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Houston, Texas 77049
281-998-6150 Ext: 7132
vnursingnorth@sjcd.edu

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13735 Beamer Road
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Application for Vocational Nursing Program:

This application is for information only and to be used as a guide. Please make sure to you have all the information you need before applying. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** You must have a San Jacinto College student ID number (G#) to apply, if you do not, please begin at applytexas.org. If you have issues applying, please contact SJC Tech Support at 281-998-6137. Please apply online at <https://www.sanjac.edu/programs/areas-of-study/health/nursing/vn-admission-info>

- Copy of High School Transcript or GED or Foreign Evaluation
- Copy of All Official College Transcripts (including transcripts with coursework from San Jacinto College):
 - All college transcripts must be **evaluated by San Jacinto College.**
 - All transcripts must be current and up to date, within 60 days of the application date.
 - We **Do Not** accept online print outs.
 - The department needs its own copy regardless of turning in transcripts to the College.
- Proof of 2.25 or higher GPA - Cumulative GPA from all previous colleges attended. Validated with college transcript.
- Current San Jacinto College GPS report to show transcript evaluation results & college readiness.
- Proof of successful completion for Anatomy & Physiology I (BIOL 2301/2101) within 5 years.
- All Immunizations must be current and completed before time of application and must not expire during the program. (Applicants are required to submit copies of immunizations with their application.)
 - Tetanus (td/tdap) **[within the past 10 years]**
 - MMR titer that shows immunity
 - Varicella titer that shows immunity (History of the disease is NOT accepted)
 - HEP B titer that shows immunity
 - Hep C titer that shows immunity
- Front & back copy of your BLS Provider CPR card from the American Heart Association
- Eight weeks before the start of clinical the following shots need to be completed and reviewed by Castlebranch.
 - TB (PPD) skin test, Chest X-ray, or Quantiferon test **[within the past year]**
 - Seasonal Flu shot **[within the past year].**
- ATI TEAS score reports There is no minimum cut score. Exams must be taken at San Jacinto College, either in person or remote to be valid. Scores must be less than two years old..
- Proof of health insurance (front/back); Harris County Gold Card or Medicaid for pregnancy only are not accepted.



Vocational Nursing Application for Admission

Application must be submitted online only. Handwritten/printed applications will be rejected.

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

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

Full Name _____
Last First Middle Maiden

Address _____
Number/PO Box Street City State Zip

Home Phone _____ Cell _____ Work _____

Active Email: _____

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

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

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

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

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

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

Where? Name of school _____ City/State _____

Entrance Date _____ Exit Date _____ Reason for leaving _____

Have you ever taken the NCLEX-PN®? Yes No If yes, When? _____

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

Signature _____



In Case of Emergency
(Must be Typed)

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

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

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

Signature

Date

Printed Name



Texas Board of Nursing Licensure Eligibility

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

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

Have you...

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

NOTE: You may only exclude Class C misdemeanor traffic violations

Expunged and Sealed Offenses:

While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket, or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character of the Nurse.

Orders of Non-disclosure

Pursuant to Tex. Gov't Code §552.142(b), if you have criminal matters that are the subject of an order of non-disclosure, you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness of duty issue. Pursuant to other sections of the Gov't Code Chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

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

• Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial or renewal licensure application)

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

*In the past five (5) years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "No" if you have completed and/or are in compliance with TPAPN) *Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.



Texas Board of Nursing Statement Form

Name: _____
(Please Type)

Please read the following statements and sign below.

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

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

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

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

*** Signature _____ Date _____

Texas Board of Nursing Roster Submission Statement

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

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

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

*** Signature _____ Date _____

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



Acknowledgement of Requirements Upon Acceptance

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

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

Immunizations Include:

- Tetanus/Diphtheria /Pertussis (Tdap) [within the past 10 years]
- TB (PPD) skin test, Chest X-ray, or Quantiferon test [within the past year]
- Seasonal flu vaccine (within the last year). Flu mist is not accepted.

Titers that show immunity for the following:

- MMR titer [Positive titer for each component (Measles, Mumps, Rubella) is required].
- VARICELLA titer (Titer should be positive. No history of disease will not be accepted.)
- HEPATITIS B titer (Titer should be positive. A “fast track” series will be accepted.)
- HEPATITIS C Titer (This titer should be negative)

My signature acknowledges that I have read the requirements to complete, *if accepted*.
I further acknowledge that I will comply with the requirements. Failure to comply will result in denial to the program.

*** Signature

Date



Disclosures

My signature acknowledges that I have read and understand the following disclosures:

APPLICATION INTEGRITY STATEMENT

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

ACKNOWLEDGEMENT OF VOCATIONAL NURSING ADMISSION CRITERIA

I have read the Vocational Nursing information packet dated: Fall 2024

ACKNOWLEDGMENT OF VOCATIONAL NURSING IMMUNIZATION SCHEDULE

I have read the Vocational Nursing Immunization schedule.

VOCATIONAL NURSING NEW STUDENT ORIENTATION

I understand that I will be required to attend a mandatory VN New Student Orientation. Date/Time of Orientation will be provided in the Acceptance letter.

HEALTH INSURANCE REQUIREMENT

I understand that health insurance is required to start the nursing program.

CLINICAL ACKNOWLEDGEMENT FORM

I understand that clinical assignments are made based upon availability of positions given by clinical affiliates. I further understand clinical assignments are assigned without regard to transportation, childcare or employment. I also understand some clinicals may be assigned on a day or times that may conflict with religious practices. All clinical assignments are tentative until clinical orientation has been completed. The only consideration will be for documented course conflicts.

THEORY AND CLINICAL COURSE ASSIGNMENT

I understand that I am restricted from (theory and clinical) course assignments changes. All courses are assigned by the Department.

Printed Name: _____

Signature: _____ Date: _____

Vocational Nursing Admission Scoring Rubric

THE MINIMUM SCORE REQUIRED TO APPLY IS 2. THE MAXIMUM SCORE POSSIBLE IS 23.				
1. PRE-REQUISITE GRADES: (the biology points required -lecture grade only)			A=3 B=2 C=1 IP=0	
Course		Grades		Points
c. BIOL 2301 AND BIOL 2101 OR BIOL 2401	Semester Year	School	A B C IP	
d. BIOL 2302 AND. BIOL 2102 OR BIOL 2402	Semester/Year	School	A B C IP	
2. REPEATED PRE-REQ BIOLOGY COURSES: Any science course older than 5 years will not count as pre-requisites towards this application.				
Any Biology pre-requisites repeated due to a "D" or "F" grade, subtract 2 points.			-2	
3. REPEATED FAILED NURSING COURES: Students who have 2 or more failures in any nursing course <i>If you have 2 or more failures in any nursing course, you are not eligible to apply to the nursing program until 1 year (after the most recent failure) has passed.</i>				
If you repeated any Nursing Course due to a "D" or "F" grade, subtract 2 points.			-2	
4. ATI TEAS EXAM:				
Cumulative (Overall) Score: _____				
Composite Score				
70 – 75% = 0 points				
76 – 80% = 1 point				
81 – 85% = 2 points				
86 – 90% = 3 points				
91 – 95% = 4 points				
96 – 100% = 5 points				
5. Overall Cumulative GPA: For all colleges/universities attended: _____				
<i>If more than one school was attended – acceptance committee will calculate your GPA.</i>				
2.25 – 2.49 = 1 point				
2.50 – 2.75 = 2 points				
2.76 – 2.99 = 3 points				
3.00 – 3.50 = 4 points				
3.51 – 4.00 = 5 points				
6. Academic Success: Points are awarded based on the number of withdrawals or course failures for any course. (Grades of D, F, and/or W, or I)				
0 courses – 5 points		2 courses – 3 points		4 or more courses – 0 points
1 course – 4 points		3 courses – 2 points		
7. Veterans may receive an additional two (2) points, appropriate documentation must be included. Veterans- DD-214 showing an Honorable Discharge.				
Total Points:				

Meeting minimum requirements does not guarantee admission into the Vocational Nursing Program.

Max count cannot exceed 23 points