



# Texas Southmost College

TRADITION • INNOVATION • OPPORTUNITY

HEALTH CARE, CAREER AND TECHNICAL EDUCATION DIVISION  
ASSOCIATE IN APPLIED SCIENCE –NURSING  
LVN Advanced Placement Nursing Program

## APPLICATION CHECKLIST

- A. Submit an application to the Texas Southmost College, MEET REQUIREMENTS FOR ADMISSION, and obtain a TSC ID number.** You may apply online at <http://www.tsc.edu/index.php/new-students/apply-now.html> or apply in person at Arnulfo L. Oliveira Student Services Center.

SUBMIT THE FOLLOWING ITEMS **TOGETHER IN A PACKET** TO THE ADN OFFICE AT ITECC G-114

- 1. LVN Advanced Placement Nursing Application**
- 2. Transcripts**, unofficial copies will be accepted (**ONLY TSC TRANSCRIPTS WILL BE ACCEPTED, I.E. SCORPION ONLINE TRANSCRIPTS WILL BE ACCEPTED.**) If you have never attended TSC, you must submit your transcripts for evaluation to the Office of Admission and Records. **FOR STUDENTS WITH TRANSFERRED COURSES: TRANSCRIPTS MUST BE A PRINT-OUT FROM THE OFFICE OF ADMISSION AND RECORDS.** **Educational Background.** If you have already earned a certificate, Associate, Bachelor, or Master degree from any college or university other than TSC, please submit evidence of such degree. You may submit a copy of the diploma and/or a transcript (official or unofficial) from the respective university or college and highlight the degree notation on such transcript.
- 3. Recommended: College credit on a TSC transcript with general education courses by admission deadline of April 15<sup>th</sup>. A minimum of a “C”: is required for each course.**
- 4. A minimum college GPA of 2.5 (recommended GPA of 3.0 or higher).**
- 5. ACT test scores**, copies are acceptable– A **minimum score of 18 on the Reading, English, Science and Composite sections is required.** (Recommended score of **22 or higher** on Reading, English, Science and Composite sections). **If score is more than five years old student will need to retake exam.**
- 6. Kaplan Entrance Exam** – Minimum scores are as follows: Math 79%; Reading 77%; Science 57% Writing 62% and Composite of 69%
- 7. A copy of your BLS for Health Care Provider card.**
- 8. Proof of Immunizations** (see pg. 5 Immunization Compliance Record)
- B.** Students are encouraged to carry **health insurance**. Students needing health insurance may obtain information in the Student Affairs website. Students must carry professional liability insurance. Professional liability insurance coverage in at least a minimum amount of \$1 million limit each claim and \$3 million aggregate is required. Cost for the professional liability insurance is included in the fees paid during each fall semester. The professional liability insurance is only applicable to students in their student role, not in their employment role.
- C.** The Admissions Committee for the incoming class will only consider **COMPLETE** application packets that are received by **April 15<sup>th</sup>**.

- I certify that I have truthfully completed this application for the LVN Advanced Placement Program and am submitting it for consideration into the program with all supporting documentation.

Print Name

Signature

Date

TEXAS SOUTHMOST COLLEGE  
HEALTH CARE, CAREER AND TECHNICAL EDUCATION DIVISION  
**ASSOCIATE OF APPLIED SCIENCE IN NURSING PROGRAM**

**MARK BOX IDENTIFYING TYPE OF APPLICATION AND PROGRAM:**

<input type="checkbox"/> APPLICATION FOR ADMISSION	<input type="checkbox"/> APPLICATION FOR READMISSION
<input type="checkbox"/> LVN-RN Advanced Placement Program	<input type="checkbox"/> LVN-RN Advanced Placement Program

*Note: See individual programs for requirements and processes.*

**PLEASE TYPE OR USE BLACK INK. DO NOT USE NICKNAMES. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY MAY DELAY PROCESSING OF YOUR APPLICATION.**

Date of Application: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TSC Student ID # \_\_\_\_\_  
Month Day Year

This application is for admission into the program beginning: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

Full Legal Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Required)

Current Mailing Address: \_\_\_\_\_  
Street

City State Zip Code

Primary #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
PLEASE GIVE NUMBERS WHERE YOU CAN BE REACHED WEEKDAYS BETWEEN 8:00 A.M. – 5:00 P.M.

Permanent Address: \_\_\_\_\_  
Street

*Note: This address should be a constant one where you can be reached now and in future years.* City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever attended any school under a different name from the one given above? \_\_\_\_\_

THE FOLLOWING INFORMATION IS NEEDED FOR AFFIRMATIVE ACTION PURPOSES.  
THE INFORMATION YOU PROVIDE WILL NOT AFFECT YOUR ADMISSION TO THE ADN PROGRAM.

Male  Female Date of Birth: \_\_\_\_\_  
MM DD YYYY

Race/Ethnicity:  Hispanic  Black  Asian  White/Caucasian  Puerto Rican  Pacific Islander  
 American Indian/Alaskan  Other: \_\_\_\_\_

Are you on Financial Aid?  No  Yes Are you a veteran?  No  Yes

Are you an International / Non United States Citizen applicant?  No  Yes  
If yes, see the International Student section in the TSC Catalog for additional requirements.

Please check all that applies to you:  Physical disability  Learning disability  Other: \_\_\_\_\_

Will you need special accommodations in order to succeed in the program?  No  Yes (specify): \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

If you have not attended college/university, list the high school you graduated from on the line below and request that an OFFICIAL TRANSCRIPT (showing your rank in the class & GPA) be sent directly to: Associate Degree Nursing Program, Texas Southmost College, 80 Fort Brown, Brownsville, Texas 78520.

High School: \_\_\_\_\_  
Name City, State Graduation Date

Please list each college or university that you have attended or will attend prior to enrolling at Texas Southmost College. Be sure to submit a transcript from each institution to the ADMISSIONS OFFICE for evaluation.

Name of School	City	State	Dates of Attendance		Diploma/Degree Or Semester Hours
			Mo./Yr.	To Mo./Yr.	

If you have attended more than six colleges, please list on a separate sheet.

Please list all college or university COURSES which DO NOT PRESENTLY APPEAR on your transcript but in which you are currently enrolled or will have completed before enrolling at Texas Southmost College. Final official transcripts must be sent DIRECTLY to TSC OFFICE OF ADMISSION AND RECORDS from the institution you are attending when course work is completed.

College or University	Course No.	Course Title	Sem Hrs	Term/Year

**Note: All students must complete the following eligibility questions.**

Please review the “Eligibility to take the NCLEX-RN Examination” in the information packet to answer these questions. If you answer yes to any of the following questions you must provide a written explanation.

1. \_\_\_Yes\_\_\_No For any criminal offense, including those pending appeal, have you:
- A. Been convicted of a misdemeanor?
  - B. Been convicted of a felony?
  - C. Pled nolo contendere, no contest, or guilty? 7
  - 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 any pending criminal charges?
  - I. Been cited or charged with any violation of the law?
  - J. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure 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 nondisclosure may become a character and fitness issue. Pursuant to other sections of the Gov’t Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is 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 the matter, the Board may require you to provide information about that criminal matter.

2. \_\_\_Yes\_\_\_No Are you currently the target or subject of a grand jury or governmental agency investigation?
3. \_\_\_Yes\_\_\_No Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
4. \_\_\_Yes\_\_\_No Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
5. \_\_\_Yes\_\_\_No Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

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

If you answered “**YES**” to any of the questions listed above, attach a letter of explanation that is dated and signed indicating the circumstance(s) you are reporting to the Board.

## Immunization Compliance Record

Name: \_\_\_\_\_

ID # \_\_\_\_\_

Program:  LVN-RN Advanced Placement Program

	Date	Date	Date	Serologic
MMR	#1	#2		
Varicella Vaccine	#1	#2	Illness	
Hepatitis B Vaccine	#1	#2	#3	
Hepatitis B Waiver signed	(provide letter from health care provider)			
Tetanus (TD) (within last ten years)				
TDAP				
Meningococcal				
TB Test (annual) CXR (if PPD positive every 2years)				
Flu vaccine (seasonal time)				

Comments: \_\_\_\_\_

Please bring a copy of this form to your physician/health care provider and have them fill out and sign. Return with your completed application. **Only this form will be accepted as means of proof of Immunization.**

\_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Signature

\_\_\_\_\_

Address

**Note: All students must sign the following disclaimer question.**

I understand that the Associate Degree Nursing Program will not regard this application as "complete" until all supporting papers have been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts must be sent directly from each school to the OFFICE OF ADMISSION AND RECORDS to a Transcript Evaluator.

If selected for admission to this program my personal conduct will be 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 hereby grant permission to Texas Southmost College 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.**

*NOTE: All applicants must submit a complete application packet in order to be considered for admission. No application packets will be accepted if incomplete.*

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

\_\_\_\_\_  
Date

**DEADLINES FOR SUBMISSION OF APPLICATION AND ALL REQUIRED DOCUMENTS:**

**LVN-RN ADVANCED PLACEMENT**

**April 15<sup>th</sup>.**

Application, transcripts, and supporting documents should be turned in one complete packet.

**Associate Degree Nursing Program  
Texas Southmost College  
ITECC G-114  
80 Fort Brown  
Brownsville, TX 78520-4993**