



NURSING APPLICATION

1600 W. Kentucky, Pampa, Tx 79065
Allied Health Department
Office: (806) 660-2014
Email: Nursing@ClarendonCollege.edu



CLARENDON COLLEGE
ALLIED HEALTH DEPARTMENT

Please select the program you are applying for:

- ☐ **Intro to Nursing** ☐ **Vocational Nursing**
☐ **ADN Bridge LVN to RN Program**
☐ **Certified Nurse Assistant** ☐ **Phlebotomy**

PERFERRED CAMPUS (Circle one): CHILDRESS PAMPA

Name _____ ☐ Male ☐ Female
(FULL NAME as it appears on Driver's License)

Email (Please print) _____

Mailing Address _____
City, State, Zip

Home Phone _____ Cell Phone _____

Date of Birth Place of Birth (city and state) Other Name(s) Known By

Social Security Number If not U.S. citizen, what country where you born in? # of years in the U.S.

Are you an international student? ☐ Yes or ☐ No If yes, from where? _____

Ethnic group: ☐ White / Caucasian ☐ Black / African American ☐ Hispanic / Latina ☐ Asian

☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ Other: _____

Language(s) spoken at home _____ Religious preference _____
Emergency Contacts (please list at least 2 people):

Name Phone number

Name Phone number

Signature of Applicant

Date



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PERSONAL STATEMENT

Please respond to the questions below and include your statement by attaching a double-spaced, one to two page, and typewritten document to the application packet. Please make sure that you title the page(s) PERSONAL STATEMENT of and include your name. Your application will not be considered complete until all sections of the statement are included.

1. Why are you choosing a career in nursing at this time?
2. What talents and qualities do you possess that makes you a strong candidate?
3. What are your short-term and long-term career goals?
4. Please discuss any educational challenges you may have encountered in the past.
5. What plans do you have that will aid you in being successful?

EDUCATIONAL INFORMATION

High School Graduate ☐ No ☐ Yes, Year: _____ if no, date GED awarded _____

Name and Location of High School _____

College(s) attended/Location _____

Dates attended _____ Degree Awarded _____ Major _____

College(s) attended/Location _____

Dates attended _____ Degree Awarded _____ Major _____

Attach a separate sheet, if necessary. Official transcripts from each institution will be required and must be sent directly to the ALLIED HEALTH DEPARTMENT. Students who have completed foreign education course work are required to provide official foreign transcripts with an official, comprehensive international transcript evaluation.

Do you hold any Certificates and/or Licenses? If so, please list _____

LVN License #: _____ State of Licensure: _____

EDUCATIONAL DISCIPLINARY HISTORY

Have you ever been found responsible for disciplinary action at any educational institution you have attended beginning in the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? ☐ Yes ☐ No

(If you answered yes, please attach a separate sheet of paper that gives the dates of each incident, explains the circumstances and reflections on what you have learned from the experience. Your references may also be asked questions about your educational history.)



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Have you taken any of the following classes? If yes, please list where and when and the Grade/Credit earned...

PSYCH 2314 – Human Growth and Development _____

DRAM 1310 – Intro to Theater (Humanities) _____

BIOL 2301 – Anatomy & Physiology I w/lab _____

BIOL 2302 – Anatomy & Physiology II w/lab _____

ENGLISH 1301 – COMP 1 _____

HESI A2 Nursing Admission Exam – all incoming students are required to take the HESI exam and must score a minimum of 80 on each category Reading and Vocabulary sections; and a minimum of 70 on the Math section. HESI scores expire 2 years from test date; can only be taken twice in that time frame, and must be taken through Clarendon College only.

- ☐ I have HESI test scores that fall within the above criteria. (Please provide us with a copy of those results with your application).
- ☐ I need to take the HESI exam and are asking to be notified of any upcoming test dates.

How did you learn about our program(s)? _____

Have you already submitted your application to attend Clarendon College? ☐ Yes ☐ No

Do you plan to apply / have you applied for financial assistance? ☐ Yes ☐ No

Are any of your friends or relatives graduates or affiliates of Clarendon College? ☐ Yes ☐ No

If yes, list their names and relationship to you _____

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

- First Name: _____ Middle Name: _____
(Full Legal Name)
- Last Name: _____ Maiden Name: _____
- Current Mailing Address: _____
- City and State: _____ Zip: _____
- Social Security #: _____ Date of Birth: _____
- Email address: _____

NOTIFICATION OF LICENSURE ELIGIBILITY

• **ELIGIBILITY QUESTIONS:**

1. For any criminal offense, including those pending appeal, have you:

YES NO

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | a. Been convicted of a misdemeanor? |
| <input type="radio"/> | <input type="radio"/> | b. Been convicted of a felony? |
| <input type="radio"/> | <input type="radio"/> | c. Pled nolo contendere, no contest, or guilty? |
| <input type="radio"/> | <input type="radio"/> | d. Received deferred adjudication? |
| <input type="radio"/> | <input type="radio"/> | e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? |
| <input type="radio"/> | <input type="radio"/> | f. Been sentenced to serve jail or prison time? Court-ordered confinement? |
| <input type="radio"/> | <input type="radio"/> | g. Been granted pre-trial diversion? |
| <input type="radio"/> | <input type="radio"/> | h. Been arrested or any pending criminal charges? |
| <input type="radio"/> | <input type="radio"/> | i. Been cited or charged with any violation of the law? |
| <input type="radio"/> | <input type="radio"/> | j. Been subject or 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 offence, 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 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?
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", check 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 Board of Nursing questions listed above, please make an appointment with the Director of Allied Health to discuss. You must also apply for a Declaratory Order through the Board of Nursing upon acceptance to any of the Clarendon College Allied Health Programs. Information on Declaratory Orders can be located at the Board of Nurse Examiners website at www.bon.texas.gov

**Pursuant to the Texas 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.*

Print Full Name

Applicant Signature

Date

**Return this completed questionnaire with the application packet to the Allied Health Department*