



Frank Phillips College
Vocational Nursing Department
1101 W. Roosevelt
P.O. Box 5118
Borger, TX 79008
806-457-4200 ext. 746
www.fpctx.edu



**KEEP THIS INFORMATION TO REMIND YOU OF NEEDED REQUIREMENTS.
THE FOLLOWING ENTRANCE REQUIREMENTS HAVE BEEN LISTED FOR YOU AS A
GUIDELINE FOR APPLICATION TO THE VOCATIONAL NURSING PROGRAM.**

1. Applicants to the Vocational Nursing Program must meet the general admission requirements including taking the college entrance test, as written in the FPC college catalog. Complete the Frank Phillips College, Application for Admission and return to the appropriate address. The application is located on the college website: www.fpctx.edu. Applicants will need to call Student Central at 806 457-4200, ext. 842 or 843 to schedule the Accuplacer college entrance test.
2. The applicant must complete a Vocational Nursing application for entry into the program. Fill in each blank on the student application forms. Return both pages of the Vocational Nursing application (pages 3 & 4) and the Texas Board of Nursing Eligibility Questions (page 5) to the Nursing Department by **Friday, April 16, 2010.** Please submit your application as soon as possible so we may start your file.
3. Complete the **PreCheck Background** check **by Friday, April 16, 2010.** Instructions for the background check are located on the PreCheck website: www.PreCheck.com
 - *Click on StudentCheck
 - *Click on Order Student Background Check – this will open a new tab StudentMain
 - * Click on StudentMain tab & select school – Frank Phillips College & select program
 - *Follow instructions on website to complete background check process. If you need further assistance, please contact PreCheck at: StudentCheck@PreCheck.com**Applications will not be considered without the completed background verification. Students are responsible for the cost of the background verification.** The background check will be used to assist in determining eligibility for acceptance into the nursing program. If you answered “yes” to any of the Texas Board of Nursing eligibility questions you may be required to complete a “Petition for Declaratory Order.” Please see the Texas Board of Nursing website: www.bne.state.tx.us for more information.
4. The **Vocational Nursing Student Policies** are located on the FPC Vocational Nursing web page. Applicants must print and read all of the VN Student Policies and sign the **FPC Vocational Nursing Program Policy Statement** (pages 22-25). The signed forms must be submitted to the Nursing Department by **April 16, 2010.** Signing of the policy statement constitutes an agreement to abide by the policies.
5. A physical examination by your physician is necessary upon acceptance to the nursing program. The required form is attached (page 6) and the original form must be returned to the Nursing Department by **May 28, 2010.** **The physical examination cannot be dated prior to April 16, 2010.**
6. A record of immunizations, physical exam, and TB test results must be on file in the Nursing Department by **May 28, 2010.** The attached Immunization Form (pages 7 & 8) must be completed and returned to the Nursing Department. Proof of immunizations, i.e. Immunization record, must be

submitted with the form or the physician/nurse/pharmacist who administered the immunization may sign the form for verification. **DO NOT WAIT TO START YOUR IMMUNIZATIONS!** **Accepted nursing students will not be allowed to start clinical classes in the fall semester unless all required immunizations are complete.**

7. A copy of your high school transcript or your GED test scores must be received in the Nursing Department by **April 16, 2010**. **Official** transcripts from **all** colleges previously attended are also required to be submitted by **April 16, 2010**. *Applicants will not be considered for acceptance to the nursing program without high school transcript or GED test scores.*
8. The ATI Test of Essential Academic Skills (TEAS) is required. You must make an appointment with the Nursing Department to take this test on one of the scheduled dates. A testing schedule will be available after January 25, 2010 on the Vocational Nursing webpage on the FPC website or call the nursing department for dates & times. **It is important to test early!** A TEAS Study Guide is available for purchase on the ATI web site at www.atitesting.com. A \$35.00 testing fee must be paid before taking the ATI TEAS. You may pay the fee on the day of your scheduled test. For returning students, test scores must be 2 years old or less. Scores older than 2 years require the applicant to retest. If you do not obtain the minimum scores on the TEAS test on your first attempt you will be allowed to retake the test one time.
9. The applicant must submit (2) two letters of reference by **April 16, 2009**. The letters of reference must be mailed to the FPC Director of Nursing. Letters of reference **should not** be from friends or relatives and **should not** be hand delivered. Letters of reference **should** be from a reliable source such as teachers, employers, coaches, guidance counselors, physicians, nurses, or ministers.
10. Applicants will be required to meet with the FPC nursing faculty for an advising session prior to acceptance in the Vocational Nursing Program.
11. All accepted students will be required to complete the electronic fingerprint process and DPS/FBI criminal background check at their own expense prior to applying for the NCLEX-PN examination.

If you have any questions or need help with your application, call the Nursing Department at the number above. Send completed application to:

Frank Phillips College
Vocational Nursing Department
P.O. Box 5118
Borger, Texas 79008-5118

OFFICIAL TRANSCRIPTS MUST BE MAILED TO THE NURSING DEPARTMENT BEFORE
MINI-TERM REGISTRATION IN MAY

Frank Phillips College is an equal opportunity Community College.
The information required on this application is subject to change without notice.



Frank Phillips College



1301 W. Roosevelt
P.O. Box 5118
Borger, TX 79008
806-457-4200, ext 746

www.fpctx.edu

VOCATIONAL NURSING APPLICATION
2010-2011

STUDENT APPLICATION

Date: _____

To be returned to the Vocational Nursing Department

Name _____ Soc. Sec. # _____
Last First Middle

Other names known by: _____ Date of Birth _____

Ethnic Group (circle one) White Black Hispanic Asian/Pacific Islander American Indian/Alaskan

Mailing Address _____ Email: _____

City _____ State _____ Zip _____ Phone _____

In the blanks below name the schools you have attended, their location, and the grades you completed.
Include other names you may have been registered as.

High School _____ Grade Completed _____

College _____ Grade Completed _____

Other Schooling _____ Grade Completed _____

Have you ever attended any nursing program? _____ If yes, what type? _____

Name and Address of Nursing School attended _____

Reason for withdrawal _____

Do you authorize your doctor(s) to release our health records to this agency?

Yes _____ No _____

List last two employers (including present). Give names, addresses, city, state, and zip.

1. Employer Name & Address _____

Dates of Employment: _____ Job Title _____

2. Employer Name & Address _____

Dates of Employment: _____ Job Title _____

EMERGENCY CONTACT: TWO (2) PEOPLE & PHONE NUMBERS WHO DON'T LIVE WITH YOU

I certify that the above statements are true and correct. I authorize FPC Vocational Nursing Program to investigate my personal history or work record if necessary. I understand that my eligibility is based on the results of the TEAS test, background verification, recommendation letters and advising session interview.

Signature of Applicant _____

Please list your clinical site. List your first three choices. If you do not select a clinical site, one will chosen for you.

CLINICAL SITE CHOICES ARE:

1. _____
2. _____
3. _____

Borger
Dumas/Dalhart
Pampa
Perryton/Guymon, OK

Please give the following information on courses you have completed:

	Course Name	Credit Hours	Grade	College where credit earned
BIOL 2401	A&P I			
BIOL 2402	A&P II			
BIOL 2421	Microbiology			
PSYC 2301	General Psychology			
BIOL 1322	Elementary Nutrition			

Have you applied at Frank Phillips College Nursing Department before? ___ If yes, list year: _____

Have you passed THEA, Accuplacer, or other approved college entrance test: Yes _____ No _____

Indicate which test you have taken: _____ Score _____

Revised 1/2010

Texas Board of Nursing
333 Guadalupe, 3-400, Austin, TX 78701

- (1) Social Security Number _____ Telephone Number: _____
- (2) Last Name: _____ First Name: _____
- (3) Middle Name: _____ Maiden Name: _____ Suffix (Jr. II): _____
- (4) Current Mailing Address: _____ Apt#: _____
- (5) City: _____ State: _____ Zip + 4: _____
- (6) Name of School: _____ (7) City : _____
- (8) Graduation date: _____
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Eligibility Questions

1) No Yes 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 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. Nondisclosure 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 that criminal matter.

- 2) No Yes Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) No Yes 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) No Yes Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
- 5) No Yes 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, you must apply for a Declaratory Order through the Board of Nursing prior to applying to the Frank Phillips College Vocational Nursing Program. Information on Declaratory Orders can be located at the Board of Nurse Examiners Web site at: www.bne.state.tx.us

SIGNATURE: _____ DATE: _____ Reviewed 11/2008



**FRANK PHILLIPS COLLEGE
VOCATIONAL NURSING DEPARTMENT
P.O. Box 5118
Borger, TX 79008-5118**



PHYSICAL EXAMINATION OF APPLICANT

1. Name _____ Date _____
2. Address _____ Phone _____
3. Age _____ Height _____ Weight _____
4. Past History: illnesses, operations, & injuries (complete with dates) _____

5. Eyes: Vision: R _____ L _____ With Glasses: R _____ L _____
6. Ears: Condition: R _____ L _____ Hearing: R _____ L _____
7. Nose: _____ Sinuses: _____
8. Teeth: _____ Tonsils: _____
9. Thyroid: _____ Skin: _____
10. Heart: _____ Lungs: _____
11. Abdomen: _____ Hernia: _____
12. Feet: R _____ L _____ Varicose Veins: _____
13. Back: _____
14. Posture: _____ Reflexes: _____

Defects found:

Corrections made or recommended:

In your opinion, is this individual in suitable physical and emotional condition to pursue vocational nursing education? _____

If not, why? _____

Signature of examining physician

Address _____ City _____ State _____ Zip _____

Telephone _____

Original form must be returned to the Vocational Nursing Department!!!

Reviewed 11/2008

Hepatitis B must show proof of:	
A. Three doses of vaccine administered over a period of 4 to 6 months OR There is a 4 month accelerated series approved by the CDC and TDHS. Administer vaccine at 1st month, 2nd month, & 4th month.	Date #1 _____ (mm/dd/yy)
	Date #2 _____ (mm/dd/yy)
	Date #3 _____ (mm/dd/yy)
B. Serologic test positive for Hepatitis B antibody **See note.	Date _____ Result _____ (mm/dd/yy)

Varicella must show proof of:	
A. Two doses of Varicella vaccine administered 4-8 weeks apart OR	Date #1 _____ Date #2 _____ (mm/dd/yy) (mm/dd/yy)
B. Serologic test positive for Varicella antibody OR **See note.	Date _____ Results _____ (mm/dd/yy)
C. Physician documented history of diagnosis of Varicella **See note.	Date Disease Occurred _____ (mm/dd/yy)

Diphtheria, Tetanus (TD): One dose within past 10 years	Date _____ (mm/dd/yy)
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Tuberculin Test (PPD): Must be performed annually *Or copy of chest x-ray report if reactive PPD	Date Administered _____ Date Read: _____ Results: _____ Test Read By: _____
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Primary Care Provider Information:	
Printed Name _____	
Address _____	
Signature of Primary Care Provider _____	Date _____

Original form must be returned to the Vocational Nursing Department!!!