



Associate of Applied Science Degree in Nursing (ADN)

ADN Nursing Program

Application Packet

Clarendon College

Associate Degree Nursing Program

1601 W Kentucky

Pampa, TX 79065

Office: (806) 660-2014


Fax: (806) 874-1872

Email: katrina.evans@clarendoncollege.edu

Allied Health Administrative Assistant

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Clarendon COLLEGE

General Information

Requirements for Admission – Read Carefully

PLEASE print single sided

Complete Clarendon College Admission Requirements	Must be accepted to the College before being admitted to the ADN Program
Academic Terms Begin LVN to ADN Bridge Program	<i>Summer Session May 28, 2019</i>
Application Deadline: November 1, 2018-January 18, 2019	<i>Summer LVN to ADN Bridge: Prior to taking HESI</i>
Personal Statement	<i>Required</i>
Hold a high school diploma issued by an accredited secondary school <i>or</i> equivalent educational credentials as established by the General Education Development Equivalency Test (GED)	<i>Copy of High School Transcript or GED Certificate Required</i>
Official Transcripts from all Colleges or Schools attended	<i>Required, to verify GPA of 2.75 will pull from document tracking as student must be enrolled in the college first.</i>
<i>International Students Additional Requirement</i>	TOEFL iBT® (reading, writing, listening, and speaking) Minimum Score: Computer based: 220; or Internet based: 83 (CGFNS Evaluation of International Transcripts)
College Testing Requirements	<i>TSI Complete with passing scores on: Accuplacer, Asset, or Compass.</i>
Nursing Program Entrance Testing	<i>HESI A² Assessment Test Reading 80, Vocabulary 80, Math 80. Test dates are January 31st and February 1st and February 7th and 8th. Second chance is February 14th and 15th. Paid online by student</i>
GPA Requirements Must have all transcripts in to registrar office to confirm GPA	<i>Science (BIOL) GPA of 3.0 minimum; Cum GPA of 2.75</i>
Texas Board of Nursing (BON) / Texas DPS / FBI Background Check	<i>Student Roster submitted by ADN Program Director</i>
BON “Blue Card,” or BON Declaratory Order, <i>Letter of Eligibility</i>	<i>Required to turn into PROGRAM</i>
Release of Information Form for results for: Criminal Background Check	<i>Required with Program Application</i>
Board of Nursing Background Check	<i>You will be notified when to proceed.</i>
11 Panel Drug Screen – <i>New Life Wellness Center in Pampa</i>	<i>Required Immediately after Program Acceptance Call [806] 665-7261 for an appointment</i>
Social Security Release Form	<i>Required with Program Application</i>
Physical Exam on Program Form (<i>Take pp. 15-20 to appointment for physical exam</i>)	<i>Completed Immediately after Program Acceptance to the ADN Program.</i>
Mandatory Immunizations and TB Screening	<i>Documentation Required Prior to 1st Class Day</i>
Proof of CPR Course Completion	<i>American Heart Association; Cardiopulmonary Resuscitation(CPR) for Healthcare Providers / AED Courses available through program office <i>(Internet Courses Unacceptable)</i></i>
Current Professional Liability Insurance	<i>Included in College Registration Fees</i>
ADN Clinical Lab Pack	<i>Included in College Registration Fees</i>
2 – Letters of References (<i>pp. 22-24 and 25-27</i>) <i>[Each reference packet consists or 3 pages!]</i>	<i>Required Immediately after Program Acceptance</i>

Professional Nursing Program Application

Please complete with **black ink**.

Summer of 2019 (LVN to ADN Bridge Program Only)

Do you hold an LVN license? Yes No (Note: LVNs must hold an unencumbered LVN license in Texas)

If yes, where did you complete the Vocational/Practical Nursing program?

Program _____ Address _____

Note: All LVNs must submit official documentation of the completed curriculum.

Personal Information

Name _____ Female Male
Last First Middle

Other legal/maiden name(s) _____

Mailing address: _____

_____ City State Zip

Home phone number _____ Cell number _____

S.S. # _____ Email _____

Date of Birth _____ City/State of Birth _____

Are you a citizen or permanent resident of the U.S.? Yes No

If not, which country are you a citizen? _____

If you were not born in the U.S., how long have you lived here? _____

Optional Information

The following information will be used for statistical purposes only.

Are you Hispanic / Latino? Yes No

Check the category/categories with which, you most closely identify. **Check all that apply** (Note: Regardless of whether you answered question above, please, mark one or more responses that represent what you consider yourself).

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Hispanic / Latino

Other _____

Language spoken at home _____ Religious preference _____

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 _____

Educational Information

Please list in chronological order all schools, colleges, and universities you have attended. Official transcripts from each institution must be sent directly to the Professional Nursing Program Director. Attach a separate sheet if necessary. Students who have completed foreign education course work are required to provide official foreign transcripts with an official, comprehensive international transcript evaluation. Please contact the Program Director for more information.

<i>School/college/university and location</i>	<i>Dates of attendance</i>	<i>Degree Awarded</i>	<i>Major</i>

Please list the High Schools attended and indicate whether you received a diploma or GED.

<i>Name and Location</i>	<i>Dates of attendance</i>	<i>Diploma and Date Awarded</i>	<i>GED and Date Awarded</i>

Please list below all courses you are currently taking or will take to complete prerequisite/general education requirements. Updated transcripts must be provided that show completed classes through the semester immediately preceding application to the program. Attach a separate sheet if necessary.

<i>Course Number/Title</i>	<i>Credit Hours</i>	<i>Completion Date</i>	<i>College/University</i>

Please list all classes you plan on taking before starting the Professional Nursing Program. The space above is provided for you to inform us about your academic progress prior to starting the program. This information is used to determine the option for which you will be considered. Once you have submitted your application, you will be able to report to us additional courses you plan to take. **Failure to inform us about courses you plan to take prior to beginning the program will jeopardize your admission to the program.**

Have you ever been enrolled in an RN nursing program? Yes No

If yes, where? _____

If yes, did you complete the program and take the NCLEX-RN exam? Yes No

If yes, what dates did you take the NCLEX-RN exam? _____

Personal Statement

Please respond to the questions and attach your statement by attaching a double-spaced, one to two pages, and typewritten document to the application packet. Your file 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 for the Professional Nursing Program?
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 in the Professional Nursing Program?

Letters of Reference

Please submit two completed Reference Forms from individuals (counselors, teachers, professors, clergy, or employers) who may address your potential to succeed in an academically rigorous program.

(*Family Members and friends are not acceptable)

Please list the names and telephone numbers of your reference(s):

Name _____ Phone _____

Name _____ Phone _____

Work/Professional/Volunteer Experience

Please list all employment and/or volunteer experiences for the last five years. Attach a separate sheet if necessary.

Position	Dates of Employment	Hours/Week	Company/Institution

Educational Disciplinary History

1. 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.)

Inquiry

How did you learn about Clarendon College's Professional Nursing Program?

Signature

Signature

Date

Printed Name

Please return with any necessary accompanying documents to:



Clarendon College
Associate Degree Nursing Program
1601 W Kentucky
Pampa, TX 79065
(806) 660-2014

Applicant – Academic Checklist

NAME: _____ DOB: _____

Please complete the following information regarding your current academic profile. Attach a separate sheet if necessary.

SCIENCE REQUIREMENTS: Clarendon College Professional Nursing Program requires listed science courses to be successfully completed. Science courses must be successfully completed with a GPA of 3.0, with no course grade less than “B”. A minimum cumulative GPA of 2.75 is required for all pre-nursing courses.

<i># of times course has been taken</i>	<i>Prerequisites: Science</i>	<i>List all institutions attended</i>	<i>Grade/Term (If “In Progress” please state “IP”)</i>	<i>Name of Course</i>	<i>Credit Hours</i>
	BIOL 2401 – Anatomy & Physiology I w/lab				
	BIOL 2402 – Anatomy & Physiology II w/lab				
	ENGLISH 1301 – COMP 1				

GENERAL REQUIREMENTS: Corequisites can be taken prior to entering the nursing program, but are included in the courses to make you full time during your first and last semester.

<i># of times course has been taken</i>	<i>Corequisites: General</i>	<i>List all institutions attended</i>	<i>Grade/Term (If “In Progress” please state “IP”)</i>	<i>Name of Course</i>	<i>Credit Hours</i>
	PSYCH 2314-Human Growth and Development				
	(Humanities) DRAM 1310 Intro to Theater				

By completing this form, you acknowledge that the above information is correct. You also acknowledge that any misrepresentation of your academic qualifications could result in your disqualification from admission to the Associate Degree Nursing program at Clarendon College.

I certify that the above information is an accurate representation of my academic profile.

Signature

Date

Printed Name

Notification of Licensure Eligibility

I) 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 have 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 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 may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

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 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 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 ever 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?
- 4) No Yes *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?
 If "YES" indicate the condition:
 schizophrenia and/or psychotic disorders,
 bipolar disorder,
 paranoid personality disorder,
 antisocial personality disorder,
 borderline personality disorder

- 5) No Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*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.*

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE MAKE AN APPOINTMENT WITH THE ADN PROGRAM DIRECTOR.

Print Name

Applicant Signature

Date

(* Return completed questionnaire with the application packet to the Professional Nursing Department.)

Criminal Background Check

- A. This policy is based on a standard of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which requires healthcare organizations to verify criminal background information on students who provide care, treatment, and services to patients during clinical activities. The cost of the Criminal Background Check (CBC) is the responsibility of the student; is not waived, and is non-refundable. The CBC is processed in cooperation with the Texas Board of Nursing by the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI). Student eligibility for clinical activities is determined by the affiliated clinical agencies based on the CBC. Inability to participate in clinical activities prohibits successful completion of clinical courses and program objectives and outcomes and therefore, prohibits program progression, since the classroom and clinical courses must be successfully completed in the same semester.
- B. The DPS/FBI background check through **MorphoTrust USA**, will be available after the following steps are completed:
- a. The Program Director will submit a roster of acceptable applicants for the ADN Program to the Texas Board of Nursing for review;
 - b. The Board of Nursing will provide the ADN Program Director with a **Fast Pass** for each of the applicants on the roster;
 - c. The ADN Program Director will then distribute the **Fast Pass** to the applicants;
 - d. Applicants who receive a **Fast Pass**, will contact **MorphoTrust USA**, online at www.morphotrust.com/ to schedule fingerprint scans;
 - e. Applicants who receive a **Fast Pass** shall allow three business days to elapse before scheduling an appointment with **MorphoTrust USA**. You may schedule an appointment online or by phone at 1-888-467-2080.
 - f. **MorphoTrust USA**, will perform the fingerprint scans and electronically submit the scans to the Texas DPS for performance of the DPS/FBI background check; the results will be provided to the Texas Board of Nursing.
 - g. **Applicants shall not contact the Board of Nursing to inquire about the status of their background check.**
 - h. Upon receipt of the DPS/FBI results, the Board of Nursing will determine the appropriate notice, which will be sent to the respective applicants listed on the roster:
 - i. A **Blue Card** will be sent to those who have *cleared background checks*; or
 - ii. A letter will be sent to those who have *positive background checks*. The letter will request the applicant file a Petition for a Declaratory Order; or

- iii. A notice that their fingerprint scan was rejected (*example: poor quality*) and request that the applicant repeat the scan at **MorphoTrust USA** www.morphotrust.com/.
- i. **All documentation received by an applicant from the Board of Nursing regarding their background check must be submitted directly to the ADN Program Director; a copy will be maintained in the applicant's file (All applicant files are kept strictly confidential).**
- j. Applicants', who receive **Blue Cards**, are deemed eligible for acceptance to the ADN Program dependent on meeting other application criteria.
- k. Applicant's, who received a notice indicating a *positive* background check will not be eligible to enter the ADN program until such time that they have:
 - i. Completed a petition for a declaratory order; **and**
 - ii. Received a declaratory order from the Texas Board of Nursing.

Charges, Indictments, Probation, or Parole

1. Any student who is on probation or parole will not be admitted to the nursing program until such time that the Board of Nursing has provided the student with a Declaratory Order Letter.
2. Any student who has criminal charges pending will not be admitted to nursing program until acquittal or conviction has been determined. The outcome of the case will further determine whether the student will be eligible for admission to the program at a later date.
3. Applicants are required to sign a statement agreeing to the following:
 - a. If an arrest or indictment results following admission to the ADN nursing program, the student shall immediately advise the ADN Program Director.
 - b. A student, who is on probation or parole shall be required to have filed a Petition for a Declaratory Order with the Texas Board of Nursing, and shall submit the approved Declaratory Order to the ADN Program Director.
 - c. A student, who is indicted, arrested, or pending trial after admission, will be required to immediately withdraw from the nursing program until such time that an acquittal or conviction has been determined.
 - d. At such time, the student may request readmission to the ADN nursing program, the student shall be required to have filed a Petition for a Declaratory Order with the Texas Board of Nursing, and shall submit the approved Declaratory Order to the ADN Program Director.
 - e. It is at this time that students may apply for readmission under specific guidelines set forth by the ADN Program Policies.

Drug Screen (11 Panel)

1. All applicants must submit to an 11 panel drug screen upon receipt of acceptance letter to the ADN nursing program, which shall be performed by the designated agency. The drug screen must be performed at **New Life Wellness Center in PAMPA**. This must be completed immediately after your acceptance letter is received. Contact ADN Program for instruction.
2. Results will be delivered by said agency directly to the ADN Program Director at Clarendon College.

Release of Information Statement

1. Applicants are required to sign a statement agreeing to:
 - i. Release of Criminal Background Information and drug screen results to clinical facilities;
 - ii. Agreement to the policy requiring a “for cause” drug screen; and
 - iii. To inform the ADN Program Director of any arrests or convictions for any form of criminal activity or substance use/abuse occurring after the initial background check and/or drug screen has been performed.

Release of Information Statement

I agree to the disclosure of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) Criminal Background Check and the 11 Panel Drug Screen results, which are required for admission to the Associate Degree Nursing (ADN) program at Clarendon College. I further agree to the information being released to all contracted affiliating agencies utilized by Clarendon College Professional Nursing Program in order to approve placement for the performance of clinical experiences in said agencies. The ADN Nursing Program policy requires that students must be eligible to attend any and all affiliating clinical sites and the Program shall not provide special placement for any student who is denied placement by any affiliating agency. Clarendon College will not locate or provide alternative sites for clinical experiences for any student who is considered ineligible to attend clinical experiences at any specified agencies. Clinical experiences are completed at affiliate sites specified by and contracted with Clarendon College. Inability to participate in clinical activities prohibits successful completion of clinical courses and program objectives; therefore, prohibits program admission and/or program progression, based on the policy requiring co-requisite theory and clinical courses must be successfully completed during the same semester.

I agree to release and hold harmless, Clarendon College, Administrators, Board of Regents Members, Trustees, Directors, Faculty, Staff, affiliating health care agencies, and/or their employees for any legal claims involving disclosure of said information in performance of their duties.

I affirm that I am at least 18 years-of-age. I have read and understand the terms of this agreement. My signature below signifies my voluntary acceptance of these terms.

Signature

Date

Printed Name

Witness

Social Security Release Form

Disclosure of the Social Security number is required for admission into the Associate Degree Nursing (ADN) program. Affiliated clinical agencies require the students' Social Security number in order to approve placement of students in their facility. The ADN Nursing Program policy requires the student to be eligible to attend all affiliated clinical sites and does not provide special placement. Clarendon College will not locate or provide alternative sites for clinical experiences for students who are ineligible to attend clinical experiences at the specified sites. Clinical experiences are completed at affiliate sites specified by and contracted with Clarendon College. **(*Note: If you do not have a Social Security Number, please see the ADN Program Director.)**

Signature

Date

Printed Name



Health & Physical Assessment Form

Health Questionnaire: To be completed by Applicant:

Date: _____

Name: _____ D.O.B (MM/DD/YYYY): _____

Mailing Address: _____

Phone home: _____ Cell Phone: _____

Email Address: _____ Employer: _____

- Yes No Do you have any physical limitations that would affect your ability to lift, turn, or transfer patients?
- Yes No Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice a health care profession?
- Yes No Do you have any other condition that might interfere with your ability to practice in a health care profession?

If you answered “yes’ to any of the above, please explain you limitations in detail on a separate sheet of paper.

LIST ALL MEDICATIONS CURRENTLY TAKING: *(This includes all prescription medications, over the counter medications, vitamins, birth control medications, and herbal medications)*

Name of Medication	Dosage	Frequency	Reason Taken	Prescribing Physician



Physical Examination Forms
(To be completed by health care provider)

Name _____ DOB _____

General Appearance _____

Height _____ Weigh _____ B/P _____ T _____ P _____ RR _____

Date of Last visual exam _____ Visual Acuity _____ Glasses Contact Lenses

Systems	Normal	Abnormal	Describe abnormalities in detail, attaché an extra Progress Not if necessary.
Eyes, Ears, Nose, & Throat			
Mouth, Teeth, Neck			
Thyroid			
Heart & Vascular System			
Lungs			
Abdomen & Viscera			
Hernia			
Neck & Vertebrae			
Genitalia			
Pelvis with Pap Smear; if indicated			
Rectal, Anus; if indicated			
Extremities			
Skin			
Neurological			
Scars			
Other:			

Name _____

DOB _____

Laboratory Data: Specific lab findings or antibody titers:

Test Performed	Date	Results

** Attach copies of all Laboratory Data; lab findings and/or antibody titers.*

Please answer the following questions:

Yes **No** Based upon your physical examination, is the applicant free of any restrictions in his/her ability to turn, lift, or move heavy objects? If "No" please describe: _____

Yes **No** Is the applicant able to see and hear adequately to practice a health care profession? If "No" please explain: _____

Yes **No** Is the applicant free of any pathological conditions either physical or mental that would interfere with the practice of a health care profession? If "No" please describe: _____

Signature of Physician, PA, or NP

Date

Address

City/State/Zip Code

Phone #

Additional Comments: _____



Name _____ DOB _____

Required Immunizations

Dates of immunizations and copy of immunization record is required. Each immunization line requires a physician, PA, or NP signature or verification from a clinic or health center. **No student may begin class and/or clinical experiences without verification of immunizations and/or screening status.*

Immunizations	Date completed		Physician; PA; NP Signature; Clinic; or Health Center
Measles (Rubeola): Proof of Two doses are required			
Initial Dose			
2 nd Dose			
Mumps: Proof of Two doses are required			
Initial Dose			
2 nd Dose			
Rubella: Proof of Two doses are required			
Initial Dose			
2 nd Dose			
Varicella: Proof of Two doses are required			
Initial Dose			
2 nd Dose			
Tdap: Tetanus/Diphtheria/Adult Pertussis: One dose within past 10 years.			
Flu: One dose for the current flu season. October thru March			
Hepatitis B Series: Proof of Three doses are required			
Initial			
2 nd Dose			
3 rd Dose			

Note: Physical exam form and immunization records will not be accepted without doctor's signature or health center verification for each immunization. No student will be allowed to begin clinical experiences without verification of status of all required immunization. Official evidence of immunization documents must be included.

****Physician/Physician's Assistant/Nurse Practitioner waiver may be extended for certain medical conditions (i.e. pregnancy), but must be documented.***



Required Annual TB Screening Record
(Due every May for ADN Students)

NAME _____ DOB _____

Tuberculosis Screening: Documentation must be submitted: requires a health care provider signature or verification form the Health Department.

Intradermal PPD (Mantoux) – annually unless previously positive

Date Administered: _____

Date Observed: Induration: _____ Results: _____ ***mm***

Signature: Physician / PA / NP / Clinic / Health Center

Chest X-ray if PPD is positive:

Date: _____ Results: _____

Signature: Physician / PA / NP / Clinic / Health Center

Clarendon College
ADN Nursing Program
Health Insurance Coverage

The student must make an appointment with their healthcare provider to document:

- All immunizations are completed including date of necessary boosters. Notes: *See Immunizations and Tests form. Clinical affiliations may require additional immunizations and/or tests.*
- Student is in good physical health and free from any of the diseases listed on the Immunizations and Tests Form.

Forms must be submitted to the ADN Nursing Program Prior to Application Deadline.

Information on this form is Confidential.

Date _____ Student ID # _____

Name _____ DOB _____

Address _____

Best contact number(s) _____

Email Address _____

Person to notify in case of emergency:

Name _____ Relationship _____

Address _____ City _____ State _____

Best contact number(s) _____

Health Insurance Information

Name of Insurance Company: _____ Policy #: _____

Subscriber's Name: _____

It is strongly encouraged by the staff and faculty of Clarendon College, that you have health care insurance.

“NOTE: ALL COSTS INCURRED RELATIVE TO EXPOSURE INCIDENTS, INITIAL AND/OR FOLLOW-UP CARE ARE THE SOLE RESPONSIBILITY OF THE INDIVIDUAL STUDENT”

I understand I am encouraged to have health care insurance.

At this time, I do not have coverage. I understand the need for having health insurance and accept responsibility for not having coverage.

Signature

Date

This form will become a part of your permanent record.



To the Applicant:

Clarendon College recognizes the importance of honest and confidential references in assessing each applicant's aptitude for undergraduate study. Under the provisions of the Family Education Rights and Privacy Act of 1974, you are guaranteed the right of access to your files. Please indicate below whether you are willing to waive your right of access to this letter of reference once it is completed.

- I hereby waive my right of future access to this letter of reference.
- I hereby do not waive my right of future access to this letter of reference.
- I understand that a waiver of access to my file is not required as a condition for admission, receipt of financial aid or any other services.

Please submit two Reference Forms to a counselor, teacher, professor, or employer who may address your potential to succeed in an academically rigorous program. Applicants must give this recommendation form to your reference with a stamped envelope addressed to the Clarendon College Pampa Center:



Clarendon College
Associate Degree Nursing Program
1601 W Kentucky
Pampa, TX 79065

Printed Name of Applicant

Phone

Applicant Signature

Address

E-mail Address

Date

NAME: _____

DOB: _____

To the Reference:

Letter of Reference

Your careful estimate of the applicant's qualifications is appreciated. Please check the response best describing the student's potential for success in the following categories.

<i>Character and Personality</i>	<i>exceptional</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>unable to assess</i>
<i>Initiative/motivation</i>					
<i>Leadership</i>					
<i>Integrity</i>					
<i>Interpersonal ability</i>					
<i>Acceptance of guidance/direction</i>					
<i>Ability to conduct self-assessment</i>					

<i>Academic/Professional Characteristics</i>	<i>exceptional</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>unable to assess</i>
<i>Written communication</i>					
<i>Oral communication</i>					
<i>Interpersonal communication</i>					
<i>Time management</i>					
<i>Abstract reasoning/problem solving</i>					
<i>Creativity</i>					
<i>Growth capacity and aptitude</i>					
<i>Intellectual ability</i>					

Overall Recommendation

Please select the overall estimate of the applicant's success in the Professional Nursing Program at Clarendon College:

<i>exceptional</i>	<i>above average</i>	<i>Average</i>	<i>below average</i>	<i>unable to assess</i>	<i>exceptional</i>

1. How long have you known the applicant?

NAME: _____ **DOB:** _____

2. In what capacity have you known the applicant?

3. What do you consider to be the applicant's outstanding talents and strengths? Please give specific examples. Please feel free to use additional sheets if necessary.

4. How well do you think the applicant has thought out his/her plan for this program of study?

General comments: _____

Signature

Date

Printed Name

Phone

Email

Company/Institution

Position



To the Applicant:

Clarendon College recognizes the importance of honest and confidential references in assessing each applicant's aptitude for undergraduate study. Under the provisions of the Family Education Rights and Privacy Act of 1974, you are guaranteed the right of access to your files. Please indicate below whether you are willing to waive your right of access to this letter of reference once it is completed.

- I hereby waive my right of future access to this letter of reference.
- I hereby do not waive my right of future access to this letter of reference.
- I understand that a waiver of access to my file is not required as a condition for admission, receipt of financial aid or any other services.

Please submit two Reference Forms to a counselor, teacher, professor, or employer who may address your potential to succeed in an academically rigorous program. Applicants must give this recommendation form to your reference with a stamped envelope addressed to the Clarendon College Pampa Center:



Clarendon College
Associate Degree Nursing Program
1601 W Kentucky
Pampa, TX 79065

Printed Name of Applicant

Address

Phone

E-mail Address

Applicant Signature

Date

NAME: _____

DOB: _____

To the Reference:

Letter of Reference

Your careful estimate of the applicant’s qualifications is appreciated. Please check the response best describing the student’s potential for success in the following categories.

<i>Character and Personality</i>	<i>exceptional</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>unable to assess</i>
<i>Initiative/motivation</i>					
<i>Leadership</i>					
<i>Integrity</i>					
<i>Interpersonal ability</i>					
<i>Acceptance of guidance/direction</i>					
<i>Ability to conduct self-assessment</i>					

<i>Academic/Professional Characteristics</i>	<i>exceptional</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>unable to assess</i>
<i>Written communication</i>					
<i>Oral communication</i>					
<i>Interpersonal communication</i>					
<i>Time management</i>					
<i>Abstract reasoning/ problem solving</i>					
<i>Creativity</i>					
<i>Growth capacity and aptitude</i>					
<i>Intellectual ability</i>					

Overall Recommendation

Please select the overall estimate of the applicant’s success in the Professional Nursing Program at Clarendon College:

<i>exceptional</i>	<i>above average</i>	<i>average</i>	<i>below average</i>	<i>unable to assess</i>	<i>exceptional</i>

1. How long have you known the applicant?

NAME: _____

DOB: _____

2. In what capacity have you known the applicant?

3. What do you consider to be the applicant's outstanding talents and strengths? Please give specific examples. Please feel free to use additional sheets if necessary.

4. How well do you think the applicant has thought out his/her plan for this program of study?

General comments: _____

Signature

Date

Printed Name

Phone

Email

Company/Institution

Position