



NURSING APPLICATION

Allied Health Department, Auvenshine Building – Pampa Campus
1601 W. Kentucky, Pampa, Tx 79065
Office: (806) 660-2014 FAX: 806-874-1872
Email: Nursing@ClarendonCollege.edu
Visit us at [https://www.clarendoncollege.edu/allied health](https://www.clarendoncollege.edu/allied%20health)



CLARENDON COLLEGE

ALLIED HEALTH DEPARTMENT

Please select the program you are applying for:

Intro to Nursing

(August – December, yearly)

Vocational Nursing

(January – December, yearly)

ADN Bridge (LVN to RN) Program

(May – May, yearly. Must already hold a current, non-encumbered TEXAS LVN license)

Certified Nurse Assistant

June-July

PERFERRED CAMPUS (Circle one): CHILDRESS PAMPA

Name _____ Male Female
(FULL NAME as it appears on Driver's License, please print legibly)

Email (Please print) _____

Mailing Address _____
City, State, Zip

Cell Phone _____ Date of Birth: _____

Social Security Number Other Name(s) Known By (such as maiden name)

Place of Birth (city and state, if US) If not U.S. citizen, what country were 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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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 _____

College(s) attended/Location _____

Dates attended _____ Degree Awarded _____ Major _____

Attach a separate sheet, if necessary or use the back.

When applying to the College, official transcripts from each institution you have attended will be required and must be sent to ADMISSIONS@CLARENDONCOLLEGE.EDU or mailed directly to Clarendon College, 1122 College Drive., Clarendon, TX 79226 to the attention of ADMISSIONS.

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 Medical Licenses? If so, please list _____

CNA Certificate #: _____ State of Licensure: _____

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 your final grade, when, and where 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 _____

ATI TEAS Admission Exam – all incoming nursing students will be required to take the TEAS, the Test of Essential Academic Skills entrance exam from Assessment Technologies Institute, LLC (ATI) in the categories of Reading, Math, Science, English & Language Usage and obtain a minimum score of 58.7% or better. Must be taken at Clarendon College-Pampa Center. (This excludes the CNA or any CPR training classes)

- I need to take the TEAS 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 _____

PERSONAL STATEMENT required

Please respond to the questions below and include your personal 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?

BACKGROUND CHECK All applicants must have a clear criminal background to be eligible for licensure with the Texas Board of Nursing. To begin the process of checking your eligibility for licensure, please review and fill out the following and answer all the questions. We will submit this to the Texas BON. Watch for any communication from them and act quickly. Once cleared, you will receive either a BLUE CARD or a Letter of Clearance that you will be required to give the original to the Director of Allied Health for your ADMIN Student Folder.

Texas Board of Nursing

1801 Congress Avenue, Suite 10-200

Austin, Texas 78701

P: (512) 305-7400 * Website: www.bon.texas.gov

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

LICENSURE ELIGIBILITY

The Board of Nursing looks at responses to questions relating to criminal conduct to determine eligibility. Please review and answer the following questions:

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

(NOTE: You may only exclude Class C misdemeanor traffic violations)

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, prison time, or 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 of a court-martial; Article 15 violation; or received any form of military judgement / punishment / action? |

Expunged and Sealed Offenses: While expunged or sealed offense, 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 of the Nurse.

Orders of Non-Disclosure: Pursuant to Tex. Gov't code §552.142(b), if you have criminal matters that are subject of an order of non-disclosure you are not required to reveal those criminal matters on 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 any conduct that raises issues of character.

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 you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial or renewal licensure application)
4. NO YES Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?
5. NO YES In the past five (5) years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "No" if you have completed and/or are in compliance with TPAPN)
**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.*
6. NO YES *Within the past (5) years have you been diagnosed with, treated or hospitalized for schizophrenia and/or a psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regimen and have had no further hospitalizations since disclosure)

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

NOTE: Any positive response will remain confidential and not subject to public disclosure unless required by law.

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.

Print Full Name

Applicant Signature

Date

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