



SOUTH PLAINS COLLEGE

Vocational Nursing Program

**APPLICATION PACKET MUST BE TURNED IN BY
February 7, 2024 no later than 12:00 P.M. (Noon)
Application Period is October 18, 2023 to February 7, 2024**

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

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

Application Packet Turn In Location:

Levelland

202 Clubview Dr.
Nursing Office AH 100
Levelland, Tx 79336

SPC Plainview Center

1920 W. 24th St.
Nursing Office PC104A
Plainview, TX 79072

SPC Reese Center

819 Gilbert Drive
Building 8, Room 805
Lubbock, TX 79416

The Application Packet Documents

VNSG application for admission

Criminal Background Certification

Information Regarding Course Work

English Proficiency of Student Nurse

Verification of Workplace Eligibility

High School Transcript / GED Scores showing a 2.0 or higher GPA

TSI Compliance

TEAS Scores for Reading, Math, English (Each score of 58.7 or higher), Science (points awarded based on score)

Official Transcripts from all colleges and/or universities attended outside of SPC (Cumulative GPA 2.0 or Higher)

Physical Form completed by physician

Additional Requirements prior to beginning the LVN Program

Physical Form completed by physician

Immunizations:

- o current TB test
- o Tdap
- o MMR [2 doses]
- o Hepatitis B [3 doses],
- o Varicella [2 doses]
- o Flu shot will be required by Oct., 1, 2024
- o Copy of Covid vaccine or Declination form

American Heart Association CPR Certification

CPR for Health Care Provider by the American Heart Association we cannot accept other types!

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING
PROGRAM APPLICATION
FOR ADMISSION**

PLEASE PRINT IN INK OR TYPE: Select the Campus to Attend: Levelland Reese Plainview DATE: _____

NO APPLICATIONS WILL BE TAKEN WITHOUT SPC COLLEGE ID NUMBER - LOOK ON CAMPUS 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

High School Name: _____

College: _____ Degree: _____

Any Health-Care Training: YES NO TYPE: _____ Facility: _____

Certifications: _____

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

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.)

Have you ever repeated any science courses? YES NO

If YES, list the reason why _____

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

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.

Criminal Background Certification

The following are the questions that each candidate for licensure must answer. You may access the full information from the BON's website at 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: (check 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. 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. 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.

(OVER)

3. Yes No Are you currently the target or subject of a grand jury or governmental agency investigation?
4. Yes No 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?
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 *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 TO THE BOARD OF NURSING DESCRIBING THE INCIDENCE(S) THAT YOU ARE REPORTING TO THE BOARD, AS WELL AS SUPPORTING DOCUMENTATION. REFER TO THE INSTRUCTIONS PAGE FOR MORE INFORMATION.

https://www.bon.texas.gov/forms_declaratory_order.asp.html

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: _____

APPLICANT’S NAME (PRINT): _____

SOCIAL SECURITY # _____

**SOUTH PLAINS COLLEGE
VOCATIONAL NURSING
PROGRAM
INFORMATION REGARDING COURSE WORK**

Student Name: _____

TSI Compliant: Y N

TEAS Status: Reading, English, and Math 58.7 or higher and Science (points awarded based on score): Y N

Cumulative GPA 2.0 or higher _____

Complete the American Heart Association Certified CPR Class prior to applying for Vocational Nursing Program.

** Anatomy and Physiology I & II must both be completed within the last 5 years with a score of A or B in order to be considered as an exemption for VNSG 1420 A&P for Allied Health. No more than 2 sciences total may be repeated.** The LVN Admissions committee will approve or deny the exemption.

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

APPLICANT'S SIGNATURE: _____ DATE: _____

English Proficiency of Student Nurses

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

Verification of Workplace Eligibility

It is the policy of UMC/Covenant that any former employee who is ineligible for rehire **CANNOT** perform clinical rotations at UMC/Covenant until approved by agency administration.

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

If a student is unable to perform clinical rotations at UMC/Covenant, 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

APPLICANT'S SIGNATURE: _____ DATE: _____

South Plains College
Vocational Nursing Program - Plainview Center
IMMUNIZATION REQUIREMENTS AND PHYSICAL FORM

NAME _____ ADDRESS _____
(City, State, Zip)
PHONE NUMBER _____ Student ID # _____
AGE _____ SEX _____ DATE OF BIRTH _____ WT. _____ Ht. _____
Health Care Provider _____ DATE OF VISIT _____

Please have your physician or health clinic complete the following data. Our program follows the requirements of the area hospitals where student clinical rotation is completed. **Please bring a printed list of all current medication(s) prescribed by your physician**

I. IMMUNIZATIONS:

A. MMR VACCINE: If you were born after 1957, you must show proof of two vaccines, or lab titer, by physician's dated statement and immunization record. If your lab titer or vaccine was before 1980-, you must have it repeated because of a major change in the vaccine that year.

Date: _____ Date: _____ Titer Level: _____ Immune: Yes No

B. VARICELLA: must have either vaccine or titer showing immunity

Titer: Date: _____ Immune: Yes No

Vaccine: Date: _____ Date: _____

C. HEPATITIS B in a series of 3 doses is required. Serologic testing for response to the series (titer) must be completed 1-2 months after receiving the last dose of vaccine. If the titer is positive, no further testing is required for life. If the titer is negative, the 3 dose series must be repeated with a titer 1-2 months after the last dose. If the second titer is negative, counseling will be initiated regarding non-responder status. **If you have not had a titer drawn and received the series as an infant, you must get a booster followed by a titer one month later.**

Date: _____ Date: _____ Date: _____ Titer Date: _____ Titer Level: _____ Immune: Yes No

Date: _____ Date: _____ Date: _____ Titer Date: _____ Titer Level: _____ Immune: Yes No

D. TDAP Vaccine (Must be within last 10 years) Date: _____

E. Meningococcal Vaccine (MCV4): Required if under 22 years of age Date: _____

F. TB Test (MANTOUX PPD) **must be within last 12 months:**

Date: _____ Results: _____

IF POSITIVE: X-RAY Date: _____ Results: _____ Treatment: _____

(Additional x-rays every two years are no longer required. Refer for follow-up & treatment if becomes Symptomatic).

G. Flu Vaccine: _____ (August candidates must have new flu vaccine each October)

H. COVID-19 Vaccine: #1 _____ **#2** _____ **OR J&J** _____

Please provide a COPY of all vaccinations in addition to the documentation above. Declination forms available per request if declining to receive flu vaccine or COVID vaccine.

II. EXAM DATA

Blood pressure _____ Pulse _____ Respirations: _____

Range of Motion: _____ Bending _____ Squats _____

General Physical Condition: _____

In your opinion, is this individual in suitable physical and emotional condition to attend the Vocational Nursing Program?

If not, why? _____

Signature of Examining Health Care Provider

Health Care Provider's Name (please print)

CHECKLIST FOR YOU TO KEEP



Student ID number _____

TSI Compliant: Y N

TEAS Status: Reading, English, and Math 58.7 or higher and Science (points awarded based on score): Y N

Cumulative GPA 2.0 or higher _____

Email address _____

(Use preferred email address you check daily)

- The Nursing program will require all Transcripts for all colleges and universities attended attached to the application.
- American Heart Association CPR Certification.

After acceptance into the program, do the following:

- 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

SOUTH PLAINS COLLEGE VOCATIONAL NURSING PROGRAM

ESTIMATED PRICE LIST (SUBJECT TO CHANGE)

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

ORIENTATION:

- Uniforms \$250-\$300 White Shoes \$50-\$75 Bandage Scissors \$5-\$20 Penlight \$5 Stethoscope \$35-\$50
- Admission finger printing approximately \$50
- Admission Drug Screen \$50

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 SEMESTER: \$5677

- Tuition = 16 hours only = \$4277 (nursing classes only)
** Tuition cost varies for In-district, Out-of-district or Non-resident.
- Required Textbooks New approx. \$1400
** Textbooks used throughout the entire VNSG program

SECOND SEMESTER: \$3938

- Tuition: 16 hours = \$3938 (nursing classes only)
** Tuition cost varies for In-district, Out-of-district or Non-resident.

THIRD SEMESTER: \$3743

- Tuition = 16 hours = \$3743 (Nursing Classes Only)
** Tuition cost varies for In-district, Out-of-district or Non-resident.

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

- State Board fee \$100
- NCLEX-PN Exam fee \$200
- Nursing pin \$40
- Nursing lamp \$27

TOTAL PROGRAM COST (ESTIMATE & SUBJECT TO CHANGE)

In-district \$ 8,850

Out-of-district \$14,335

NOTE: for specific program costs go to:

<http://www.southplainscollege.edu/admission-aid/paying-for-school/tuitionfees.php>