

**DALLAS COLLEGE**

**LVN TO RN ADVANCED PLACEMENT PROGRAM APPLICATION**

**PLEASE PRINT:**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**

 **Last First Preferred name Middle/Other**

**ADDRESS**

 **Number and Street Apartment Number**

 **City State Zip Code**

**PHONE**  **Home Cell/Other**

**PERSONAL EMAIL**  **DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In compliance with the Title VI Civil Rights Act 1964, please check one in each area.**

 **SEX: \_\_\_ M \_\_\_ F \_\_\_Choose not to disclose**

 **RACE: \_\_\_ Asian/Pacific Island \_\_\_ Amer. Indian \_\_\_ Hispanic \_\_\_ White \_\_\_ Black \_\_\_ Other \_\_\_\_\_International Student**

**In case of emergency, notify**

 Name **Relationship Phone**

**HIGH SCHOOL GRADUATE?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED?** \_\_\_\_\_ **Yes** \_\_\_\_\_\_ **No**

**NAME OFYOUR VOCATIONAL NURSING PROGRAM:**

**College or Training Program City/State**

**DATE OF ENTRANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF COMPLETION:**

**TEXAS LVN LICENSURE** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXP. DATE**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. (Current official transcripts must be submitted electronically to** **studenttranscripts@dcccd.edu** **or mailed in a sealed envelope to Admissions-Eastfield campus, 3737 Motley Drive, Mesquite, TX 75150. Transcripts from Dallas College campuses are not required.)**

**I am submitting application materials for admission to** the  **20**\_\_\_\_\_\_ **semester.**

 **(Fall or Spring)**

**I certify that the information given on this application is complete and accurate.**

 **Applicant’s Signature Date**

***Educational opportunities are offered by Dallas College without regard to race, color, age, national origin, religion, sex, disability, or sexual orientation.***

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section as verification that you have read and understand this information:**

\_\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

\_\_\_\_\_ I have read and understand the admission process for the LVN to RN Advanced Placement program and acknowledge that it is a competitive selection process with a limited number of spaces available. I understand that successful completion of the prerequisite courses, support courses, the required test entrance exam sections, and submission of complete application packet materials does not guarantee acceptance to the program.

\_\_\_\_ I understand that I must submit all of my current official transcripts electronically to studenttranscripts@dcccd.edu or in a sealed envelope to Admissions-Eastfield campus, 3737 Motley Drive, Mesquite, TX 75150 prior to applying to a health sciences program and that failure to do so will void my application to the program.

\_\_\_\_\_ I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and BLS CPR certification prior to the program application deadline and receive notification that my records are complete at the application filing deadline for the program. I further understand that if my records are not complete at the application filing deadline, my application to the program will be disqualified.

\_\_\_\_\_ I accept full responsibility for submitting **a complete LVN-RN Advanced Placement application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Allied Health Admissions Office of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_\_ I acknowledge that if admitted to the program, I may be assigned to clinical rotations at area healthcare facilities which may require additional proof of immunity to required inoculations/immunizations for program admission and additional inoculations. **I also acknowledge that I am required to have my own personal health care insurance coverage and submit documented proof with my immunization records.**

\_\_\_\_\_ I am aware that if I am accepted to the program, I will be required to undergo a TBON/ FBI criminal background check and fingerprinting prior to registration for nursing courses. I acknowledge that an additional criminal background check and mandatory drug screening prior to being allowed to attend a clinical rotation. I understand that the results of these screenings become the property of the School of Health Science and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the LVN-RN Advanced Placement program.

\_\_\_\_\_ I understand that clinical opportunities in the LVN to RN Advanced Placement and traditional Associate Degree Nursing programs may be limited for students without Social Security numbers and if accepted to the program, I am instructed to consult the Multi-Cultural Center at intrnational@dcccd.edu prior to graduation from the program to inquire about obtaining a Social Security number.

\_\_\_\_\_ I understand that the purpose of this program is to prepare me to write the NCLEX-RN licensing examination to become a registered nurse. In order to be eligible to write the exam, I musthold a high school diploma or a General Education Diploma (GED) certificate. Furthermore, I must declare to the Texas Board of Nursing at least eighteen (18) months prior to program completion if I have ever been denied licensure by a licensing authority for nurses; had disciplinary action taken against me by a licensing/certifying authority; been convicted of a crime other than a minor traffic violation; am unable to safely practice professional nursing due to physical or mental disability/illness which may endanger the health and safety of persons under my care; been hospitalized or treated for chemical dependency within the past five years; am currently an intemperate user of drugs or alcohol; been issued a Declaratory Order by the Texas Board of Nursing; or ever taken the State Board Test Pool Examination, National Council Licensure Examination for Registered Nurses, or the Canadian Nurses Association Testing Service Examination. If so, I must petition in writing and provide documentation to the Texas Board of Nursing for permission to take the NCLEX-RN examination, acknowledging that this review may take 12-24 months to complete and I will be assessed a fee by the Texas Board of Nursing.

\_\_\_\_\_ I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material or facts may result in the disqualification of my application to the LVN-RN Bridge Nursing program.

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 Print Name Applicant’s Signature Date