serologic proof is not available, the varicella vaccine requirement must be met.

Proof of having had chickenpox disease can be proved by:

1. Serologic blood confirmation of varicella immunity.
2. A written report from a doctor, school nurse, or the parent or guardian of the child or student using words like:

This is to prove that _____ had chickenpox
on or

(Name of Student)

about _____ and does not need a Varicella vaccine.
(month / day / year)

(Signature)

(Relationship to student)

(Date)

Visit our website at: www.immunizetexas.com

Texas Department of State Health Services Immunization Unit
Stock No. C-9 Revised 11/2016

Documentación del historial de enfermedad: Varicela (Chickenpox)

Este formulario resume las “Excepciones al Requisito de Inmunización (Verificación de inmunidad/Historial de la enfermedad)” incorporadas en el Título 25, Servicios de Salud, Sección §97.65 del Código Administrativo de Texas (TAC).

La Sección §97.65 del TAC estipula: “Una declaración firmada de uno de los padres (o tutor legal, o padre con la custodia principal), o la enfermera de la escuela o un médico, la cual dé fe de que el niño o estudiante tiene un historial positivo de enfermedad de la varicela (*chickenpox*), o tiene inmunidad a la varicela, es aceptable en lugar de un registro de la vacuna contra esta enfermedad (vea el formulario en <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>.” Las enfermeras de la escuela también pueden hacer una declaración por escrito para registrar los casos de varicela que vean. La escuela hará y guardará copias de cualquier informe que demuestre que se ha tenido la enfermedad de la varicela o de los resultados de cualquier análisis serológico que se hayan entregado como prueba de inmunidad. El original debe regresarse al padre o tutor. Si el padre o tutor no pueden proporcionar el historial de enfermedad, o no cuentan con evidencia serológica disponible, el requisito de vacunación contra la varicela debe cumplirse.

Se puede probar que se ha tenido la enfermedad de la varicela mediante:

1. Confirmación serológica sanguínea de inmunidad a la varicela.
2. Un informe por escrito de un médico, enfermera de la escuela, o uno de los padres o tutor del niño o estudiante, que diga algo como lo siguiente:

Por este medio demuestro que _____ tuvo varicela en esta

(Nombre del estudiante)

Fecha o en una fecha aproximada _____ y
necesita la _____
vacuna contra la varicela.”
(mes / día / año)

(Firma)

(Relación con el estudiante)

(Fecha)

Visite nuestro sitio web en: www.immunizetexas.com

Texas Department of State Health Services Immunization Unit
Stock No. C-9 Revised 11/2016

Non-Progression Policy:

The Vocational Nursing program is a progressive learning program with each class built on knowledge from previous classes; therefore, it is necessary for the student to pass each class before moving on to the next level. In order to progress in the vocational nursing program, a student must make an average of **79.5** percent or higher in each nursing course with the exception of A&P I and II where a grade of 70 or higher is acceptable. HPRS 1206 requires a grade of B or higher. To be accepted into the Vocational Nursing program, you must attain a B or higher in HPRS 1206/HPRS 2302 and a C or higher in A&P I and II. These three courses must have been taken within 5 years of the start of the program.

Should a student fail a course, they will be required to repeat the program in full. The student will be required to purchase the current textbook(s) and resources needed to repeat the program if new textbooks and resources have been adopted. Exceptions may apply due to SB 412.

Student Printed Name: _____

Student Signature: _____

Date: _____

EXPECTATIONS OF STUDENTS

Following is an abbreviated list of the expectations of vocational nursing students throughout the program; please read, sign and include in the application packet.

Classroom Behavior:

- Nursing students are adults and are expected to display mature behavior that is focused on learning during class or lab time.
- Students are expected to exhibit honesty in all areas.
- Students are expected to display respect for the college, faculty, staff, and peers at all times.
- Students will prepare for class/lab appropriately and submit assignments in the manner and time frame indicated by the faculty.
 - Students will not:
 - Have ANY electronic devices on your person on or off at any time during class or clinical
 - Use profanity or sexually oriented language during class
 - Display rude or disturbing facial or hand gestures during class (I.E., eye rolling, sighing, giggling, head-slapping, etc.) that can be interpreted as insulting or disturbing to peers or faculty
 - Work on course assignments, especially for another course, during class

Attendance Policies:

- Students are expected to attend all scheduled classes, online course content, on campus class and lab time and clinical rotations.
 - Students missing more than four (4) days in a semester (2 didactic and 2 clinical courses) will meet with the VN Program Team Lead and may be dismissed from the program.
- Students are expected to complete all online assignments. Time spent in each assignment can be recorded by the faculty.
 - Failing to complete assignments or not logging in with adequate time when completing online assignments will meet with the VN Program Team Lead and may be dismissed from the program.

Substance Abuse (Drugs or Alcohol)

- Students are expected to refrain from using drugs or alcohol at any time while in the vocational nursing program.
 - Random drug testing at the student's expense can be initiated by the faculty if the student is suspected to be using during the twelve (12) months of vocational nursing school.

EXPECTATIONS OF STUDENTS (Continued)

Social Media

Students are expected to use common sense and discretion when using social media during their time in vocational nursing school.

- Display respect for TSTC, clinical facilities, faculty, staff, peers
- Do not post using foul, obscene, lewd, racist, abusive, threatening, hateful, unlawful material in language or images.
- Do not disclose proprietary or confidential information about TSTC, faculty, staff, or other students.
- Do not take pictures of any type while in a clinical facility.
- Do not violate HIPAA

Offenses of this nature will result in meeting with the VN Program Team Lead and or Director and may result in dismissal from the program.

By my signature below, I attest to the fact that I have read and understand the basic expectations of the TSTC Vocational Nursing Program.

This signed and dated document, Expectations of Students, must be included in the application packet.

Student Printed Name

Signature of Applicant

Date

Statement of Student Responsibility

(Read and initial all items as applicable and sign below)

1. _____ I acknowledge that the information in this packet contains policies, regulations and procedures in existence at the time this publication went to press. I also acknowledge that TSTC reserves the right to make changes at any time to reflect current Texas Board of Nursing policies, administrative regulations and procedures, and applicable state and federal regulation.
2. _____ I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student or faculty member and Texas State Technical College.
3. _____ Submitting an application for the Vocational Nursing Program, I agree to abide by the admission requirements of the nursing program.
4. _____ I accept full responsibility for submitting a complete application packet prior to or by the designated application filing deadline and I understand that I cannot be accepted into the program until I have completed all admission requirements.
5. _____ I understand and agree to complete a criminal background checks and mandatory drug screening prior to the designated deadlines. Failure to do so or a positive find on my criminal background check or drug screen will result in forfeiture of acceptance, admission and/or continuance in the Vocational Nursing program.
6. _____ I understand that withholding or giving false information on this application will make me ineligible for admission to or continuation in the TSTC-Harlingen nursing program.
7. _____ I understand that I must receive a Letter of Acceptance from the Department of Nursing before being registered for nursing courses.
8. _____ If accepted to the program, I agree to abide by the rules and regulations for the program as outlined in the TSTC-HARLINGEN Vocational Nursing student handbook.
9. _____ I understand: Students who are selected for the Vocational Nursing Program will be required to attend two mandatory orientation sessions prior to the beginning of the program. (Alternates must attend mandatory orientation.)Dates on acceptance letter.
17. _____ I understand that students are required to have Health Insurance, Medical Insurance, Accident Insurance, Needle stick Insurance and Malpractice insurance and immunizations and Physical form up to date and valid throughout the entire program. Students will have accident, needlestick and liability added to your account each semester at the TSTC cashiers with the exception of the Medical Insurance and bring proof prior to the first day of class each semester.
19. _____ I acknowledge that I have read and understand the *TITLE 22; PART 11; CHAPTER 217, RULE §217.12* pertaining to Unprofessional conduct.
[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=133132&p_tloc=&p_ploc=1&pg=2&p_tac=&ti=22&pt=11&ch=217&rl=11](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=133132&p_tloc=&p_ploc=1&pg=2&p_tac=&ti=22&pt=11&ch=217&rl=11)
20. _____ I acknowledge that I have read and understand the *PART I; CHAPTER 97, SUBCHAPTER B; RULE §97.64 and 97.65* pertaining to required Immunizations.
[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl=64](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl=64)
21. _____ I acknowledge that I have read and understand the provisions of TSI and ATITEAS® version 7 testing.
22. _____ I am responsible for notifying the appropriate department/personnel of changes in my current contact information.
23. _____ I consent to TSTC releasing my confidential health information that includes any and all of the following requested from our agencies and facilities TSTC has affiliation agreements with. All Immunizations and dates received, BLS certification and expiration dates, Drug screen results, Facility requested background checks, Criminal background check results graduation dates. By checking the box you understand and consent to TSTC releasing this information to all agencies that request this information. If you do not consent to this information being released please email me at hmsauceda@tstc.edu.

24. ____ I understand and agree that I will have all required immunizations and submit proof of immunizations obtained. You may submit a copy of your immunization card that is legible. Or you may also use the form that is attached. Print out and have your medical provider fill out, sign and attach to the application upon submission. All immunizations must be current and complete prior to the first day of clinical.

According to the Texas Department of State Health Services and Texas Administrative Code (TAC) 97.62 immunization exclusions are allowable on an individual basis for medical contraindications, active duty with the armed forces of the United States, and reasons of conscience, including religious belief.

Additional information and compliance instructions can be found at <https://www.dshs.texas.gov/immunize/> under *School Requirements*

(Printed name)

(Date)

(Signature)

Statement of Understanding

In accordance with the Texas Department of Health, Rule 97.63, section 2, all nursing applicants “shall show acceptable evidence of vaccination prior to entry, attendance, or transfer....to an institution of higher education.

I, _____ understand that as an applicant for the nursing program at Texas State Technical College Harlingen, I must have and show proof of, in addition to the childhood vaccinations, Varicella, MMR, COVID 19, Tetanus, Hepatitis B series, TB skin test (PPD), Healthcare Provider CPR, by or on the date of the first clinical day of the semester.

If selected for admission to this program I will at all times conduct myself in accordance with the rules and regulations of the College, Program and its clinical affiliates. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I certify that I can perform the essential eligibility requirements for participation in clinical nursing with or without reasonable modifications to rules, policies, or practices, the removal architectural, communication, or transportation barriers, or the provision of auxiliary aids and services as described in the information packet. I understand that I am responsible for providing my own transportation to clinical sites to fulfill graduation requirements. I hereby grant permission to TSTC-HARLINGEN to verify any and all information submitted/stated.

I understand that my acceptance to any nursing program is only conditional, until such time as I have cleared a criminal background/security clearance screening with the TEXAS Board of Nursing.

Student Printed Name: _____

Student Signature: _____

Date: _____

Essential Function Standards: Physical Capacity Requirements

I understand that as a Vocational Nursing student in the VN Program, I may be required to work under the following conditions/circumstances and I must possess the following abilities:

Have a High school diploma or GED

Ability to communicate verbally via telephone

Ability to lift and carry up to 50 lbs

Ability to interpret written and oral forms of instructions

Ability to use good judgment and remain calm in high stress situations

Ability to work effectively throughout an entire work shift

Ability to read small print

Ability to read and understand English language manuals

Ability to interview/communicate with patients and family members

Ability to document legibly relevant information

Ability to converse in English with co-workers and hospital staff

Demonstrate good manual dexterity sufficient to perform all tasks as related to highest quality patient care

Ability to bend, stoop and crawl in confined spaces

Ability to tolerate being on your feet for 8 – 12 hours a day

Ability to work in low light, confined spaces and other dangerous environments

Ability to pass a physical examination administered by a physician or nurse practitioner upon request from the Clinical facilities and or program Director. All Physicals are valid for one year.

Provide record of current up to date immunization records before acceptance into the program.

Successful completion of the American Heart Association Healthcare Provider CPR upon acceptance into the program and status must remain valid throughout the entire year. .

Provide record of current accident, needle stick and liability insurance upon acceptance into the program and present proof every semester on the first day of class. .

I understand that the above physical standards are required for admission to these programs. I hereby certify that I possess these physical abilities. I understand that if I am later found to be limited in these areas of physical ability or if I have purposefully misrepresented my abilities to gain admission to a program, I may be dismissed from that program by decision of the Program Chair.

Prospective Student Signature

Date

Program Team Lead

Date



Vocational Nursing Program Application

Complete in **black ink only**.

Write legibly. Please make sure all fields are complete

TSTC VN Program not responsible for misinformation submitted to the Texas Board of Nursing due to illegible handwriting

Check the campus of which application is being made: Harlingen

*See TSTC website for curriculum break down: https://www.tstc.edu/curriculum-program/?plan_number=65de7b737d5be785d4a256d8&post=42878

Name: _____
First Middle Last Maiden

Mailing

Address: _____
Number & Street or PO Box City State Zip

Physical Address (if different from above): _____

Texas County of Residence: _____ Country of Citizenship: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: (**Must be current**) _____

(Do not use a high school (isd) email address)

In case of emergency notify: _____
Name Relationship

Address: _____

Phone: _____

Education

Did you graduate from high school or have a GED: _____ High School _____ GED

Name of high school: _____

Year graduated or received GED: _____

Have you previously attended a technical school, college, or university: _____ Yes _____ No

Have you ever attended a nursing program? _____ Yes _____ No

If you answered “Yes” to the above question(s), list all schools of higher learning that you have attended:

Name of Institution	City	Dates To/From	Degree
1. _____			
2. _____			
3. _____			
4. _____			

Professional Licenses or Certifications

1) Type of License or Certificate: _____

Date Received: _____ Expiration Date: _____

Issued by: _____

License/Certificate Number: _____

2) Type of License or Certificate: _____

Date Received: _____ Expiration Date: _____

Issued by: _____

License/Certificate Number: _____

Employment Experience

Begin with most recent:

1.) Name of Company: _____

Complete Address: _____

Phone number: _____ Dates Employed: From _____ To _____

Nature of Job Duties: _____

Supervisor's Name: _____

Reason for Leaving: _____

2.) Name of Company: _____

Complete Address: _____

Phone number: _____ Dates Employed: From _____ To _____

Nature of Job Duties: _____

Supervisor's Name: _____

Reason for Leaving: _____

3.) Name of Company: _____

Complete Address: _____

Phone number: _____ Dates Employed: From _____ To _____

Nature of Job Duties: _____

Supervisor's Name: _____

Reason for Leaving: _____

4.) Name of Company: _____

Complete Address: _____

Phone number: _____ Dates Employed: From _____ To _____

Nature of Job Duties: _____

Supervisor's Name: _____

Reason for Leaving: _____

Follow Up Information

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

1.) Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

2.) Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Please Read and Sign the Following Information

Have you ever been convicted or received deferred adjudication for a felony/misdemeanor?
_____yes / _____no

(Any person convicted of a misdemeanor or a felony must report charges and disposition to certification or licensing agency in order to determine eligibility for certification or licensure.)

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 dismissal from the program**. Please sign and include in the application packet.

Applicant Signature: _____

Applicant Printed Name: _____

Date of Signature: _____

Texas State Technical College (TSTC) is an affirmative action/equal opportunity employer. Applicants are considered on the basis of qualifications without regard to gender, age, race, color, creed, religion, national or ethnic origin, veteran status or the presence of a non-job-related disability or any other legally protected status.

This checklist is provided to assist you in ensuring your packet is complete prior to submission. Please include a copy in your packet.

BEFORE COMPLETING THE VN APPLICATION PACKET	
Task	Done
1. Complete online application to TSTC (select VN program) at www.tstc.edu	
2. Apply for Financial Aid as outlined in this application packet. (Page 2)	
3. Request official transcripts from each high school and/or college previously attended (Page 2)	
4. Discuss Texas Success Initiative (TSI) status with an Enrollment Coach (Pages 3-4)	
5. Complete or in the final semester for all required Prerequisites: A&P I BIOL 2301,2102 & II BIOL 2302 & 2101 Lecture and Lab, HPRS 1206 Medical Terminology	
5. Schedule the ATI TEAS® version 7 test with the testing department (Page 4-6)	
ASSEMBLING A COMPLETE ONLINE APPLICATION PACKET	
The following documents are <i>required</i> in a complete your <i>Online Vocational</i> Nursing Program Application packet	
DOCUMENT	Done
1. Copy of passing scores on all 4 sections on at least one (1) attempt of the ATI TEAS® version 7 (scores only good for a year from the application deadline)	
2. Signed Complete ONLINE Vocational <i>Nursing Program Application</i>	
3. Completed <i>Immunizations and Tests</i> form uploaded to online application	
4. Signed immunization records for <i>Immunizations and Test</i> or copy of Immunization records	
5. Signed <i>Expectations of Students</i>	
6. Initialed and signed <i>Statement of Student Responsibility</i>	
7. Signed Statement of Understanding	
8. Signed letters of recommendation with contact information from three (3) non-family members uploaded to online application	
9. Copy of Texas driver's license or Texas issued identification card (proof of residency) uploaded	
10. Copy of social security card	
11. Copy of all previous college transcripts	
12. Letter from your current Instructor with current standing and grade in your course that you are currently contingent.	
OPTIONAL DOCUMENTS	
1. Signed healthcare employer statement on official facility letterhead	
2. Copy of current certifications and/or licenses if applicant is a healthcare provider	
DOCUMENTS REQUIRED <i>AFTER</i> DEADLINE AND <i>BEFORE</i> FIRST CLASS DAY	
1. Copy of compliance with the Texas Success Initiative (TSI met)	
2. Copy of front and back of American Heart Association Basic Life Support (BLS) CPR card	
3. Copy of results of the Criminal Background Check from the Texas Board of Nursing	
4. All documents pending from Orientation #1.	

Please keep a copy of the application packet and all documents submitted to the Nursing Department.

LVN Degree Plan 2024

Rubric	Num	Course Title	CIP	Lec	Lab	Ext	Cont	SCH
Semester 1 Pre-Reqs								
BIOL	2401	Anatomy & Physiology I (lecture + lab)	26.0707	3	3	0	96	4
BIOL	2301	or Anatomy & Physiology I (lecture)	26.0707	3	0	0	48	
BIOL	2101	and Anatomy & Physiology I (lab)	26.0707	0	3	0	48	
BIOL	2402	Anatomy & Physiology II (lecture + lab)	26.0707	3	3	0	96	4
BIOL	2302	or Anatomy & Physiology II (lecture)	26.0707	3	0	0	48	
BIOL	2102	and Anatomy & Physiology II (lab)	26.0707	0	3	0	48	
HPRS	2302	Medical Terminology for Allied Health	51	3	0	0	48	3
Semester Totals				9	6	0	240	11

Semester 2

VNSG	1261	Clinical - Licensed Practical/Vocational Nurse Tr	51.3901	0	0	12	192	2
VNSG	1304	Foundations of Nursing	51.3901	3	0	0	48	3
VNSG	1331	Pharmacology	51.3901	3	0	0	48	3
VNSG	1402	Applied Nursing Skills I	51.3901	3	3	0	96	4
VNSG	1327	Essentials of Medication Administration	51.3901	3	0	0	48	3
Semester Totals				12	3	12	432	15

Semester 3

VNSG	1230	Maternal-Neonatal Nursing	51.3901	2	0	0	32	2
VNSG	1329	Medical-Surgical Nursing I	51.3901	3	0	0	48	3
VNSG	1462	Clinical - Licensed Practical/Vocational Nurse Tr	51.3901	0	0	12	192	4
VNSG	2413	Applied Nursing Skills II	51.3901	3	4	0	112	4
Semester Totals				8	4	12	384	13

Semester 4

VNSG	1119	Leadership and Professional Development	51.3901	1	0	0	16	1
VNSG	1334	Pediatrics	51.3901	3	0	0	48	3
VNSG	1432	Medical-Surgical Nursing II	51.3901	3	2	0	80	4
VNSG	2463	Clinical - Licensed Practical/Vocational Nurse Tr	51.3901	0	0	12	192	4
Semester Totals				7	2	12	336	12

Program Totals **36 15 36 1392 51**

Capstone Course(s): VNSG 2463 Clinical