Spring 2016

Program Information

and

Application Instructions
San Jacinto College – South
ADN Transition Program
Admissions Information

The San Jacinto College – South Associates Degree in Nursing (ADN) Transition Program for Licensed Vocational Nurse (LVN) and Paramedics is a one academic year program. Upon successful program completion, students earn an associate’s degree in nursing and may sit for the National Council Licensure Examination (NCLEX-RN). The program curriculum includes a combination of class lectures, simulation and clinical experience in a variety of healthcare settings throughout the Houston metropolitan area.

The Texas High Education Coordinating Board (THECB) and the Texas Board of Nursing (BON) approves the ADN Transition program. The program is accredited by the Accreditation Commission for Education in Nursing (ACEN) and regulated by the BON.

Texas Board of Nursing (BON)  Accreditation Commission for Education in Nursing (ACEN)
Web: www.bon.state.tx.us  Web: www.acenursing.org
Phone: (512) 305-7400.  Phone: (404) 975-5000

Eligibility Requirements
Applicants must follow the application and admission procedures outlined below:

Steps to Apply to San Jacinto College

☐ Submit a completed San Jacinto College application to the Enrollment Services Office
Applications can be retrieved online at www.sjcd.edu or www.sanjac.edu. All prospective students must be admitted to San Jacinto College before eligible to apply for the ADN Transition program. Note: Admission to SJC does not guarantee admission into the ADN Transition program.

☐ Submit official transcripts to the Enrollment Services Office
High School: Applicants must submit documentation of successful high school completion by graduation or the General Equivalency Diploma (GED).

College Transcripts: Applicants must submit ALL previous and current official college transcripts to the Enrollment Services Office. Students may submit a request for an official transcript at this time, which will be required with ADN Transition application.

Foreign Transcripts: Applicants that have attended educational institutions outside of the United States must submit an evaluation of all previous high school and/or college education. An approved SJC evaluation site will evaluate all submitted documents. A list of approved evaluation sites may be obtained from the Enrollment Services Office.
**Texas Administrative Code Rule 213.27(a)**

“Good professional character is the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity.” Prospective students must demonstrate good professional characteristics to be eligible for program admission and licensure with the Texas BON.

**Note:** Effective January 1, 1996, a person who has been convicted of a felony may be disqualified for obtaining licensure as a Registered Nurse. If you have **ANY** questions regarding past incidents, call the Texas BON at (512) 305-7400. Since August 2004, a criminal background check and/or drug screen has been conducted by a designated investigative agency at the expense of the student. Effective January 2008 the background check must be completed before registering for classes and only those applicants with a clear background will be eligible to register.

**Application Periods**

Applications accepted Monday – Thursday from 9:00 am – 12:00 pm and 2:00 pm - 4:30 pm in the Health and Natural Science Building (S1), Office 253b (S-1.253b). If you need to come outside of the available times please contact Melissa to schedule an appointment. Melissa.guy@sjcd.edu

<table>
<thead>
<tr>
<th>Semester</th>
<th>Start</th>
<th>Application Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>Early January</td>
<td>July 1 - September 1</td>
</tr>
<tr>
<td>Fall</td>
<td>Late August</td>
<td>February 1 - April 1</td>
</tr>
</tbody>
</table>

**Requirements for admissions into the ADN Transition program:**

- State of Texas Licensed Vocational Nurse or Certified Paramedic in good standing
- Attend mandatory information session (see page 11)
  - Information Session schedules are available at [www.sanjac.edu/nursing](http://www.sanjac.edu/nursing)
- Have not failed out of a registered nursing program within 2 years of the application deadline
- Successful completion of BIOL courses with a grade of C or better within 5 years of the first day of class if admitted into the ADN Transition program
- Successful completion of RNSG courses with a grade of C or better within 2 years of the first day of class will provide students 1 additional point per course for admission ranking
- Successful completion of all the required pre-requisite courses with a minimum pre-requisite grade point average (GPA) of 2.5.
  - See page 4 for a list of the Pre-requisite courses.
- Minimum overall course work GPA of 2.5
- Successful completion, with a 75% or better, on all required sections of the HESI Admissions Assessment Exam (A2)
  - See page 7 for HESI A2 information.
- Complete a mandatory criminal background check, drug screening, immunizations verification and license verification.
  - See page 9 for instructions to complete your background check.
Pre-requisite Courses

<table>
<thead>
<tr>
<th>PRE-REQUISITE COURSE</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 2301 General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 1301 Composition I</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 1302 Composition II* or ENGL 2311 Technical Report Writing</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1314 College Algebra or MATH 1333 Contemporary Mathematics or higher math</td>
<td>3-4 (depends on institution completed)</td>
</tr>
<tr>
<td>BIOL 2301 Human Anatomy &amp; Physiology I (Lecture)</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2101 Human Anatomy &amp; Physiology I (Lab)</td>
<td>1</td>
</tr>
<tr>
<td>Previously:</td>
<td></td>
</tr>
<tr>
<td>*BIOL 2401 Human Anatomy &amp; Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 2302 Human Anatomy &amp; Physiology II (Lecture)</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2102 Human Anatomy &amp; Physiology II (Lab)</td>
<td>1</td>
</tr>
<tr>
<td>Previously:</td>
<td></td>
</tr>
<tr>
<td>*BIOL 2402 Human Anatomy &amp; Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 2320 Microbiology and Pathology (Lecture)</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2120 Microbiology and Pathology (Lab)</td>
<td>1</td>
</tr>
<tr>
<td>Previously:</td>
<td></td>
</tr>
<tr>
<td>*BIOL 2420 Microbiology</td>
<td>4</td>
</tr>
<tr>
<td>**RNSG 1108 Dosage Calculations for Nursing</td>
<td>1</td>
</tr>
<tr>
<td>**RNSG 1215 Health Assessment</td>
<td>2</td>
</tr>
<tr>
<td>**RNSG 1301 Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL CREDIT HOURS</td>
<td>30-31</td>
</tr>
</tbody>
</table>

Proof of Pre-requisite Completion

To show proof that you have completed all of the required pre-requisite courses: you must include a printed copy from My San Jac GPS or Degree Evaluation in your application packet. Please see the following page, page 5, for instructions on how to run your degree evaluation.
Degree Evaluation Instructions

MY SAN JAC GPS

You can complete My San Jac GPS online in SOS by following the steps below.

STEPS TO PRINT A MY SAN JAC GPS ONLINE:

Step 1: Go to the San Jacinto College website at www.sjcd.edu. In the top right hand corner, there is a login for SOS. Enter your User ID & PIN. Click Login.

Step 2: Click on My Student Records, Registration, Financial Aid and Orientation.

Step 3: Click on My Student Records.

Step 4: Click on Perform Degree Evaluations – My San Jac GPS.

Step 5: Click on What If under the worksheets tab.

Step 6: Select Associates of Applied Science from the Degree drop down.

Step 7: Select LVN to RN Mobility AAS or Paramedic to RN Mobility AAS from the Major drop down.

Step 8: Click the Process What-If button near the top of the screen. This process may take a few minutes to generate the request.

Step 9: Requirements that are still needed will be marked “Not Complete.” Requirements that have been fulfilled will be marked “Complete.”

Note: All pre-requisite courses should be marked as “Complete”

Step 10: Click Print on the top right corner. Submit copy in application packet.

If you need assistance interpreting your My San Jac GPS report, bring a copy to the LVN/Paramedic to ADN Transition Program Office.

If you need assistance interpreting your degree evaluation, bring a copy to the Counseling Office.

The following page is a sample of the Admission Rubric used by the ADN Transition Admissions Committee to evaluate applicant qualifications. Applicants should use the Admission Rubric as a guide to confirm their eligibility to apply.
**1. GRADES:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>Hours</th>
<th>Grade Points</th>
<th>Semester</th>
<th>Repeat</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1301</td>
<td>A</td>
<td>3</td>
<td>12 9 6 3 0</td>
<td>A=3</td>
<td>B=2</td>
<td>C=1</td>
</tr>
<tr>
<td>ENGL 1302 or ENGL 2311</td>
<td>A</td>
<td>3</td>
<td>12 9 6 3 0</td>
<td>A=3</td>
<td>B=2</td>
<td>C=1</td>
</tr>
<tr>
<td>MATH 1314 or higher / MATH 1333</td>
<td>A</td>
<td>3 or 4</td>
<td>12 9 6 3 0</td>
<td>A=3</td>
<td>B=2</td>
<td>C=1</td>
</tr>
<tr>
<td>PSYC 2301</td>
<td>A</td>
<td>3</td>
<td>12 9 6 3 0</td>
<td>A=3</td>
<td>B=2</td>
<td>C=1</td>
</tr>
<tr>
<td>BIOL 2401*#</td>
<td>A</td>
<td>4</td>
<td>16 12 8 4 0</td>
<td>Y / N</td>
<td>A=3</td>
<td>B=2</td>
</tr>
<tr>
<td>BIOL 2402*#</td>
<td>A</td>
<td>4</td>
<td>16 12 8 4 0</td>
<td>Y / N</td>
<td>A=3</td>
<td>B=2</td>
</tr>
<tr>
<td>RNSG 1108** Dosage Calculations</td>
<td>A</td>
<td>1</td>
<td>4 3 2 1 0</td>
<td>Y / N</td>
<td>A=3</td>
<td>B=2</td>
</tr>
<tr>
<td>RNSG 1215** Health Assessment</td>
<td>A</td>
<td>2</td>
<td>8 6 4 2 0</td>
<td>Y / N</td>
<td>A=3</td>
<td>B=2</td>
</tr>
<tr>
<td>RNSG 1301** Pharmacology</td>
<td>A</td>
<td>3</td>
<td>12 9 6 3 0</td>
<td>Y / N</td>
<td>A=3</td>
<td>B=2</td>
</tr>
</tbody>
</table>

**Total Hrs:** /30-31 **Total GP:**

**Notes:**

**2. HESI A2 Scores:** Min. 75% required

<table>
<thead>
<tr>
<th>Reading</th>
<th>Grammar</th>
<th>Vocabulary</th>
<th>A&amp;P</th>
<th>Math</th>
<th>HESI A2 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>76-80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>81-85%</td>
<td></td>
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<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>86-90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

**Notes:**

**3. Pre-req GPA:** Min. 2.5 required

<table>
<thead>
<tr>
<th>Total Grade Points / Total Hours</th>
<th>GPA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.50 - 3.00</td>
<td>1</td>
</tr>
<tr>
<td>3.01 - 3.50</td>
<td>2</td>
</tr>
<tr>
<td>3.51 - 4.0</td>
<td>3</td>
</tr>
</tbody>
</table>

**Notes:**

**4. Overall GPA:** Min. 2.0 required

<table>
<thead>
<tr>
<th>See transcript or degree evaluation</th>
<th>GPA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00 - 2.49</td>
<td>1</td>
</tr>
<tr>
<td>2.50 - 2.79</td>
<td>2</td>
</tr>
<tr>
<td>2.80 - 3.00</td>
<td>3</td>
</tr>
<tr>
<td>3.01 - 3.39</td>
<td>4</td>
</tr>
<tr>
<td>3.40 - 3.50</td>
<td>5</td>
</tr>
<tr>
<td>3.51 - 4.0</td>
<td>6</td>
</tr>
</tbody>
</table>

Minimum score required for admission is 16. Maximum score is 48.

* Subtract 2 points for each repeated BIOL or RNSG course due to a D or F.

# Must be taken within 5 yrs of semester seeking admissions. Ex: Spring 2015 Admissions 5 yr limit is Spring 2010.

^ Must be taken within 2 yrs of semester seeking admissions. Ex: Spring 2015 Admissions 2 yr limit is Spring 2013.

! Percentage avg of only HESI A2 required sections

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**Evaluated by:** ______________________ **Date:** __________ **Confirmed by:** ______________________ **Date:** __________
HESI A2 Exam Information

The San Jacinto College – South LVN/Paramedic to ADN Transition program requires the HESI Admission Assessment Exam (A2).

- All HESI A2 examinations must be administered on the SJC-South Campus. Exam scores from facilities outside of San Jacinto College will not be accepted.
- Applicants are allowed a maximum of two opportunities to score a minimum average of 75% on each of the five required sections below.
- Scores from sections re-tested will be averaged together and that average will be used when calculating the HESI A2 composite score of the five required sections.
- HESI A2 scores are valid for 2 application periods and will expire at the end of the second application cycle.
- Elsevier Evolve testing fees vary and are non-refundable. Applicants that do not show for their scheduled exam date will be required to pay the exam fee to schedule a new test date.

Sections Covered on Exam:

1. Math: Focuses on math skills needed for health care fields, including basic addition, subtraction, multiplication, fractions, decimals, ratio and proportion, household measures and general math facts.

2. Reading Comprehension: Provided reading scenarios in order to measure reading comprehension, including identifying the main idea, finding the meaning of words in context, passage comprehension and making logical inferences.

3. Vocabulary and General Knowledge: Contains basic vocabulary terms that are commonly used in conversational English and health care fields.

4. Grammar: Contains basic grammar, including parts of speech, important terms and their uses in grammar and commonly occurring grammatical errors.

5. Anatomy and Physiology: Assessment of A&P knowledge. Provides coverage of general terminology and anatomical structures and systems.

The following sections are for profile purposes only:

1. Personality Profile: Uses concepts related to introversion and extroversion to classify the student’s personality styles.

2. Learning Styles: Assesses the preferred learning style and offers test-taking and study tips suited to the learning style.

How to register for the HESI A2 Exam:

- Please email Melissa.guy@sjdc.edu with “HESI A2 Date” in the subject line.
- In the email please include the following:
  - Name
  - G Number
  - The date you are requesting
- Approximately two weeks before the exam you will receive registration and payment instructions. To guarantee your seat for the exam please register and pay upon receiving the payment instructions.
- HESI A2 registration must be completed by the assigned deadline in the payment and registration email.
HESI A2 Exam Information Cont.

Testing Center Information:

- The SJC Testing Center requires applicants to provide photo identification.
- Please know your Evolve username and password. You will need it to log in and test.
- The SJC Testing Center cannot allow applicants whose name is not on the HESI A2 Exam Schedule Roster to sit for the exam.
- Please allow at least 4 hours to complete the HESI A2.
- Applicants are not allowed entrance into the testing room once the exam has started. Therefore, late students will be required to re-register and repay for the HESI A2.

HESI A2 EXAM DATES:

<table>
<thead>
<tr>
<th>Day</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>June 22, 2015</td>
<td>9am – 1pm</td>
</tr>
<tr>
<td>Thursday</td>
<td>July 9, 2015</td>
<td>1pm – 5pm</td>
</tr>
<tr>
<td>Thursday</td>
<td>July 16, 2015</td>
<td>9am – 1pm</td>
</tr>
<tr>
<td>Monday</td>
<td>July 20, 2015</td>
<td>1pm – 5pm</td>
</tr>
<tr>
<td>Thursday</td>
<td>July 30, 2015</td>
<td>9am – 1pm</td>
</tr>
<tr>
<td>Monday</td>
<td>August 3, 2015</td>
<td>1pm – 5pm</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td><strong>August 13, 2015</strong></td>
<td><strong>9am – 1pm</strong></td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td><strong>August 21, 2015</strong></td>
<td><strong>9am – 1pm</strong></td>
</tr>
</tbody>
</table>

* These exams will be held in the Health Science Building in S-1.116A.

HESI A2 exams will be administered in the SJC-South Testing Center in building 6, room 220 (S-6.220).

Applicants need to create an Evolve account prior to exam registration and payment. Go to [www.evolve.elsevier.com](http://www.evolve.elsevier.com). Save the username and password, you will need this to log in and take the exam and admitted students will use the same Evolve login information for all ADN Transition program HESI exams.

HESI A2 Study Guides:

The books below are recommendations for use, they are not required.

**3rd Edition, 2013 by Evolve**
ISBN: 9781455703333

**By Media Mometrix**
ISBN: 1609710142
**Background Check, Drug Screen, and Immunizations**

Prior to admission application deadline, prospective students must complete their mandatory criminal background check, drug screening, immunizations verification, and license verification at [www.certifiedbackground.com](http://www.certifiedbackground.com). Prospective student with ANY concerns MUST go to [www.bne.state.tx.us/forms_declaratory_order.asp](http://www.bne.state.tx.us/forms_declaratory_order.asp). For more information regarding the declaratory order process please contact the Texas BON at (512) 305-7400.

**Student Instructions for San Jacinto College – South Associate Degree Nursing**

**About CertifiedProfile**

CertifiedProfile is a secure platform that allows you to order your background check, drug test and medical document manager online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, included document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

**Order Summary**

**Required Personal Information**
- In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.

**Drug Test (LabCorp)**
- Within 24-48 hours after you place your order, the electric chain of custody form (echain) will be placed directly into your CertifiedProfile account. This echain will explain where you need to go to complete your drug test.

**Immunizations**
- Document trackers provide secure online storage for all your important documents. At the end of the online order process you will be prompted to upload specific documents required by your school for immunization, medical or certification records.

**Payment Information**
- At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turn-around-time.

**Place Your Order**

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and enter package code: SV23
You will then be directed to set-up your CertifiedProfile account.
Background Check, Drug Screen, and Immunizations Cont.

**View Your Results**

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school’s administrator can also securely view your online results with their unique username and password.

**Immunization Requirements**

**Measles, Mumps & Rubella (MMR)**
There must be documentation of one of the following:
- 2 vaccinations
- Positive antibody titers for all 3 components (lab reports or physician verification of results required)

**Varicella (Chicken Pox)**
There must be documentation of one of the following:
- 2 vaccinations
- Positive antibody titer (lab report) is required.

**Hepatitis B**
There must be documentation of one of the following:
- 3 vaccinations
- Positive antibody titer (lab report or physician verification of results required)

**TB Skin Test**
There must be documentation of one of the following:
- TB skin test within the last 12 months
- Chest X-Ray results with in the last 2 years

**Tetanus, Diphtheria & Pertussis (Tdap)**
There must be documentation of a Tdap booster within the past 10 years.

**Influenza**
There must be documentation of one of the following:
- Flu shot administered during the current flu season
- Declination waiver

**License/Certification**
Provide a copy of your current Vocational Nursing License OR Paramedic Certification.
CPR Certification – American Heart Association Healthcare Provider card.

**Physical Examination**
Provide your physical examination completed and signed by a medical professional. Must be completed on school form.
**Background Check, Drug Screen, and Immunizations Cont.**

**I NEED HELP!!!**
If you need assistance please contact CertifiedProfile at 888-914-7279 or cpservicedesk@certifiedprofile.com and a Student Support Representative will be available Monday – Thursday 8am-8pm, Friday 8am-6pm & Sunday 10am-6:30pm EST.

**Information Session Dates:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Start</th>
<th>Finish</th>
<th>Room Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 3, 2015</td>
<td>2:00 PM</td>
<td>4:00 PM</td>
<td>S-1.140</td>
</tr>
<tr>
<td>June 19, 2015</td>
<td>9:30 AM</td>
<td>11:30 AM</td>
<td>S-1.140</td>
</tr>
<tr>
<td>June 30, 2015</td>
<td>11:00 AM</td>
<td>1:00 PM</td>
<td>S-1.140</td>
</tr>
<tr>
<td>July 9, 2015</td>
<td>2:00 PM</td>
<td>4:00 PM</td>
<td>S-1.140</td>
</tr>
<tr>
<td>July 20, 2015</td>
<td>10:00 AM</td>
<td>12:00 PM</td>
<td>S-1.140</td>
</tr>
<tr>
<td>August 5, 2015</td>
<td>2:00 PM</td>
<td>4:00 PM</td>
<td>S-1.140</td>
</tr>
<tr>
<td>August 21, 2015</td>
<td>10:00 AM</td>
<td>12:00 PM</td>
<td>S-1.140</td>
</tr>
</tbody>
</table>
LVN/Paramedic to ADN Transition
Application for Admission

Application Packet Checklist:

I have provided all documentation listed below. I understand that any missing items will render me ineligible to apply if not submitted by the deadline of September 1, 2015.

_______ ADN Transition Admissions Application
_______ Official transcripts from ALL institutions attended
_______ Degree Evaluation (see instructions page 5)
_______ HESI A2 examination report
_______ Core Performance Standards for Successful Program Progression
_______ Immunizations
_______ Physical
_______ Background Check and Drug Screen
_______ Acknowledgement Statements:
  Information Session
  Criminal Background Check
  HESI A2

Students will be informed of their admission status via email from shatoi.brown@sjcd.edu or melissa.guy@sjcd.edu, so please add this email address to your contacts to avoid emails going to SPAM/JUNK folder.

Incomplete applications will not be considered.

_________________________________________  ________________________________
Applicant Name                             G Number

_________________________________________  ________________________________
Applicant Signature                         Date
LVN/Paramedic to ADN Transition
Application for Admission

San Jacinto College District does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Submit completed application and LVN license/Paramedic certification to:
SJC-South ADN Transition Program, 13735 Beamer Rd.
Building 1 Health & Natural Science Office 253b (S-1.253b), Houston, TX 77089

Please Check Appropriate Box Below

| Vocational Nurse License: Active [ ] Inactive [ ] Number: ____________________ Expiration Date: ____________________ |
| Paramedic Certification: Active [ ] Inactive [ ] Number: ____________________ Expiration Date: ____________________ |

Print or Type and Do Not Fold

Full Name: ________________________
Last                     First                     Middle

Home Address: ________________________
Number & Street        City                  State                   Zip Code                   County

Cell Phone: ________________________ Home Phone: ________________________
SJC Email: ________________________ Personal Email: ________________________

Social Security No.: ________________________ SJC G#: ________________________ Date of Birth: ________________________

Gender: _____ Male     _____ Female     Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Number of Children (if applicable): _____ Child Ages: ________________________

Ethnic Background: Please indicate which of the following groups best describes your ethnic background

_____ American Indian or Alaskan Native    _____ Asian or Pacific Islander    _____ White, Non-Hispanic
_____ African American, Black             _____ Hispanic or Latino           _____ Other ________________________

Emergency Contact Name: ________________________ Relationship: ________________________

Address: ________________________
Number & Street        City                  State                   Zip Code

Cell Phone: ________________ Home Phone: ________________ Email: ________________________

FOR OFFICIAL USE ONLY

Received Date: ________________________ Received By: ________________________
Admission: Yes / No    If no, reason: ________________________
Student admission status notification sent date: ____________________ Sent by: ____________________
Please list all colleges, universities, vocational schools and/or allied health schools attended:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City and State</th>
<th>Number of Credit Hours Earned</th>
</tr>
</thead>
</table>

Have you failed out of an Academic Nursing Program within the past 2 years?  [ ] Yes  [ ] No

If yes, which school, semester and year?

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Employment Information

Current Employer (Business Name)  Address  City, State  Zip Code

Job Position  Type of Medical Unit  Immediate Supervisor  Supervisor Phone

How did you first hear about the SJC-South ADN Transition Program?

[ ] Television  [ ] Newspaper  [ ] Work

[ ] Friend  [ ] Online  [ ] Other (Please specify) ____________________________

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Applicant Signature  Date
# Core Performance Standards for Successful Program Progression

Applicants admitted into the SJC-South ADN Transition Program are expected to perform the minimum, but not limited to, common nursing technical standards and essential functions. Students must be able to apply the knowledge and skills necessary to function in a variety of classroom, lab and/or clinical situations while providing the essential competencies of the ADN program.

Please review the technical standards and essential functions below required for program admission and progression.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>EXAMPLES (not inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking sufficient for clinical reasoning and judgment.</td>
<td>Independent decision-making which results in competent client assessment, accurate data analysis and problem identification, appropriate treatment plans and interventions, evaluation of client outcomes.</td>
</tr>
<tr>
<td>Interpersonal Abilities</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Therapeutic interactions with clients and their families stressed by illness, death, life situations, and cultural differences.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Accurate interpretation of verbal and/or written instructions, communication of patient responses, documentation of therapeutic procedures, health education, professional consultation with other health care providers.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room, walk in hallways, maneuver in small spaces, and lift patients as needed.</td>
<td>Ability to ambulate to and from departments and patient rooms, to care for all assigned clients, to assist in patient transport, to administer CPR.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care.</td>
<td>Performance of vital signs and psychomotor nursing skills, calibration and use equipment, physical assessment.</td>
</tr>
</tbody>
</table>
Core Performance Standards Cont.

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Auditory ability sufficient to monitor and assess health needs.</th>
<th>Auscultation of BP, breath sounds, heart sounds, bowel sounds, ability to hear alarms, emergency signals, call bells, phones, cries for help; ability to converse with patients, family, and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment and to provide nursing intervention.</td>
<td>Performance of palpation, administration of injections, initiation of IVs and other therapeutic interventions</td>
</tr>
<tr>
<td>Strength/Stamina</td>
<td>Sufficient stamina to provide care and related responsibilities for extended periods of time (8-12 hours)</td>
<td>Ability to perform shift work, lift 25 pounds from standing position, ability to bend, position, and lift</td>
</tr>
</tbody>
</table>

Successful applicants possess qualities such as:
- Interest and aptitude for math and science
- Strong motivation to learn
- Well-developed study skills
- Good problem-solving and decision-making skills
- Ability to work with people from diverse backgrounds

Are you able to meet the minimum technical standards and essential functions for program duration?  Yes ☐  No ☐

Applicant Signature ___________________________  Date ___________________________
Eligibility Questions

If you answer YES to Eligibility Questions, please contact the Board of Nursing:

Texas Board of Nursing (BON)
Web: www.bon.state.tx.us
Phone: (512) 305-7400.

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 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 may subject your license to a disciplinary order and/or fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

**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 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 and fitness.

2) [ ] No [ ] Yes *Are you currently the target or subject of a grand jury or governmental agency investigation?
Eligibility Questions Cont.

3) [ ] No [ ] Yes  *Has any licensing authority ever 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:

[ ] bipolar disorder,
[ ] antisocial personality disorder,
[ ] schizophrenia and/or psychotic disorders,
[ ] paranoid personality disorder,
[ ] borderline personality disorder

*Pursuant to the 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. If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer ‘NO’ to questions #4 and #5.

If you answer “YES” to one or more of the questions 1-5, you must attach a letter of explanation and relevant documents indicating the circumstance(s) you are reporting to the Board of Nursing (BON). The document must be signed and dated. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you will be required to pay a $150.00 review fee. Once we have a complete application, required documents and the fee, if applicable, your file will be transferred to our Enforcement Department for review. This review may take a minimum of four months. The BON will not approve an applicant for licensure or issue a temporary permit until a decision has been rendered by our Enforcement Department.

__________________________________________  _______________________________________
Applicant Signature                                      Date
INFORMATION SESSION
Acknowledgement Statement

I, ________________________________, acknowledge I have completed the mandatory information session for admissions into the SJC-South ADN Transition Program on ________________________________.

I understand the requirements for admissions eligibility.

I understand that all required application documents, immunizations, HESI A2 exam results, Criminal Background Check and Drug Screening must be completed and received by the application deadline of September 1, 2015.

_______________________________
Print Name

______________________________
Applicant Signature

______________________________
Date

HESI A2 Acknowledgement Statement

I, ________________________________, acknowledge that I have been informed:

- the HESI A2 is required for admissions into the SJC-South ADN Transition Program
- the HESI A2 may ONLY be taken at the SJC-South Campus Testing Center
- HESI A2 exams not taken at the SJC-South Campus Testing Center will not be accepted
- the minimum required score is 75% for each of the following five HESI A2 sections: Math, Reading Comprehension, Vocabulary and General Knowledge, Grammar, Anatomy and Physiology
- I am allowed to take each section of the HESI A2 a maximum of two times per enrollment period
- HESI A2 sections that I test for twice will be averaged together to calculate that section score
- the five required section scores will be averaged together to calculate a HESI A2 composite score
- if I do not have an average score of 75% or higher on all HESI A2 sections after the second attempt, I will not be eligible for program admission for that enrollment period
- HESI A2 scores are valid for 2 application periods and will expire at the end of the second application cycle

_______________________________
Print Name

______________________________
Applicant Signature

______________________________
Date
Criminal Background Check
Acknowledgement Statement

I, __________________________, acknowledge I have been informed, read, understand and honestly answered the SJC-South ADN Transition Program eligibility questions from the Texas Board of Nursing (BON) as discussed in orientation, outlined in the student handbook and as published on the BON website. I acknowledge understanding of expected behaviors and notification regarding criminal behavior, mental illness and chemical dependency.

I have read the Criminal Background Check document that is included with the program application and understand if I answered “Yes” to any questions, there is a possibility I may be denied the opportunity to sit for the NCLEX-RN licensure examination.

I am not allowed to register for program courses until successful completion of the Declaratory Order process through the Texas Board of Nursing. I will contact the BON immediately if a Declaratory Order is needed as this can be a lengthy process.

I understand upon completion of a Declaratory Order, I must submit one of following eligibility documents from the Texas Board of Nursing to the ADN Transition Program: Blue Card, Outcome Letter, or Letter of Eligibility.

I understand if any of my responses to the questions change during my time in the LVN/Paramedic to ADN Transition program, I will notify the Texas BON.

______________________________  ______________________________
Applicant Signature                  Date
Medical Record and Physical Examination

This form should be completed by a Qualified Health Care Provider

Name of Applicant: _____________________________________________________________
Miss, Mrs. or Mr.   Last    First    Middle

Date of Birth: _____/____/____    Height:__________    Weight:__________

Allergies

Food:____________________________________    Medications:____________________________________
Latex:____________________________________    Environmental:____________________________________

Medical History: Check Yes or No if you have had any of the following:

Yes    No    Yes    No

☐ ☐    Shortness of breath or moderate exertion    Hoarseness, Excessive coughing
☐ ☐    Tuberculosis    Seizure disorder
☐ ☐    Mental disorders / Emotional instability    Frequent headaches
☐ ☐    Diabetes    Heart disease
☐ ☐    Hay fever / Sinus infections    Asthma
☐ ☐    Musculoskeletal problems

Please discuss significant issues from the item listed above: _____________________________________________________________

List childhood diseases:__________________________________________________________

List medical conditions:__________________________________________________________

List all surgeries:_______________________________________________________________

List injuries:______________________________________________________________
Physical Examination

Vision:  Right Eye _____  Left Eye _____  Contacts:  □ Yes  □ No  Glasses:  □ Yes  □ No
Hearing:  Right Ear _____  Left Ear _____  Apical Heart Rate _____bpm
Blood Pressure:  (Circle one)  Left or Right Arm _____mmHg  Position:  (Circle one)  Sitting  Standing  Lying

Please note any abnormalities:

Circulatory: ____________________________________________________________

Respiratory: __________________________________________________________

Musculoskeletal: _______________________________________________________

Neurological: _________________________________________________________

Gastrointestinal: _______________________________________________________  

Genitourinary: _________________________________________________________

Reproductive: _________________________________________________________

Recommendations

In your professional judgment, is the applicant mentally and physically able to complete the ADN Transition program?  
(Please check one) □ Yes  □ No

Is the applicant cleared to perform nursing school requirements without restrictions?  
(Please check one) □ Yes  □ No

Comments: ____________________________________________________________

Signature  Print Name  Date

Facility Address  City, State, Zip Code  Telephone