

APPLICATION FOR ADMISSION TO VOCATIONAL NURSING PROGRAM

Instructions on completing the Vocational Nursing Application

Thank you for your interest in the Texas Health Schools Vocational Nursing Program.

The Vocational Nursing Program Application is a three-part application.

- **Part I – Applicant information, employment, emergency contacts, education history, licenses/ certification held, and professional references**
- **Part II – Eligibility Form – Criminal/Drug and Alcohol use history**
- **Part III – Physical Standards and Essential Functions**

Complete each part of the application to the best of your ability. Please sign and date where signature is required. The Admissions Office will not accept any application that is not completed in full. If you have questions, call the Admissions Office at 713-932-9333.

All applicants must meet with an Admissions Representative to complete a mandatory information session and must have passed and submitted documentation of the TEAS VII post-exam prior to applying for the Vocational Nursing Program.

Applicant's Weekly Contact with Admissions Representative

In addition to the standard requirements for the Vocational Nursing Program, once an application has been made, **the Applicant agrees to: 1) maintain updated contact information on file with the Admissions Office, and 2) make weekly contact with their Admissions Representative to be considered an active applicant.** If there is no contact between the Admissions Representative and the Applicant after one week and one day, the application will no longer be considered Active and the Applicant must contact an Admissions Representative to see if there is time to re-start the admissions process from the beginning.

APPLICATION FOR ADMISSION TO VOCATIONAL NURSING PROGRAM

APPLICATION – PART I

Texas Health School does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

(PLEASE WRITE LEGIBLY)

APPLICANT INFORMATION

Full Name (no nicknames):

Today's Date:

Date of Birth:

SSN:

Current address:

Apt No.

City:

State:

Zip Code:

Email:

Primary Phone:

Alt. Phone:

ARE YOU A FORMER STUDENT? **YES OR NO**

IF YES, WHICH PROGRAM? _____

DID YOU COMPLETE PROGRAM? **YES OR NO**

IF EMPLOYED, EMPLOYMENT INFORMATION

 N/A

Current employer:

Employer address:

City:

State:

Zip Code:

Position:

 Full-time

 Part-time

How Long?

EMERGENCY CONTACT

Name of individual:

Address:

Phone:

City:

State:

Zip Code:

Relationship:

HIGH SCHOOL / GED CERTIFICATE

Name of School:

 GED Certificate

 High School Diploma

City:

State:

Grad/Completion Date:

PREVIOUS COLLEGE, UNIVERSITY, VOCATIONAL SCHOOLS, ALLIED HEALTH SCHOOLS

*Applicants **must** submit official transcripts to the admissions office*

Name of Institution:

Program/Degree:

Grad Date:

Not Graduated

City:

State:

Zip:

Phone:

Fax:

Total Credit Earned:

Name of Institution:

Program/Degree:

Grad Date:

Not Graduated

City:

State:

Zip:

Phone:

Fax:

Total Credit Earned:

APPLICATION – PART I

Name of Institution:

Program/Degree:		Grad Date:	Not Graduated <input type="checkbox"/>
City:	State:	Zip:	
Phone:	Fax:	Total Credit Earned:	

LIST ANY MEDICAL RELATED LICENSES OR CERTIFICATES HELD (EMT, CNA, MDA, CMA, ETC.)

	Status: Active	Inactive	Expired	Revoked
	Status: Active	Inactive	Expired	Revoked
	Status: Active	Inactive	Expired	Revoked

CERTAIN MINIMUM PHYSICAL ABILITIES AND CHARACTERISTICS ARE **REQUIRED** IN VOCATIONAL NURSING. SEE PAGE 5 & 6 OF APPLICATION FOR SPECIFIC REQUIREMENTS. AFTER REVIEWING THE REQUIREMENTS, ARE YOU ABLE TO MEET THE MINIMUM PHYSICAL STANDARDS AND ESSENTIAL FUNCTIONS FOR THE PROGRAM?

YES OR NO

If NO, explain _____

PROFESSIONAL REFERENCES-LIST THREE (3)

Name	Address	Phone

SIGNATURES

I authorize the verification of the information I have provided on this form for consideration to Texas Health School Vocational Nursing Program. I understand this is not an enrollment agreement and I am not enrolled in the program at this time. I understand the registration/application fee is not refundable upon submission of this document.

Signature of applicant:	Date:
Signature of parent/guardian (if applicable):	Date:

APPLICATION – PART II
Eligibility Form

After you read the questions, please sign your name below indicating your knowledge of the questions. **For any criminal offense, including those pending appeal, HAVE YOU:**

- YES** **NO** Been convicted of a misdemeanor?
- YES** **NO** Been convicted of a felony?
- YES** **NO** Pled nolo contendere, no contest, or guilty?
- YES** **NO** Received deferred adjudication?
- YES** **NO** Been placed on community supervision or court-ordered probation, whether not adjudicated guilty?
- YES** **NO** Been sentenced to serve jail time or prison time?
- YES** **NO** Been sentenced to serve court-ordered confinement?
- YES** **NO** Been granted pre-trial diversion?
- YES** **NO** Been arrested or any pending criminal charges?
- YES** **NO** Been cited or charged with any violation of the law?
- YES** **NO** Been subject of a court-martial; Article 15 violation; or received any form of military judgment punishment/action?
- YES** **NO** Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?
- YES** **NO** Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

NOTE: You may only exclude Class C misdemeanor traffic violations.

NOTE: If you answered yes to any of the above questions. Please specify in detail below.

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

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

YES **NO** Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

YES **NO** Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?

YES **NO** Are you currently the target or subject of a grand jury or governmental agency investigation?

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?

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?

YES **NO** *Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

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

YES **NO** Have you ever been granted the authority to practice nursing in any country, state, province, or territory?

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466. NPA 301.252, 301.257, and 301.452-469. Rule 213.27-30.

If your response is **yes** to any of the questions listed above, there is a **POSSIBILITY YOU MAY BE DENIED** the opportunity to take the licensure examination. You may need to submit a petition for "Declaratory Order" to the Board of Nursing. For information or guidance in this process to determine eligibility for licensure by examination, contact the Board of Nursing at (512)305-7400 or go to the web site: www.bon.state.tx.us. The "Declaratory Order" form can be accessed at <http://www.bon.state.tx.us/olv/forms.html>

I have read and understand the above statements. My signature below indicates all answers are truthful and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

This application may not reflect recent program changes. Please access the most up-to-date information on the Texas Health School Vocational Nursing Program's webpage through the link at www.ths.edu.

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 expulsion from the school's program. I understand that the information contained in this application will be read by the faculty and staff of THS as appropriate.

Signature: _____ **Date:** _____

Application cannot be accepted without the above signature.
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APPLICATION – PART III

Physical Standards and Essential Functions

Texas Health School – Vocational Nursing Program has established physical standards and essential functions to ensure that students have the abilities required to participate and potentially be successful in all aspects of the respective programs. Students are required to meet technical standards and essential functions for the Vocational Nursing program as indicated below. If an applicant or student is unable to meet all of the outlined standards, he/she may be withdrawn from the program.

The student must demonstrate the following abilities:

Categories of Essential Functions	Definition	Example of Physical Standard (Not Limited to)
Observation	Ability to participate actively in all demonstrations, laboratory exercise, and clinical experiences in the professional program component and to assess and comprehend the condition of all clients assigned to him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations.	Visual (corrected as necessary) <ul style="list-style-type: none"> • Able to visually discriminate increment readings on syringes, sphygmomanometers and other medical equipment. • Able to visually discriminate different colored objects. • Recognize and interpret facial expressions and body language. • Assess the environment at a distance. Auditory (corrected as necessary) <ul style="list-style-type: none"> • Recognize and respond to soft voices or voices under protective garb. • Distinguish between normal and abnormal lung and heart sounds, evaluate blood pressure. Tactile <ul style="list-style-type: none"> • Palpate a pulse and detect changes or abnormalities of surface texture, skin temperature
Communication	Ability to communicate effectively in English using verbal, non-verbal and written formats with faculty, other students, clients, families and all members of the healthcare team.	<ul style="list-style-type: none"> • Able to elicit information. • Assess nonverbal communications. • Transmit information to clients, fellow students, faculty and staff, and members of the healthcare team. • Receive, write, and interpret written communication in both academic and clinical settings.
Motor	Sufficient motor ability to execute the movement and skills required for safe and effective care and emergency treatment.	<ul style="list-style-type: none"> • Demonstrate adequate coordination, balance, speed and agility to assist and safely guard clients who are walking, exercising or performing other activities. • Move, adjust and position clients or equipment. • Able to provide emergency treatment to clients. • Lift up to 30 lbs. • Stand for long periods of time (6-8 hours).

		<ul style="list-style-type: none"> • Possess finger and manual dexterity necessary to manipulate equipment and to perform patient care procedures (i.e., starting IVs, dressing changes).
Intellectual	Ability to collect, interpret and integrate information and make decisions.	<ul style="list-style-type: none"> • Read and comprehend relevant information in textbooks, medical records and professional literature. • Measure, calculate, reason, analyze and synthesize. • Utilize intellectual abilities, exercise good judgment and complete tasks, within required time limits. • Retain information. • Apply knowledge to new situations and to problem solving scenarios.
Behavioral and Social Attributes	<ul style="list-style-type: none"> • Possess the emotional health and stability required for full utilization of the student's intellectual abilities, the exercise of good judgment, the prompt completion of all academic and patient care responsibilities and the development of mature, sensitive, and effective relationships with clients and other members of the healthcare team. • Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical settings with patients. • Possess compassion, integrity, concern for others, and motivation. • Possess the ability to demonstrate professional behaviors and a strong work ethic. 	<ul style="list-style-type: none"> • Manage heavy academic schedules and deadlines. • Perform in fast paced clinical situations. • Display flexibility. • Sustain professional activities for protracted periods under conditions of physical and emotional stress. • Demonstrate emotional health required for full utilization of intellectual abilities and exercise of good judgment. • Demonstrate integrity, concern for others, interpersonal skills, interest and motivation. • Accepts responsibility and accountability for one's own actions. • Develop mature, sensitive and effective relationships with clients and others. • Comply with the professional standards of the Nurse Practice Act.
<p>Qualified applicants with disabilities are encouraged to apply to the program. It is the responsibility of the applicant to contact the Admissions Office if they feel they cannot meet one or more of the physical standards listed above. Applicants can obtain more information on other programs Texas Health School offers in the medical field.</p>		

I have read and understand the requirements and meet the physical standards and essential functions for the Vocational Nursing Program as indicated above. I understand if I, as an applicant or student, am unable to meet all of the outlined standards, I may be withdrawn from the program.

Signature: _____ **Date:** _____

Vocational Nurse Program Checklist

All applicants **must** provide a copy of the following documentation:

- Submit proof of three (3) Hepatitis B vaccinations.**
 - a) If you received the vaccinations (all 3), just bring in the records.
 - b) If unable to locate the dates of the three (3) vaccinations, you can have a Hepatitis B Titer (blood test) done to show proof of immunity.

- Submit proof of Tdap (Tetanus, Diphtheria, and Pertussis) immunization on or after your 18th birthday.**
 - a) If you received it, has it been within the last 10 years? If so, bring in the records.
 - b) If more than 10 years, you need to receive new vaccination (must include *pertussis*).

- Submit proof of Varicella:**
 - a) Submit proof of two (2) previous Varicella vaccinations. Proof of illness will not count.
 - b) Submit proof of a Varicella Titer (blood test) showing immunity. Titer is good for 5 years.

- Submit proof of MMR (Measles, Mumps, and Rubella):**
 - a) Submit proof of two (2) previous MMR vaccinations spaced at least 28 days apart
 - b) Submit proof of an MMR Titer (blood test) showing immunity. The titer is good for 5 years.

- Influenza Vaccination:**
 - a) You must receive and submit proof of a yearly influenza vaccination.

- Tuberculosis Screening:**
 - a) Receive the Mantoux TB (skin) test, also known as a PPD. Have it read in 48-72 hours with results being negative. Bring in the documentation.
 - b) If done within the last 12 months and it shows negative, bring in.
 - c) What if the skin test comes back positive? You must get a chest x-ray or a serum Quantiferon-Gold TB (blood) test that shows negative results.
 - d) If a healthcare provider says you should have the Quantiferon-Gold TB (blood) test instead of the skin test, it is acceptable as proof.
 - e) A chest x-ray is good for 2 years and the Quantiferon-Gold TB test is good for 1 year.

- COVID Vaccine:** Must be two-series (Moderna or Pfizer) or new single vaccine (provide documentation that it is the single series vaccine)
- Meningitis:**
 - a) If you are under the age of 22, you must obtain a bacterial meningitis vaccination **10 days before** the first day of the course.
 - b) Over the age of 22, it is not required but if you have proof of receiving it-please bring it in.

Texas Health School

HEALTH HISTORY AND PHYSICAL EXAMINATION FORM

Page 1 of 2

Name: _____ Birth date: _____ / _____ / _____
Last First Middle Month Day Year

STUDENT: Please attach completed Immunization Record for provider confirmation

EXAMINER: Complete this form and confirm the immunization record. This person has applied to Texas Health School's VN Program. The information will not affect his/her status and will be used only as background for providing health care. With the exception of the immunization record, no part of this medical record will be disclosed or released without written client permission.

MEDICAL EXAMINATION

(Required within the past year and **prior** to the first day of class.)

Blood pressure: _____ / _____ Pulse: _____ Height: _____ Weight: _____

VISION: Uncorrected: (Left) _____ (Right) _____ Corrected: (Left) _____ (Right) _____

PHYSICAL EXAMINATION

	NORMAL	ABNORMAL FINDINGS
Skin		
HEENT		
Neck		
Cardiovascular		
Lungs		
Breasts		
Abdominal		
Genito-Urinary		
Musculo-Skeletal		
Neurological		
Psychological		

The applicant does does not have a history of emotional, psychological or psychiatric disorder.

Please List any allergies including reaction: _____

Please List any current medications and associated problem: _____

Examiner's Comments/Recommendations: _____

Is student able to participate in rigorous physical activity? Yes _____ No _____

HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED			
Name		Phone #	Stamp:
Address		Fax	
Signature		Date	

Name: _____ Birth date: _____
Last First Middle Month Day Year

Mantoux TB (PPD) Skin Test Information-

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

This section MUST be completed and signed by a licensed health care provider. Please provide the information below:

Date test administered (MM/DD/YYYY): _____

Date test read (MM/DD/YYYY): _____

Reading / Result in millimeters induration: _____

****This Section is to be 100% completed and signed by a licensed healthcare provider**

Vaccinations/Immunizations	Dose #1 Date	Dose #2 Date	Dose #3 Date	Date of positive immune titer
HEPATITIS B (ADULT) 3 Doses required before week 7 of Semester 1 or Titer	____/____/____	____/____/____	____/____/____	<input type="radio"/> Titer attached
Tdap (Tetanus, Diphtheria, Pertussis) Dates of initial series and boosters (booster must be within the past 10 years).	____/____/____ Date of most recent booster			
Varicella Dates of 2 vaccines, or positive titer attached.	____/____/____	____/____/____		<input type="radio"/> Titer attached
MMR (Measles, Mumps, Rubella) Dates of 2 MMR vaccines given after your first birthday; or positive blood titer attached.	____/____/____	____/____/____		<input type="radio"/> Titer attached
Meningitis Date of vaccination if under age 22	____/____/____			
Covid-19 Dates of two Pfizer or Moderna vaccinations or one Johnson & Johnson vaccination	____/____/____	____/____/____		
Influenza Date of annual vaccination	____/____/____	<input type="radio"/> Out of Season at this time		

HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED				
Name		Phone #		Stamp:
Address		Fax		
Signature		Date		



**TEXAS
HEALTH SCHOOL**
Caring for Others

Vocational Nursing Student Recommendation Form

Applicant Instructions:

1. Texas Health School must receive official recommendations directly from your recommender(s).
2. Complete the student information below and then provide this form to each recommender to complete on your behalf.
3. Forms turned in from the applicant must be sealed in an envelope with the recommender’s signature over the sealed area to be accepted.
4. If submitting via postal mail, the recommendation form must be sealed and sent directly from the recommender to: Texas Health School, 11511 Katy Freeway Suite 200, Houston, TX 77079, Attention: VN Admissions.
5. Forms must be received by the application deadline to be considered for admission into the program.
6. Letters of recommendation received without this recommendation form will **NOT** be considered official and will **NOT** satisfy the recommendation requirement.
7. Emailed forms **NOT** accepted.

Applicant Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City/State: _____ Zip Code: _____

Student Signature: _____ Date: _____

Would you recommend this student to care for you or one of your loved ones? Yes or No

	Excellent	Above Average	Average	Below Average
Team Skills				
Verbal expression skills				
Written expression skills				
Attendance/Punctuality				
Perseverance /Determination				
Follows Directions				
Analytical ability				

In what capacity have you known the applicant? Academic or Professional

How long have you know the applicant? _____

Name: _____ Email: _____

Title: _____ Institutional Affiliation: _____

Signature: _____ Date: _____



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Applicant Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City/State: _____ Zip Code: _____

Student Signature: _____ Date: _____

Would you recommend this student to care for you or one of your loved ones? Yes or No

	Excellent	Above Average	Average	Below Average
Team Skills				
Verbal expression skills				
Written expression skills				
Attendance/Punctuality				
Perseverance /Determination				
Follows Directions				
Analytical ability				

In what capacity have you known the applicant? Academic or Professional

How long have you know the applicant? _____

Name: _____ Email: _____

Title: _____ Institutional Affiliation: _____

Signature: _____ Date: _____