

# Howard College - San Angelo



## APPLICATION FOR ADMISSION TO THE VOCATIONAL NURSING (VN) PROGRAM

### RETURN APPLICATION TO:

Howard College Health Professions  
3501 North US Highway 67  
San Angelo, Texas 76905

Health Professions Orientation Date \_\_\_\_\_  
MONTH & YEAR

### PERSONAL INFORMATION *Print Legibly*

Student ID No. \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle (or Maiden) \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
Email Address \_\_\_\_\_

### STATISTICAL INFORMATION *(For Government Reports - Check All That Apply)*

- |                                  |   |   |  |
|----------------------------------|---|---|--|
| <input type="checkbox"/> Male    | <i>CLASSIFICATION</i>                           | <input type="checkbox"/> Receive VA Benefits          | <input type="checkbox"/> White, Non-Hispanic     |
| <input type="checkbox"/> Female  | <input type="checkbox"/> Freshman (0-29 hrs)    | <input type="checkbox"/> Will NOT Receive VA Benefits | <input type="checkbox"/> American Indian         |
| <input type="checkbox"/> Single  | <input type="checkbox"/> Sophomore (30-59 hrs)  | <input type="checkbox"/> Disabled Veteran             | <input type="checkbox"/> Black, Non-Hispanic     |
| <input type="checkbox"/> Married | <input type="checkbox"/> Unclassified (60+ hrs) | <input type="checkbox"/> Approved for Hazelwood       | <input type="checkbox"/> Asian/Pacific Islander  |
|                                  |   | <input type="checkbox"/> Receive Financial Aid        | <input type="checkbox"/> Hispanic                |
|                                  |   |   | <input type="checkbox"/> Other (Foreign Student) |

### LOCAL ADDRESS *(Mailing)*

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### PERMANENT ADDRESS *(If different from local address)*

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Message Phone \_\_\_\_\_

### PREVIOUS EDUCATION

Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
City, State \_\_\_\_\_  
Or, GED (High School Equivalency Certificate) \_\_\_\_\_ Date Earned \_\_\_\_\_  
City, State \_\_\_\_\_ Have you attended another college?  Yes  No  
College Name \_\_\_\_\_ Major \_\_\_\_\_  
City, State \_\_\_\_\_ Are you eligible to return to the last school attended?  Yes  No  
Are you concurrently enrolled in Howard College and another college?  Yes  No Name of College \_\_\_\_\_

LIST COLLEGES ATTENDED	LOCATION (CITY & STATE)	DATES	HOURS EARNED
<small>IF ATTENDED MORE THAN TWO COLLEGES, LIST OTHERS ON SEPARATE SHEET. ESTIMATE HOURS IF UNSURE.</small>			

*If I am accepted as a student at Howard College, I will honor all administrative summons and conform to and abide by the letter and spirit of all the rules, regulations, and procedures of Howard College as given in the College Catalog and Student Handbook. I hereby give the right to disclose to appropriate college officials my school records for use in planning my program. I certify the above information is complete and correct. I acknowledge that deliberate omissions or falsifications may subject me to immediate dismissal from the college.*

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

*I have read and understand the following information as stated in the Nursing Admission Packet:  
Declaratory Order Information • Criminal Background Check*

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**Attendance at a current Health Professions Orientation is mandatory in the admission process each year.  
This application will expire after selections are made for the next class. Applications are accepted September 1 through June 1 only.**

## APPLICATION FOR LICENSURE

A person who can answer "Yes" to any of the questions on 2-6 listed below will need to apply for a Declaratory Order with the Board of Nursing. It is **recommended** for you to complete this process prior to enrolling in the pre-requisite courses and **mandatory to have a clearance letter prior to acceptance in the Vocational Nursing Program**. Responding **NO** when the answer is **YES** will result in program dismissal. A Petition for Declaratory Order must be submitted by the nursing candidate if you can answer 'YES' to questions 2-6. A Petition for Declaratory Order must be submitted by the nursing candidate if you can answer 'yes' to any of the following questions:

- Yes**  **No** (1.) Are you enrolled, planning to enroll, or have you graduated from a nursing program?

Name of Nursing Program: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

Type of Nursing Program: (circle one) LVN RN

Date of Enrollment: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

- Yes**  **No** (2.) 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?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 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 non-disclosure 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 that matter, the Board may require you to provide information about any conduct that raises issues of character.

- Yes**  **No** (3.) Are you currently the target or subject of a grand jury or governmental agency investigation?

- Yes**  **No** (4.) 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?

- Yes**  **No** (5.) \*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** (6.) \*Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorders, 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

\*Pursuant to 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. You may indicate "NO" if you have completed and/ or are in compliance with Texas Peer Assistance Program for Nurses (TPAPN) for substance abuse or mental illness.

\*\*\*IF YOU ANSWER "YES" TO ANY QUESTION #2 - #6, YOU MUST PROVIDE A SIGNED AND DATED LETTER DESCRIBING THE INCIDENCE(S) THAT YOU ARE REPORTING TO THE BOARD.

### Attestation

I, the Petitioner referenced in this application, acknowledge this document is a legal document and I attest that the statements herein contained are true in every respect. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.

Further, I understand that it is a violation of the 22 TAC § 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and

I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider.

I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name \_\_\_\_\_