



**Give information concerning high school(s) attended or G.E.D.:**

Name of School	City & State

**Give information concerning college, university, vocational schools, allied health schools attended:**

Name of Institution	City & State	Number of Credits Earned

**Students must provide course descriptions of any prerequisite courses taken outside of ACC to the Department Chair. An official transcript must be provided to ACC, prior to admission to the program.**

List any licenses or certificates held (ie, EMT, etc): \_\_\_\_\_

\_\_\_\_\_

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

Yes       No

If "No," explain: \_\_\_\_\_

Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Vocational Nursing program.

## Eligibility Form Vocational Nursing Program

Please read the following questions. After you have read the questions, please sign your name below indicating your knowledge of the questions.

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 time 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 judgement/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. 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 that criminal matter.

Are you currently the target or subject of a grand jury or governmental agency investigation?

Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

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?

NPA 301.252, 301.257, and 301.452-469. Rule 213.27-30.

If your response is yes to any of the questions listed above, there is a **POSSIBILITY YOU MAY BE DENIED** the opportunity to take the licensure examination. You are strongly encouraged to submit a petition for "Declaratory Order" to the Board of Nursing prior to enrollment or within the first semester of the program. For information or guidance in this process to determine eligibility for licensure by examination, contact the Board of Nursing at 305-7400 or go to the web site: [www.bon.state.tx.us](http://www.bon.state.tx.us). The "Declaratory Order" form can be accessed at <http://www.bon.state.tx.us/olv/forms.html>

Should you have questions regarding this notice, please do not hesitate to contact the **Department Chair** of the Vocational Nursing program at 512-223-5768.

I have read and understand the above statements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application cannot be accepted without the above signature.**

### Completion Checklist:

- All applicants must meet TSI (testing) requirements. Visit a campus advisor to determine status. If exempt, student must take COMPASS (all parts for assessment only).
- All applicants must complete a mandatory Information Session, onsite or online. See website for details. Applicants must submit online posttest confirmation page.

All applicants must complete three (3) prerequisites with a minimum GPA of 2.3 or better.

- BIOL 2404 Introduction to Anatomy and Physiology \* or equivalent
- HPRS 1206 Medical Terminology
- HPRS 2300 Pharmacology for Health Professions \*

If these courses were taken at a school other than ACC, you must provide a copy of transcripts **AND** course descriptions with your application.

\*Must be current within the last five years.

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### All applicants must provide a copy of written documentation from a physician for:

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations or (c) a serum titer confirming immunity.

**AND**

- Proof of (a) a complete (3 injection series) Hepatitis B Vaccination or (b) a serum titer confirming immunity.

**AND**

- Proof of (a) **two** Measles Vaccinations (may be part of a MMR) or (b) a serum titer confirming immunity or (c) proof the student was born prior to January 1, 1957 or immunity as shown by (d) physician documented history of disease.

**AND**

- Proof of (a) one Mumps Vaccination (may be part of a MMR) or (b) a serum titer confirming immunity or (c) proof the student was born prior to January 1, 1957 or immunity as shown by (d) physician documented history of disease.

**AND**

- Proof of (a) one Rubella Vaccination (may be part of a MMR) or (b) a serum titer confirming immunity or immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

**AND**

- Proof of Tetanus-Diphtheria vaccination within the last 10 years.

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**This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at [www.austincc.edu/health](http://www.austincc.edu/health).**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of ACC, as appropriate.

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**Signature of Applicant**

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**Date**