



CLARENDON COLLEGE

www.clarendoncollege.edu

Since 1833

INTRO TO NURSING APPLICATION

Date _____

Name _____
Last First Middle

Soc. Sec. # _____

Other names known by _____

Date of Birth _____

Ethnic Group (circle one)

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan

Mailing Address _____

Email _____

City _____ State _____ Zip _____

Phone _____



CLARENDON COLLEGE

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Since 1938

High School _____

Grade Completed _____

College _____

Grade Completed _____

Other Schooling _____

Grade Completed _____

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

I certify that the above statements are true and correct. I authorize Clarendon College Intro to Nursing Program to investigate my personal history or work record if necessary. I understand that my eligibility is based on the results of the entrance exams, background verification, recommendation letters and advising session interview.

Signature of Applicant _____



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Immunizations listed below require copies of originals as proof.

Varicella _____ 2nd _____

MMR _____ 2nd _____

HEPB _____ 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, TX 78701

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

- **ELGIBILITY 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 of 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 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. Gov't 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 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 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 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 (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, 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 Web site at: www.bon.texas.gov

**Clarendon College
ALLIED HEALTH DEPARTMENT
PHYSICAL EXAMINATION REPORT**

1. Name: _____ Date of Exam: _____

2. Address: _____ Phone: _____

3. Age: _____ Height: _____ Weight: _____

4. Past History: Illness, operations, & 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: _____

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

IMMUNIZATION	DATE
MEASLES, MUMPS AND RUBELLA #1	
MEASLES, MUMPS AND 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
AND A COPY PLACED IN STUDENTS FILE**