



## Associate Degree Nursing Program - LVN TO ADN

**APPLICATION PACKET FALL 2024**

**MUST BE TURNED IN BY**

**April 3, 2024, by 12:00 P.M. (Noon)**

**\*\* NO LATE APPLICATIONS WILL BE ACCEPTED \*\***

APPLICATION PACKET MAY BE BROUGHT INTO THE OFFICE ANYTIME BEFORE THE DEADLINE

**Application Packet Turn in Location:**

South Plains College Allied Health Building

202 Clubview Drive, Levelland, Texas 79336

### The Application Packet Documents

- ADNP application for admission
- Criminal Background Certification
- Information Regarding Course Work
- English Proficiency of Student Nurse
- Verification of Workplace Eligibility
- High School Transcript / GED Scores
- TSI Compliance
- TEAS Scores for Reading, Math, English, and Science
- Official, sealed Transcripts from all colleges and/or universities attended

**SOUTH PLAINS COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM LVN – ADN  
APPLICATION FOR ADMISSION**

PLEASE PRINT IN INK OR TYPE:

DATE: \_\_\_\_\_

**NO APPLICATIONS WILL BE TAKEN WITHOUT SPC COLLEGE ID NUMBER - LOOK ON TEXAN CONNECT FOR INFORMATION**

STUDENT COLLEGE ID#: \_\_\_\_\_ SEMESTER APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Former or Maiden Name

ADDRESS: \_\_\_\_\_  
City State Zip Code

TELEPHONE: \_\_\_\_\_ DOB \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

**(ALL CORRESPONDENCE WILL BE THROUGH E-MAIL ONLY)**

WORKING E-MAIL ADDRESS: \_\_\_\_\_

Are you a military veteran? \_\_\_\_yes \_\_\_\_no High School or GED or Home School (circle one)

High School Name: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Any Health-Care Training: \_\_\_\_\_ TYPE: \_\_\_\_\_ Facility: \_\_\_\_\_  
YES NO

Certifications: \_\_\_\_\_

Employment in healthcare setting \_\_\_\_\_ Dates worked within last 5 years \_\_\_\_\_  
YES NO

Have you previously attended a nursing program? LVN \_\_\_\_\_ DIPLOMA \_\_\_\_\_ ADN \_\_\_\_\_ BSN \_\_\_\_\_

Date Attended: \_\_\_\_\_

Name and Address of Nursing School attended: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

Are you eligible for Re-Admission YES NO  
(If yes, must provide a Letter of Standing from previous School of Nursing)

If an LVN, are you currently practicing? (Circle one) YES NO

License # \_\_\_\_\_ STATE: \_\_\_\_\_ (Please provide a copy of license with application)

Have you ever repeated any science courses? YES NO  
If YES, list the reason why \_\_\_\_\_

**\*\*IF ANATOMY & PHYSIOLOGY I & II, AND MICROBIOLOGY ARE OVER 5 YEARS OLD THEY MUST BE REPEATED\*\***

Provide a short essay on why you have chosen nursing as a career and list some of your career goals using the space provided here.

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (LIST TWO [2] PERSONS WITH PHONE NUMBERS):

---

---

I hereby certify that the above information is true and correct, and I realize that giving false information or willfully withholding pertinent information will result in disciplinary actions including dismissal from the program. I hereby authorize South Plains College to verify any of the information on this application. I also understand that this completed application and other required information must be submitted to the program director to be considered for admission to this program.

I certify the statements made on this application are true.

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

\_\_\_\_\_

Signature of Applicant

**It is the policy of South Plains College to offer all educational and employment opportunities without regard to race, color, national origin, sex, handicap, or age.**

**NOTE: Falsification of any information or omission of information on this application will result in denial of admission into the program. If a student is admitted to the program and it is later determined that information was falsified or omitted, the student will be dismissed from the program.**

**SOUTH PLAINS COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM  
INFORMATION REGARDING COURSE WORK**

Name: \_\_\_\_\_

TSI Status \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Please check all pre-requisites completed:

- ENGLISH 1301
- PSYCHOLOGY 2314 Human Growth & Development
- BIOLOGY 2401 Human Anatomy & Physiology I
- BIOLOGY 2402 Human Anatomy & Physiology II

\*\* ANATOMY & PHYSIOLOGY I & II, and MICROBIOLOGY MUST BE COMPLETED WITHIN 5 YEARS. NO MORE THAN 3 SCIENCES TOTAL MAY BE REPEATED. \*NOT PER SCIENCE CLASS\*.

I authorize my grades to be released to the SPC Associate Degree Nursing Program Director.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*INFORMATION OBTAINED WILL BE USED IN FIGURING NURSING GRADE POINT AVERAGE  
TO DETERMINE APPLICANT'S RANK FOR POINT SYSTEM\*\*

Revised: 06/2022

**Criminal Background Certification**

The following are the questions that each candidate for licensure must answer. You may access the full information form the BON's website at [www.bon.state.tx.us](http://www.bon.state.tx.us)

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 ADN Diploma BSN

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

2. Write Yes or No for any criminal offense, including those pending appeal: (Please answer in each space provided)

\_\_\_\_\_ 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 or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application. You will need a declaratory order for arrests while a minor.

### 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. 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. 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.

(OVER)

3. [ ] Yes [ ] No Are you currently the target or subject of a grand jury or governmental agency investigation?

4. [ ] 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?

5.  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?

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

7.  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.

\*Pursuant to 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 Texas Occupations Code §301.466.

## 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)(l) 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.

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

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Name (PRINT):** \_\_\_\_\_

**Social Security#** \_\_\_\_\_

Communication with patients, families, staff, instructors, and other personnel is an important, therapeutic nursing skill that all nurses must possess. Communication includes understanding the message and being understood. All student nurses must be proficient in oral English skills. Please sign this form and mark the appropriate statement which best describes your oral English proficiency.

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

Student ID: \_\_\_\_\_

\_\_\_\_\_ (1) I possess the oral English skills necessary for effective communication with patients, families, staff, instructors, and other health care personnel.

\_\_\_\_\_ (2) I do not possess the oral English skills necessary for effective communication with patients, families, staff, instructors, and other health care personnel.

---

Signature

Date

It is the policy of UMC that any former employee who is ineligible for rehire **CANNOT** perform clinical rotations at UMC until approved by UMC Vice President, Adrienne Cozart.

**\*\*Turn in written approval before admitted into the program\*\***

If a student is unable to perform clinical rotations at UMC; they are ineligible to enter South Plains College Nursing Programs.

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

Check one of the following:

\_\_\_\_ I have never been employed by the major hospitals here in Lubbock.

\_\_\_\_ I am currently employed at \_\_\_\_\_

\_\_\_\_ I have been employed in the past at \_\_\_\_\_  
and I am

a) \_\_\_\_ Eligible for re-hire

b) \_\_\_\_ Not eligible for re-hire

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CHECKLIST FOR YOU TO KEEP



- Student ID number \_\_\_\_\_
- TSI Compliance \_\_\_\_\_
- Email address \_\_\_\_\_

(Use preferred email you check daily)

- The Nursing program will require all Transcripts for all colleges and universities attended attached to the application.
- Please inquire with the Texas Board of Nursing whether you need a declaratory order. It may take 3-9 months to receive a letter from the Texas Board of Nursing. SPC Nursing department must receive the letter from the Texas Board of Nursing regarding clearance on declaratory order before the first day of class. You cannot attend the nursing program until the letter of clearance from Texas Board of Nursing is received.

## **After acceptance into the program, do the following:**

- CPR Certification from American Heart Association or schedule CPR class with Nursing department
- Check your financial aid early & frequently with the financial aid office at least by the week of registration.
- Check your SPC Texan connect for any sudden changes.
- If you change marital status or have a name changes you will need to make changes with Admissions, then make changes with the Nursing Department.
- Do not forget to sign up with your nursing department advisor. You are required to meet with your advisor on the advising day. You will receive an email with the name of your advisor after acceptance into the nursing program.

# SOUTH PLAINS COLLEGE ASSOCIATE DEGREE NURSING PROGRAM – LVN to ADN

## ESTIMATED PRICE LIST (SUBJECT TO CHANGE)

A computer with a webcam and internet access is required while enrolled in the ADNP.

### ORIENTATION:

- Uniforms \$250-\$300 White Shoes \$50-\$75 Bandage Scissors \$5-\$20 Penlight \$5
- Admission finger printing approximately \$50
- Admission Drug Screen \$65

### OTHER ITEMS NOT INCLUDED IN THE ABOVE ESTIMATE:

- CPR (required every 2 years) \$60
- Physical exam and immunizations
- Watch with second hand. No smart watches in lab or clinical.

### FIRST (TRANSITION) SEMESTER: \$2650 - \$3400

- Tuition: 8 hours = \$1172 - \$1652 (nursing classes only)  
\*\* Tuition cost varies for In-district, Out-of-district or Non-resident.
- Lab Kits and Fees, Testing Fees = \$580
- Drug Screen Fee \$50
- Required Textbooks Used approx. \$900 New approx. \$1150

### SECOND SEMESTER: \$2375 - \$3175

- Tuition = 10 hours = \$1346 - \$1946 (Nursing Classes Only)  
\*\* Tuition cost varies for In-district, Out-of-district or Non-resident.
- Lab and Testing Fees = \$400
- Drug Screen Fee \$50
- Required Textbooks Used approx. \$550 New approx. \$750

### THIRD SEMESTER: \$2950 - \$3808

- Tuition = 11 hours = \$1618 - \$2278 (Nursing Classes Only)
- Lab and Testing Fees = \$800
- Drug Screen Fee \$50
- Required Textbooks Used approx. \$500 New approx. 700

### Prior to graduation, you will have these estimated additional costs:

- State Board fee \$100
- NCLEX Exam fee \$200
- Class graduation ceremony cost \$10- \$20
- Nursing pin \$45 - \$500

### TOTAL PROGRAM COST (ESTIMATE & SUBJECT TO CHANGE)

In-district \$9,350

Out-of-district \$11,750