



LVN-RN TRANSITION PROGRAM APPLICATION PACKET

Date

LVN-RN Application Checklist
TSTC Harlingen Campus 1902 North Loop 499 Building "SS"
Harlingen, TX 78550
956-364-4690

PAY ATTENTION TO EACH INSTRUCTION. Incomplete requirement packets will not be accepted! Email application packet to Tanya Villarreal at tvillarreal@tstc.edu. On the subject line: LVN-RN Transition Program Application Packet.

Please list the following in the email: Name, Id#, Phone number, Application pages, Transcripts (number of transcripts submitted), letters of recommendation (number of letters submitted).

- 1. **Application:** Signed by applicant in all 5 places: 1) Application (Page 4), 2) Texas Board of Nursing Eligibility (Page 5) 3) Comment Sheet,(Page 6) 4) Statement of Understanding Regarding Health Requirements (Page 7) 5) Statement of Understanding Regarding
- 2. **Photo:** size (2x2) color picture of student must be attached (tape- no staples) to the application.
- 3. **Identification Documents:** All Names on identification must match!
 - Copy of Driver's License or State issued ID (non-expired);
 - Copy of Social Security Card;
 - Copy of CPR Card from American Heart Association-BLS for the Healthcare Provider only
- 4. **Physical Form:** Must be on the TSTC LVN-RN PROGRAM FORM only and have physician/licensed healthcare provider sign the form, INCLUSIVE OF Immunization Records.

Immunization Records: Must include all dates when required immunizations were completed and/or titers were drawn (for MMR, Hep B and Varicella, if necessary). A copy of the immunization record for each required immunization should be included in the application packet. Failure to show verification of a required immunization, will deem the application **INCOMPLETE**. **The only vaccine that will be excused (if not received prior) is the flu vaccine. ** Those students who are accepted will be required to obtain the vaccine prior to their first clinical experience. Flu season begins in September and we are understanding of this. The inability to show proof of a flu-vaccine **WILL NOT** jeopardize your ability to apply to this coming semester. **Immunization Records MUST be signed by your Health Care Provider.**
- 5. **Entrance Test Results:** HESI LVN to RN Exam-- Must register 956-364-4310 by testing deadline (when test dates are opened). Test may only be taken one time; the total score acceptable on this test is 850. Your Printed Test Results must accompany this application. Deadline for testing is prior to application. If you take the test more than once, be sure to include the test with the highest score that you want to be reviewed.
- 6. **Transcripts:** Official copies of both Licensed Vocational Nursing Program and Prerequisite courses are required. If any courses are being transferred from another college/university, the TSTC Admissions Dept. must certify the courses as meeting the LVN-RN transition program requirements by completing appropriate "SUBSTITUTION" forms. Any courses not exact in course number or title must be approved by the department chair of that discipline. Nursing will only approve nursing courses for substitution; math department only approves math courses, etc. All substitutions must be cleared by Admissions Department **BEFORE** you apply to the program. All Transferred courses must have letter grades on transcripts to receive points.

*Overall GPA will be averaged out from required prerequisites. Per TSTC, there is no cumulative GPA provided for transfer courses, only active TSTC GPA will be provided. If a course is in progress, it is the responsibility of the applicant to have a new official transcript and must be completed prior to FIRST DAY OF CLASS.

- 7. Three (3) letters of recommendation from non-family members. (Email reference letters will not be accepted. These should be professional in nature). If you have been employed in a nursing field, an additional employment verification letter indicating employment status, length of employment, and type of clinical experience. (Total of 4)

PLEASE TURN IN THE PACKET TO THE ADMINISTRATIVE ASSISTANT OR DEPARTMENT CHAIR BY SIGNING YOUR NAME/ DATE AND TIME TO BE ASSURED THE PACKET WAS RECEIVED BY DEADLINE. APPLICATIONS MUST BE SUBMITTED BY THE APPLICANT ONLY.

****NO FAXES or EMAILED PACKETS ACCEPTED****

Tape color
PHOTO
Here



Last Name

First

Middle

Street and Number

City

State

ZIP CODE

Student ID #

Cell Phone/ Contact #s

TSTC Email

Educational Preparation	Location of School(City/State)	Dates of Attendance From/ To	Diploma/Degree or certificate or completed courses
Name of High School*			
Nursing School			
College/Technical or Other: Military (Use back of form if necessary)			
EMT/ORT Certification (proof of completion) Must be current			Date
LVN license is REQUIRED	Number:	Date first issued	Expiration

Have you ever attended an **RN** nursing program before? () Yes () No If Yes, please give name/location and dates of program:

_____ Dates: _____ to _____

Is there anything in your background that would make you ineligible to sit for the NCLEX –RN exam? () Yes () No () Not Sure (You must provide documentation). A *criminal background check and drug screen is required PRIOR to starting the program and a Clearance from the Texas Board of Nursing is required prior to starting clinicals.*

Three Personal References **ARE REQUIRED**: Include full name and contact numbers. **Reference letters are required.**

	Ph.#
	Ph.#
	Ph.#
If you have been employed in a nursing field, an employment verification and Reference letter indicating employment status, length of employment, and type of clinical experience. (This is in addition to the three personal references listed).	
	Ph.#

“My signature below affirms the information I have provided on this application is accurate and true to the best of my knowledge and I further affirm that I have read the Texas Board of Nursing Licensure Eligibility Requirements, Work limitation (12 hours/week) and “Statement of Understanding” listing the essential physical requirements. I affirm that I am able to meet the licensure, employment restrictions and physical requirements of the program as listed in this packet without reservation.”

Applicant Signature _____ **Date** _____

TEXAS BOARD OF NURSING LICENSURE ELIGIBILITY REQUIREMENTS

Criminal background information is available on the BON website www.bon.texas.gov.

All applicants will be sent for criminal background clearance.

1) No Yes

Have you, for any criminal offense, including pending appeal:

- A. Been convicted of a misdemeanor?
(You may only exclude Class C misdemeanor traffic violations only)
- 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 violations; or received any form of military judgment/punishment?

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, will at a minimum, subject your license to a disciplinary fine. Nondisclosure of relevant offenses raises questions related to truthfulness and character.

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 other sections of the Gov't Code chapter 411, the Texas Board of Nursing 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.

*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.

2) No Yes

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

3) No Yes

Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, and placed on probation, refused to renew a nursing 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 licensure or renewal application.)

4) No Yes

*In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other 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 regime and have had no further hospitalization since disclosure.)

5) No Yes

In the past 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)

NOTE: IF YOU ANSWERED "YES" TO #1-5 please refer to department chair for guidance:

Failure to Disclose is grounds for immediate dismissal.

"I attest that I understand & meet all the requirements to practice for the type of renewal requested, as listed in 22 TAC, §216(CE). I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of the 22 TAC, §217.12(6) (1) and the Penal Code, sec.37.10, to submit a false statement to a governmental agency".

COMMENT: Please write any comments you have about "YES" answers on page 5 of this application.

Applicant Signature _____ Date _____

STATEMENT OF UNDERSTANDING RE: HEALTH REQUIREMENTS

1. "I understand that my acceptance into this nursing program is only conditional, until such a time as I have satisfactorily cleared all the health requirements of the program." (See application packet for clarification).
2. "I understand that as a Registered Nursing student I may be required to work /study under conditions typical for nursing professionals and exposed to environmental risks common to this profession".
3. "I understand that as a student I am required to meet all health requirements of the clinical sites for which we will be attending and that I must follow all infection control restrictions, guidelines and practice per facility policy."
4. "I understand that as a student I will be required to perform procedures on myself and/or fellow students as required for passing clinical skills course requirements. I also release TSTC and the instructors of the RN program of all liability and future litigation which might surface as a result of any skill performance or procedure that I verbally consent to, performed on myself by a fellow student and/or instructor for educational purposes."
5. "I understand that a complete physical by a physician or licensed healthcare provider is required prior to the start of the program. I also understand that personal health conditions prohibiting or in any way limiting my ability to attend or function at a clinical site must be disclosed immediately to the attending faculty and that as a student, I will be required to complete all required tasks regardless of a medical condition to successfully pass the clinical portion of this program".

Essential Function Standards: Examples of Physical Requirements for Nursing Students

Ability to walk the equivalent of five (5) miles a day and climb two or more flights of stairs; Ability to reach above shoulder level;

Ability to bend, stoop and lift from low area/floor to waist high level;

Ability to lift, balance and carry up to fifty (50) pounds unassisted;

Ability to grip 5-10 pounds of pressure and dexterity to pick up small items; Ability to sit or stand for long periods of time- three (3) or more hours at a time; Ability to perform CPR with compressions at a rate of 100 beats per minute;

Ability to hear tape recorded transcriptions and distinguish emergency monitors/ sounds; Ability to distinguish colors; good overall eyesight corrected with glasses if necessary; Ability to view small numbers on medication vials/ read small print;

Ability to interpret written and oral forms of instructions (ENGLISH/abbreviations/ terminology);

Ability to converse, interview/communicate with co-workers, patients and family members; Ability to read and document legibly in ENGLISH at or above the college level;

Ability to work in high risk / high stress areas as is common to the profession.

Ability to read and comprehend college level course work including math calculations for pharmacology.

6. "I understand that I must maintain a current Tuberculosis Test (PPD) while in the program. Most clinical sites require testing every 6 months." A copy of the results from an XRAY within 5 years is also acceptable.
7. "I understand that I am/may be required to have TITERS drawn prior to the initial clinical rotation demonstrating my immunity /vaccination for the following—Shot Records are not adequate proof of immunity and I understand that I will need proof of a flu shot every 12 months while in the program. "Students for the fall cohort must get their flu shots in August or September of the Cohort year.
8. "I understand that special breaks for smokers will not be scheduled nor will smoker needs be an accommodation made during classroom or clinical experiences. Smoking while in uniform is prohibited".
9. "I understand that I am required to get a 10 panel drug screen prior to beginning clinicals and that random drug screens will be done throughout the length of the program. Failure to pass or submit to the request for a drug screen will be grounds for dismissal from the program."
10. "I understand that it is my responsibility to disclose any physical (i.e. pregnancy), mental, emotional or learning condition that may prevent a successful clinical rotation. Failure to disclose and/or the extent of the condition (whether disclosed or not) will be carefully evaluated by the RN Program Chair and may be grounds for dismissal."

Applicant Signature _____ **Date** _____

EMPLOYMENT REQUIREMENTS

Please disclose your **CURRENT** employment obligations (Nursing or otherwise) and information. The RN Program reserves the right to contact all current employers prior to and during enrollment in the program.

Name of Employer	Position	FT / PT or PRN	Supervisor	Supervisor contact #

Plan regarding employment once classes start:

Please tell us your areas of Nursing Expertise: Types of patients you have worked with in the past, etc.

Location/ Name of Employer, etc.	Years	Area-Type of Patients
New VN Grad ()		Have not been employed as a nurse ()

STATEMENT OF UNDERSTANDING REGARDING EMPLOYMENT DURING THE PROGRAM

Student employment while in the LVN-RN transition program is **discouraged**. Should you require to work during the program, **no absences or failings will be dismissed for work related reasons**. Having to work is not an acceptable reason for missing a class or a clinical experience. Class/clinical time must be first. Consistent absences or tardiness in classroom time will also result in disciplinary measures. "I understand that my employment should be limited once accepted into the RN program to no more than 12 hours/week to ensure my success."

Applicant Name (printed): _____

Applicant Signature: _____

Date: _____

IDENTIFICATION DOCUMENTS

Last Name

First Name

Student ID #

**Please copy and tape all of your documents (no staples)
to this piece of paper only**

**Copy of Texas Nursing License
(Verification)**

**Social Security
Card**

**DRIVERS LICENSE
(MUST NOT BE EXPIRED)**

FRONT and BACK of card

**UNEXPIRED CPR CARD
(AMERICAN HEART ASSOCIATION BASIC LIFE SUPPORT FOR THE HEALTHCARE PROVIDER)
IS THE ONLY ONE THAT IS ACCEPTED**



Physical Examination by a Physician/Licensed Healthcare Provider Required by Program and Clinical Facility

Name: _____ Student ID#: _____

Program: _____ TSTC Associate's Degree in Nursing Program _____ Date of Birth: _____

In your professional opinion, does this student have the ability to complete the essential functional standards of the nursing student requirements for the TSTC Harlingen ADN program?

YES NO

	Ability to walk the equivalent of five (5) miles a day and climb two or more flights of stairs;
	Ability to reach above shoulder level;
	Ability to bend, stoop and lift from low area/floor to waist high level;
	Ability to lift, balance and carry up to fifty (50) pounds unassisted;
	Ability to grip 5-10 pounds of pressure and dexterity to pick up small items;
	Ability to sit or stand for long periods of time- at least two (2) or more hours at a time;
	Ability to perform CPR with compressions at a rate of 100 beats per minute;
	Ability to hear tape recorded transcriptions and distinguish emergency monitors/ sounds;
	Ability to see and distinguish colors; good overall eyesight corrected with glasses if necessary;
	Ability to view small numbers on medication vials/ read small print;
	Ability to interpret written and oral forms of instructions (ENGLISH/abbreviations/ terminology);
	Ability to converse, interview/communicate with co-workers, patients and family members;
	Ability to read and document legibly in ENGLISH at or above the college level;
	Ability to work in high risk areas as is common to the profession;

Are there any restrictions you feel would need to be placed on this student in a clinical setting? () Yes () No

Explain: _____

IMMUNIZATION	#1	#2	#3	BOOSTER / TITER	TITER LEVEL DATE-MMR, HEP B,VARICELLA	
MMR 1 AND 2			XXXX			
HEPATITIS B- 3						
TETANUS					BOOSTER WITHIN 10 YEARS	
VARICELLA					TITER	
	DATE OF DISEASE:				STUDENT HAD DISEASE IN CHILDHOOD	
MENINGITIS				IF UNDER AGE 30		
TB SKIN TEST OR X-RAY	DATE	RESULTS	X-RAY	DATE	RESULT S	WITHIN ONE YEAR OR X- RAY(GOOD FOR 5 YEARS)
INFLUENZA	DATE					VACCINE AFTER AUGUST 1.

By signing this form you are attesting to the fact that you, as a licensed healthcare provider, have completed a thorough health exam and certify your honest assessment of the essential functional standards listed above. Therefore, this student, in your opinion, is able and capable of performing all of these duties with the exceptions or restrictions, if any, as designated.

Primary Physician/ LHP Signature X	Date
Address	

ATTACH COPIES OF THE IMMUNIZATION RECORDS TO THIS FORM.

TEST RESULTS

“Adjusted Individual Total Score”

Attach

Top half of page 1

Of entrance test results
here

TRANSCRIPTS

Attach here any official or unofficial transcripts from all other institutions you have attended if you plan on transferring those courses to TSTC for the RN program of study.

- Students must have all transferred courses sent to TSTC Admissions Department and entered onto the “official” TSTC Transcripts. Failure to have all courses transferred to TSTC will disqualify transferred courses for points.
- Courses that do not transfer exactly must be approved for substitution by the department chair of that discipline. Ex: Math department chair will approve math courses, nursing will approve nursing, etc. Substitution forms are available in Admissions and must be done prior to application to RN program. Once you have gotten substitution forms signed by the department chair, take to Admissions and have the courses officially added to your TSTC transcripts before you ask for an “Official Transcript” for RN application consideration.
- We **MUST HAVE LETTER GRADES** for all transferred courses; Because transferred courses only come over as credit on the TSTC transcript, “Unofficial” transcripts from other colleges are accepted as long as the school name and address, are on the forms. To receive points for academic classes, no matter where you took them, you must have a letter grade for all courses in your packet.
- Absolutely NO “D”s grades are allowed in any courses included in the RN Program of Study.
- **Overall GPA will be averaged out from required prerequisites. Per TSTC, there is no cumulative GPA provided for transfer courses, only active TSTC GPA will be provided.**
- Feel free to ask a Nursing Faculty member to review your transcripts if unsure of anything **PRIOR** to submission of application.

FINAL INSTRUCTIONS....

1. Once the application and all supporting documents have been delivered and logged in by the application deadline, the application is considered accepted. IT IS OUR SUGGESTION THAT YOU HAVE SOMEONE, NOT TSTC STAFF, CHECK THE PACKET WITH YOU TO MAKE SURE YOU HAVE ALL THE MATERIALS REQUIRED. IF YOU TAKE THE HESI MORE THAN ONCE, MAKE SURE YOU HAVE **ONLY** THE HIGHEST SCORE LISTED AND ENCLOSED IN YOUR PACKET.
2. DO NOT CALL and ask the status of the review process. (Excessive badgering of the administrative assistant and/or Program Chair will not produce desired results!)
3. The applications are reviewed by the Program Chair and at least two other faculty then forwarded to the LVN-RN Transition Program Admissions Committee for final review and approval.
4. Once the applicant list is complete, letters notifying all applicants will be emailed. Letters will not be handed directly to candidates. There are three types of letters: 1) Accepted; 2) Alternate; 3) Non-accepted. No results will be given over the phone.
5. The candidates that are "Accepted" or are listed as "Alternates" are instructed in their letter to respond via email to confirm receipt of the acceptance letter, then sign the Letter of Intent stating they are accepting a position in the next cohort and submit to the Nursing Department Administrative Assistant, Tanya Villarreal by designated date and time.
6. The "Alternates" are given a date by which they may be called and added to the class in the event someone approved does not meet criteria or declines the position. This date will be prior to the Orientation Day. The Alternates, if called, will be expected to attend the orientation and have all required items completed in a timely manner. Subsequently, should any student fail to meet the mandatory requirement of Orientation or forfeit the position, alternate positions may be offered the position?
7. The "Non-Admitted" candidates are given two weeks, if interested, to make an appointment and visit with the program chair to review their application and receive advisement on academic course options. Student applications and related records not picked up will be shredded after the two week designated review period.
8. All decisions of the Admissions Committee are final. **There is no appeal process for non-admitted candidates.** If a clerical error has occurred on the part of the admissions review committee, students may request a meeting with the Program Chair and /or Division Director if the clerical error led to a non-acceptance decision. Reversals based on clerical error will be extremely rare but would be considered if a true error has occurred. Reversals will not be made for unmet program requirements, low scores, incomplete or late packets.
9. If an applicant has not received a letter of any kind within a week of the mail-out date, they are advised to stop by the administrative assistant's desk and verify their email address with the administrative assistant. If no letter is received within two weeks, a duplicate will be printed and given to applicant two weeks post mail-out date only.
10. The policies regarding readmitted and transfer students will be on the internet via the LVN-RN Transition Program webpage and is available in the Nursing Dept. as well. Students wishing to review those policies are advised to contact the Program Chair to discuss specific questions related to their unique situation.
11. All applicant names will be submitted to the Texas Board of Nursing for the criminal background check. If required by the Texas Board of Nursing, applicants will be required to get fingerprints taken before the ORIENTATION day so please read your letter carefully and call if you have questions. Results from the fingerprint session will be sent to the Texas Board of Nursing and they will mail an approval letter to your home stating it is OK to continue with your nursing school plans.

12. When you receive your letter in the mail, you must return it to the school prior to second orientation day. If you have not received a letter, there is a process on the Texas Board of Nursing website to request one. Be sure you have a current and updated address with the Texas Board of Nursing at all times. **Students without a letter from the Texas Board of Nursing by the second Orientation will not be allowed to continue in the ADN Program.**

DISCLAIMER STATEMENT:

These admission processes and all policies or guidelines of the RN Program are subject to change as needs and issues develop. Changes to processes and and/or guidelines including deadlines, etc. will be made available to all who request by contacting the RN Program Chair. Students and interested parties are advised to visit the RN Program Webpage frequently for the latest information.

Double check and make sure your packet is complete and in the required order.