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. 844 to schedule the TSI 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, May 19, 2017. Please submit your application as soon as possible so we may start your file.

3. **Important Change:** The Texas Board of Nursing now requires students to be Board approved before entering a Nursing program. Therefore, FPC nursing program will require all students to undergo their DPS/FBI criminal fingerprint background check during the Spring/Summer, so results can be obtained before August 1, 2017.
   - Students with a clear background will be mailed a blue card
   - Students who have a positive criminal history will be required to go through the declaratory order process. If the nature of the issue can be resolved within the delegated authority of the Operations Department, there will be no charge and the student will be sent an operations outcome letter stating that they will be allowed to take the NCLEX upon graduation. If the nature of the criminal issue is beyond the delegated authority of the Operations Department and must be transferred to the Enforcement Department for review, the student will be billed a $150 review fee. Only upon receipt of the fee will the file be transferred to the Enforcement Department for review. **This step could take up to 90 days.**
   - Students must provide blue card, operations outcome letter, or enforcement letter to the FPC nursing office by August 1, 2017. This change makes it very important to submit applications as soon as possible so your name can be added to the roster submitted to the Texas BON. 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 May 19, 2017. 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 August 1, 2017. **The physical examination cannot be dated prior to May 13, 2016.**
6. A record of immunizations, physical exam, and TB test results must be on file in the Nursing Department by **August 1, 2017**. 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, your GED test scores, and/ or Official transcripts from all colleges previously attended must be received in the Nursing Department by **August 1, 2017**. Applicants will not be considered for acceptance to the nursing program without transcripts or GED test scores.

8. The HESI admission assessment exam is required. You must make an appointment with the Nursing Department to take this test on one of the scheduled dates. A testing schedule is available on the Vocational Nursing webpage, on the FPC website, or call the nursing department for dates & times. **It is important to test early!** A $50.00 testing fee must be paid before taking the HESI. 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 HESI test on your first attempt you will be allowed to retake the test one time. You will be notified of acceptance into the program by letter from the DON within 2 weeks.

9. 2 Reference letters. One letter MUST be from a former teacher (high school or college). One letter MUST be from a former employer or coworker. Letters must be mailed to Frank Phillips College Nursing Dept.

10. Applicants will be required to meet with the FPC nursing faculty for an advising session prior to acceptance in the Vocational Nursing Program. This meeting will be a face to face interview.

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**

Revised 1/2017

Frank Phillips College is an equal opportunity Community College. The information required on this application is subject to change without notice.
STUDENT APPLICATION
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 HESI 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 chose for you.

1. ____________________________
   - Borger
   - Dumas
   - Dalhart

2. ____________________________
   - Perryton
   - Pampa

3. ____________________________

Please give the following information on courses you have completed:

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>College where credit earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2401</td>
<td>A&amp;P I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2402</td>
<td>A&amp;P II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HITT 1305</td>
<td>Medical Terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 2301</td>
<td>General Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 1322</td>
<td>Elementary Nutrition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Have you passed TSI, or other approved college entrance test: Yes ______ No ______

Indicate which test you have taken: ____________________________ Score________________________

Revised 1/2016
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: __________________________

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 no contest, 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 a 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, canceled, 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 1/2016
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 1/2016
### Immunizations and Tests
Required by State Law/Clinical Facilities

**Name:** _____________________________  **Date of Birth:** _______________________

**Program:** ___________________________  **FPC ID#:** ___________________________

---

#### Measles (Rubeola):
Those born on or after January 1, 1957, must show proof of either:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date #1</th>
<th>Date #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Two doses of measles vaccine on or after their first birthday and at least 30 days apart OR *See note.</td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>

#### Mumps:
Those born on or after January 1, 1957, must show proof of either:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. One dose of mumps vaccine on or after their first birthday OR</td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>

#### Rubella:
Those born on or after January 1, 1957, must show proof of either:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. One dose of Rubella vaccine on or after their first birthday OR</td>
<td>(mm/dd/yy)</td>
</tr>
<tr>
<td>B. Record of physician-diagnosed Rubella OR **See note.</td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>
### Serologic test positive for Rubella antibody

**See note.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>

*Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible.

**Must be the date of diagnosis or test collection; not when primary care provider signed immunization form.

*Vaccines administered after September 1, 1991 shall include the MM/DD/YY each vaccine was given.

---

### Hepatitis B must show proof of:

<table>
<thead>
<tr>
<th>A. Three doses of vaccine administered over a period of 4 to 6 months <strong>OR</strong> There is a 4 month accelerated series approved by the CDC and TDHS. Administer vaccine at 1st month, 2nd month, &amp; 4th month.</th>
<th>Date #1</th>
<th>Date #2</th>
<th>Date #3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>

---

### Varicella must show proof of:

<table>
<thead>
<tr>
<th>A. Two doses of Varicella vaccine administered 4-8 weeks apart <strong>OR</strong></th>
<th>Date #1</th>
<th>Date #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Serologic test positive for Varicella antibody <strong>OR</strong> <strong>See note.</strong></th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mm/dd/yy)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Physician documented history of diagnosis of Varicella <strong>See note.</strong></th>
<th>Date Disease Occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mm/dd/yy)</td>
</tr>
</tbody>
</table>

---

### Diphtheria, Tetanus (TDAP):

One dose within past 10 years

<table>
<thead>
<tr>
<th>Date</th>
<th>(mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Meningococcal

<table>
<thead>
<tr>
<th>Date</th>
<th>(mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tuberculin Test (PPD):

<table>
<thead>
<tr>
<th>Date Administered</th>
<th>Date Read:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Must be performed annually
*Or copy of chest x-ray report if reactive PPD

Results:   __________________  Test Read By:   __________________

<table>
<thead>
<tr>
<th>Primary Care Provider Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Signature of Primary Care Provider</td>
</tr>
</tbody>
</table>

Original form **must be returned to the Vocational Nursing Department!!!**
Reviewed 1/2017
STUDENT CHECK LIST

Use this form as a checklist of your application process. Once it is complete, you
know your file is complete. Please do not wait to turn in your application till you
have all these items. Turn in your application and then fill in items as they come in.

_______ Apply to FPC
_______ TSI complete
_______ Student Application (return ASAP)
_______ BNE questionnaire (pg 5 of application packet)
_______ HESI Entrance Exam (schedule time)
_______ College Transcripts (all colleges attended)
_______ H.S. Transcripts (only if no college transcript)
_______ Immunizations / shots needed
_______ Physical (after May 13th and before Aug. 1st)
_______ Background/ FBI fingerprint
_______ Policies (on website)
_______ Reference letters (2)
_______ D.O. (if app. Due to activity on background check)
_______ Attend Orientation (TBA)
_______ Blue Card
_______ Letter of Eligibility (if filled out a D.O.)
_______ Apply for scholarships (April)
_______ Fill out FASFA (we encourage everyone to fill this out)