



## Vocational Nursing Program Application Packet

The Vocational Nursing (VN) Program is a sixteen (16) 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. The first semester courses are prerequisites and are required to be completed and have a minimal grade of a “c” prior to applying to our program. Upon acceptance in our program, you officially start as a Vocational Nursing student in your second semester of the program. Applications are accepted twice a year. Students applying in the spring will start in the fall. Students applying in the fall will start in the spring.

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).

We are looking forward to working with you!

Sincerely,

Heather Saucedo, RN

Director, Vocational Nursing Program

### **Deadline dates for selection of class starting January 2022:**

Event	Date(s)
Completed Application Packet <b>DUE:</b>	October 15th, 2021 @ 12:00 pm
ATI TEAS® version 6 (at least 1 attempt) <i>TSI requirements</i>	See page 3 for details
Texas Board of Nursing Criminal Background Check results ( <i>Blue Card</i> or Petition for Declaratory Order)	By first class day Jan. 10. 2022
Attend Mandatory Orientation	Announced at a later date
Selected applicants notified via email	October 20, 2021
Letter of Intent returned signed required by	October 25 <sup>th</sup> @ 5 p.m.
SOLO class if new student	Must be completed before registration
HPRS 1206, BIOL 2301, 2101, 2302, 2102 first semester to be completed before core nursing courses begin.	Completed before applying to program. If taken at another college have transferred credit completed.
First day of class	January 10, 2022

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 online.
- D. A check list is provided on page 26.
- E. **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. This must be completed on the TSTC website utilizing the online application system. Please visit [www.tstc.edu](http://www.tstc.edu) and click on the “Apply” button.
- B. Make sure to select Vocational Nursing. **DO NOT** select the ADN.AAS bridge program
- C. After completion of all required TSTC admission paperwork, you will be assigned an Enrollment Coach on the campus you are applying to. You may apply to only one location.
- D. 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 received in Admissions office before your packet will be considered for admission to Vocational Nursing Program.

**Harlingen Address:** TSTC  
Attn: Admission & Records  
1902 n Loop 499  
Harlingen, TX 78550

### APPLY FOR FINANCIAL AID

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

#### **4 Steps to Applying for Financial Aid at TSTC**

1. Register for your FSA ID @ <http://www.fafsa.ed.gov>
2. Complete your FAFSA (Free Application for Federal Student Aid)  
School Code is **(003634)** <http://www.fafsa.ed.gov> 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. The enrollment coach for VN is:**

**Elma Gomez**  
*Nursing Programs Enrollment Coach*  
**Texas State Technical College Enrollment Center**  
**Office: 956-364-4998**  
**FAX: 956-364-5117**  
[elma.gomez@tstc.edu](mailto:elma.gomez@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. For questions please call 956-364-4997 or email [advisement.center@harlingen.tstc.edu](mailto:advisement.center@harlingen.tstc.edu). Student must have taken the TSI assessment to apply to the program. If applicant is not TSI complete upon acceptance into the VN program, student is required to be enrolled and take VN Program courses and TSI remediation courses congruently. Student must be TSI complete prior to completion of the VN Program.

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.

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.tsipreview.com/welcome/tstc-west-texas>.

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 [tstc.edu/Testing-Waco](http://tstc.edu/Testing-Waco).

<b>Location</b>	<b>Contact</b>	<b>Telephone</b>
<b>Harlingen</b>	<b>Llesmin Gonzales</b> <a href="mailto:testing@tstc.edu">testing@tstc.edu</a>	<b>956-364-4310</b> <b>956-3644308</b>

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 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.

**There are only two attempts allowed per application period.** The dates for on campus testing will be:

#### **In Person**

October 1 - 9AM

October 14 - 9AM & 1PM

#### **Steps before scheduling your exam**

- Sign in at one of our campuses. **(New users will be assessed an annual one-time non-refundable \$5 scheduling fee.)**
  - Harlingen- [tstc.edu/Testing-Hgn](http://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 [atitesting.com](http://atitesting.com). Bring your ATI student login credentials.

#### **Study Resources**

- <http://atitesting.com/teas>
- <http://tstc.libguides.com/teas>

For additional information, please contact a Testing Center in Harlingen. For contact information, please visit [tstc.edu/testing](http://tstc.edu/testing).

To request testing accommodations, please contact the Access and Learning Accommodations Office at (254) 867-3600 or [adarequest@tstc.edu](mailto: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. **There are only two attempts allowed per application period.**

The time limit for the exam is approximately four hours. Below are the Harlingen virtual test dates. The session starts at 10 am. **Max is 50 per test session.**

#### **Virtual Test Dates:**

September 9 - 9AM  
September 14 - 1PM  
September 23 - 9AM  
October 6 - 1PM  
October 14 - 9AM

#### **Steps before scheduling your exam**

- Sign in at [tstc.edu/Testing-Hgn](http://tstc.edu/Testing-Hgn) (New users will be assessed an annual one-time non-refundable \$5 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 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 \$5 plus tax
- Laptop/desktop, internet connection, webcam, microphone, install Google Chrome. [Student Orientation Video.](#)

#### **Study Resources**

- <http://atitesting.com/teas>

- <http://tstc.libguides.com/teas>

For additional information, please contact The Testing center in Hgn.

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

**Benchmarks for ATI TEAS<sup>®</sup> version 6 sections:**

**This is the minimal score requirements needed to apply to the program.**

Reading 50

Math 50

Science 40

English Language 50

### **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.

### **LETTER OF INTENT**

The required "Letter of Intent" is a one (1) page form that you must read and sign and return by the date as instructed. Not doing so will result in forfeiture of your place in our program.

### **LETTERS OF RECOMMENDATION**

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

### **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:

If accepted into the nursing program, the student will be required to purchase TSTC Student Accident insurance if they do not own and provide a copy of a personal policy for accidents. A Needle Stick Rider and Malpractice Insurance are **automatically** included with the student's tuition and fees each semester.

**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:

<b>Test of Essential Academic Skills / TEAS</b>	<b>Composite Score</b>
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▲ 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.)

<b>CUMULATIVE GPA CREDIT:</b> Based on all college courses	<b>Possible Points</b>
GPA 3.6 – 4.0	3 pts
GPA 3.0 – 3.5	2 pts
GPA 2.5 – 2.9	1 pt.

<b>Prerequisite Courses</b>					
<b>Four total courses = additional points for your grades</b> (Possible Points 8 -12)	<table border="0"> <tr> <td><b>A</b></td> <td>3 pts</td> </tr> <tr> <td><b>B</b></td> <td>2 pts</td> </tr> </table>	<b>A</b>	3 pts	<b>B</b>	2 pts
<b>A</b>	3 pts				
<b>B</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 current Texas certificate in packet) **5 points**

OR

Current Medical Assistant/Surgical Tech **3 points**

US Military Service **1 point**

US Military with Medical training **2 points**

**TOTAL MAXIMUM ADDITIONAL POINTS POSSIBLE = 26 +  
Composite Score from TEAS**

**Total Points = Selection Score**

**\* Submit copy of certification and proof of work experience at the time of application to the program.**

**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 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 on time 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 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 to have necessary 20 dollars for drug screen on your person and 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.

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.

This process may take a few days. 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 Vocation Nursing program Director via email at [hmsauceda@tstc.edu](mailto:hmsauceda@tstc.edu) if you have questions or did not receive any emails from Identogo.



questions related to truthfulness or character. (See 22 TAC §213.27)

NOTE: Orders of nondisclosure: Pursuant to Tex. Gov't code §552.142(B), if you have criminal matters that are the subject of an order of nondisclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of nondisclosure 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 nondisclosure. If the Board discovers a criminal matter that is the subject of an order of nondisclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues with character and fitness.

1.  No  Yes - Are you currently the target or subject of a grand jury or governmental agency investigation?
  
2.  No  Yes - Has **any** licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
  
3.  No  Yes - Within the last 5 years have you been diagnosed with, treated or hospitalized for  
 No  Yes Schizophrenia and/or psychotic disorders,  
 No  Yes Bipolar disorder,  
 No  Yes Paranoid personality disorder  
 No  Yes Antisocial personality disorder,  
 No  Yes Borderline personality disorder
  
4.  No  Yes - Within the last 5 years, have you been addicted to and/or treated for the use of alcohol or any other drug?

Pursuant to the Texas Occupations Code §301.207, information, including diagnoses 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 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.**

## **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 online course content, on campus class and lab time and clinical rotations.
  - Students missing more than three (4) days in a semester will meet with the VN Program Director 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 Director 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 sixteen (16) months of vocational nursing school.

### **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 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 undergo a criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation and should I be prevented from attending a clinical rotation at a clinical facility due to findings on my drug screen or criminal background check, I will be dismissed from the Vocational Nursing Program.
6. \_\_\_\_\_ I have not been convicted, adjudged guilty by a court, pled guilty or nolo contendere to any crime in any state, territory or country, whether sentence was imposed, including any pending criminal charges or unresolved arrest (excluding minor traffic violations). This includes expunged offenses and deferred adjudications with or without prejudice of guilt. (Note: DUI's, DWI's and PI's must be reported and are not considered minor traffic violations.)
7. \_\_\_\_\_ I understand that I am responsible for providing my own transportation to clinical sites to fulfill graduation requirements.
8. \_\_\_\_\_ I have no criminal charges pending including unresolved arrests.
9. \_\_\_\_\_ I have never had any licensing authority refuse to issue me a license or ever had a license revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held now or previously and have never been fined, censured, reprimanded or otherwise disciplined.
10. \_\_\_\_\_ Within the last 5 years, I have not been addicted to and/or treated for the use of alcohol or any other drug.
11. \_\_\_\_\_ Within the last 5 years I have not been diagnosed with, treated or hospitalized for schizophrenia and/or psychotic bipolar disorder, paranoid personality disorder, antisocial personality disorder or borderline personality disorder.
12. \_\_\_\_\_ 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.
13. \_\_\_\_\_ I understand that I must receive a Letter of Acceptance from the Department of Nursing before being registered for nursing courses.
14. \_\_\_\_\_ 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.

15. \_\_\_\_ I understand the Non-Progression Policy- Grades- Students scoring less than 80 % ( B ) As a final course average on all nursing courses will not progress to the next level or graduate the program. Should a student fail a course, student will be required to reapply and repeat the program in FULL. If students fail more than two course with less than an 80% they will be dismissed from the program. Readmission to the TSTC VN program will not be allowed in this case.

16. \_\_\_\_ 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.

**\*\*Failure to attend and arrive on time will result in forfeiture of space in the program\*\*\*Keep dates from acceptance letter for your reference.**

17. \_\_\_\_ I understand that students are required to have Accident Insurance, Needle stick Insurance and Malpractice insurance and immunizations and Physical form up to date and valid throughout the entire program. Students will pay the Insurance fees each semester at the TSTC cashiers and bring proof prior to the first day of class each semester.

18. \_\_\_\_ I understand Mastery levels for each semester are progressive with the goal of every student achieving a minimum proficiency level of 8 before graduation. This level reflects a high probability of success on the NCLEX-PN. Students failing to achieve the minimum mastery level in semesters two and three will be dismissed from the program and will have to reapply for the next cohort. Students not achieving a mastery level of 8 at the end of semester four will not receive an Affidavit of Graduation. The benchmark for Level II is a minimum mastery level 2. Level III minimum mastery level is 5, and Level IV minimum mastery level is 8. Assignments in each course during Levels II, III, and IV are designed to give students the tools and experience to confidently meet the mastery levels and pass the NCLEX-PN on their first attempt.

19. \_\_\_\_ I understand the Non-Progression Policy- Attendance and Absences. Attendance and Absences - TSTC VN Program Policy has a minimum numbers of hours that must be completed prior to completion of the VN Program. There are a maximum number of absences that a student can obtain.

Classroom: A total of nine (6) unexcused absences per program with no more than three (2) absences per semester.

Clinical: Clinical unexcused absences cannot exceed 12 hours in Semester II, III,IV or the student WILL be dropped from the Vocational Nursing Program and to reapply and repeat program in full.

20. \_\_\_\_ 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)

21. \_\_\_\_ 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)

22. \_\_\_\_ I acknowledge that I have read and understand the provisions of TSI and ATITEAS® version 6 testing.

23. \_\_\_\_ I am responsible for notifying the appropriate department/personnel of changes in my current contact information.

24. \_\_\_\_ 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, Criminal background check result 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](mailto:hmsauceda@tstc.edu).

25. \_\_\_\_ 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 class.

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*

25. \_\_\_\_ I have retained a copy of this entire application packet for my personal records.

**Please note that items # 8, 9, 10 and 11 are required by the Texas Board of Nursing to determine eligibility for licensure by examination. If applicant is unable to initial these items it is strongly encouraged that you submit a petition for “Declaratory Order” to the Texas Board of Nursing prior to submitting this application. For information or guidance in this process to determine eligibility for licensure by examination, contact the Texas Board of Nursing at 512-305-7400 or go to the website [www.bon.state.tx.us](http://www.bon.state.tx.us).**

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(Printed name)

(Date)

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(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, Tetanus, Hepatitis A series, Hepatitis B series, TB skin test (PPD), Healthcare Provider CPR, by or on the date of the mandatory information meeting.

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.

### **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 Chair/Faculty

\_\_\_\_\_  
Date



## 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](http://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 \_\_\_\_\_  
(mes / día /  
ño)

vacuna contra la varicela."

\_\_\_\_\_  
(Firma)

\_\_\_\_\_  
(Relación con el estudiante)

\_\_\_\_\_  
(Fecha)

Visite nuestro sitio web en: [www.immunizetexas.com](http://www.immunizetexas.com)

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



# Vocational Nursing Program Application

Complete in **black ink only**.

Write legibly. 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, [www.tstc.edu](http://www.tstc.edu) for the degree plan of the Vocational Nursing program.

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: \_\_\_\_\_ Text:  Y  
 N

E-mail Address: (**Must be current**) \_\_\_\_\_  
*(Do not use a high school (isd) email address)*

In case of emergency notify: \_\_\_\_\_  
Name Relationship

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Number & Street City State Zip

**Education**

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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
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1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

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**Professional Licenses or Certifications**

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Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Work Experience**

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**Begin with most recent:**

1. Name of Company: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Nature of Job Duties: \_\_\_\_\_



Reason for leaving: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Nature of Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Name of Company: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Nature of Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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### **Follow Up Information**

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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.

Name	Complete Mailing Address	Telephone #
1. _____ _____	_____	_____
2. _____ _____	_____	_____

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### **Please Read and Sign the Following Information**

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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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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.**

<b>BEFORE COMPLETING THE VN APPLICATION PACKET</b>	
Task	Done
1. Complete online application to TSTC (select <b>VN</b> program) at <a href="http://www.tstc.edu">www.tstc.edu</a>	
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 (Page 3)	
5. Complete 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 6 test with the testing department (Page 3-6)	
<b>ASSEMBLING A COMPLETE APPLICATION PACKET</b>	
The following documents are <b>required</b> in a complete Vocational 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 6( scores only good for a year from when the ATI was taken) (Page 3-6)	
2. Signed and uploaded Complete <i>Vocational Nursing Program Application</i> (Pages 18-20)	
3. Completed <i>Immunizations and Tests</i> form (Pages 20 -21)	
4. Signed immunization records for <i>Immunizations and Tests</i> (Pages 20-21) or copy of Immunization records	
5. Signed <i>Expectations of Students</i> (Pages 13-14)	
6. Initialed and signed <i>Statement of Student Responsibility</i> (Pages 15-17)	
7. Signed Statement of Understanding (Pages 15-17)	
8. Signed letters of recommendation with contact information from three (3) non-family members	
9. Copy of Texas driver’s license or Texas issued identification card (proof of residency)	
10. Copy of social security card	
11. Copy of all previous college transcripts.	
<b>OPTIONAL DOCUMENTS</b>	
1. Signed healthcare employer statement on official facility letterhead	
2. Copy of current certifications and/or licenses if applicant is a healthcare provider	
<b>DOCUMENTS REQUIRED <i>AFTER</i> DEADLINE AND <i>BEFORE</i> FIRST CLASS DAY</b>	
1. Copy of compliance with the Texas Success Initiative (TSI met) (Page 3)	
2. Copy of front and back of <b>American Heart Association Basic Life Support (BLS) CPR card</b> (Page 4)	
3. Copy of results of the Criminal Background Check from the Texas Board of Nursing (Page 5-6)	
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 2021**

Rubric	Num	Course Title	CIP	Lec	Lab	Ext	Cont	SCH
<b>Semester 1 Pre-Req</b>								
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	1206	Essentials of Medical Terminology	51	2	0	0	32	2
Semester Totals				<b>8</b>	<b>6</b>	<b>0</b>	<b>224</b>	<b>10</b>

**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				<b>12</b>	<b>3</b>	<b>12</b>	<b>432</b>	<b>15</b>

**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				<b>8</b>	<b>4</b>	<b>12</b>	<b>384</b>	<b>13</b>

**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				<b>7</b>	<b>2</b>	<b>12</b>	<b>336</b>	<b>12</b>

Program Totals **35      15      36      1376      50**

Capstone Course(s): VNSG 2463 Clinical