



INTRO TO NURSING APPLICATION

Date: _____

Name: _____
Last First Middle

Social Security Number: _____

Other Names known by: _____

Date of Birth: _____

Ethnic Group (circle one)

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan

Mailing address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____



Clarendon

C O L L E G E

High School: _____

Grade Completed: _____

College: _____

Grade Completed: _____

Other Schools attended: _____

EMERGENCY CONTACT: TWO (2) PEOPLE WHO DON'T LIVE WITH YOU AND THEIR PHONE NUMBERS:

Name

Phone number

Name

Phone number

Signature of Applicant: _____



Immunizations listed below require copies of originals as proof.

Varicella 1st _____ 2nd _____

MMR 1st _____ 2nd _____

HEP B 1st _____ 2nd _____ 3rd _____

Tdap (within last 10 years) _____

TB (Yearly) _____

Flu (Yearly) _____

CPR (will certify in class) _____

Texas Board of Nursing
333 Guadalupe, Suite 3-460
Austin, Texas 78701

- Last Name: _____ First Name: _____
- Middle Name: _____ Maiden Name: _____
- Current Mailing Address: _____
- City: _____ State: _____ Zip: _____
- Social Security Number: _____ Date of Birth: _____
- Email address: _____

● **ELIGIBILITY QUESTIONS:**

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 any pending criminal charges?
 - i. Been cited or charged with any violation of the law?
 - j. Been subject to 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 will, at a minimum, subject your license to a disciplinary fine. Nondisclosure of relevant offenses raises questions related to truthfulness and character.

Note: Orders of Non-Disclosure: Pursuant to Tex. Government code 552.142(b), if you have criminal matters that are subject of an order of non-disclosure you are 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 Government 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.

2. NO ___ YES ___ Are you currently the target or subject of a grand jury or governmental agency investigation?

3. NO ___ YES ___ Has any licensing authority refused to issue your 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 (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 (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", circle the condition:

Schizophrenia and/or psychotic disorders

Bipolar Disorder

Paranoid Personality Disorder

Antisocial Personality Disorder

Borderline Personality Disorder

If you answered "YES" to any of the questions listed above, you must apply for a Declaratory Order through the Board of Nursing upon acceptance to the Clarendon College Vocational Nursing Program. Information on Declaratory Orders can be located at the Board of Nurse Examiners website at: www.bon.texas.gov.



Clarendon

C O L L E G E

ALLIED HEALTH DEPARTMENT
PHYSICAL EXAMINATION REPORT (2 PAGES)

1. Name: _____ Date of exam: _____

2. Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

3. Age: _____ Height: _____ Weight: _____

4. Past History: Illness, operations and injuries (complete with dates)

5. Eyes: Vision: R: _____ L: _____ With glasses: R: _____ L: _____

6. Ears: Condition R: _____ L: _____ Hearing: R: _____ L: _____

7. Nose: _____ Sinuses: _____

8. Teeth: _____ Tonsils: _____

9. Thyroid: _____ Skin: _____

10. Heart: _____ Lungs: _____



11. Abdomen: _____ Hernia: _____
12. Feet: R: _____ L: _____ Varicose Veins: _____
13. Back: _____
14. Posture: _____ Reflexes _____
15. Defects found: _____
16. Corrections made or recommended: _____
17. In your opinion, is this individual in suitable physical and emotional condition to pursue vocational nursing education? _____
18. If not, why? _____
19. Physician Name: (please print) _____
20. Address: _____ City: _____ State: _____ Zip: _____
21. Signature of Physician: _____
22. Date: _____

Original form must be returned to the ALLIED HEALTH DEPARTMENT



IMMUNIZATIONS REQUIRED BY STATE LAW AND CLINICAL FACILITIES

Name: _____

Date of birth: _____ Program: Pampa/Childress

(Please complete form in addition to a copy of your immunization records)

IMMUNIZATION	DATE
MEASLES, MUMPS, RUBELLA #1	
MEASLES, MUMPS, RUBELLA #2	
VARICELLA #1	
VARICELLA #2	
HEPATITIS B #1	
HEPATITIS B #2	
HEPATITIS B #3	
Tdap (within last 10 years)	
Flu (due yearly in October)	
TB (due yearly in January)	
CPR (we certify in January during program)	

Original immunization form must be returned to the Allied Health Department