Clarendon College
VOCATIONAL NURSING APPLICATION

Date: _____________________Campus: PAMPA/CHILDRESS

Name: ____SOC.SEC. #__________
Last First Middle

Other last names known by: ____

Mailing Address: ____

City: ____ State: ____________ Zip: ___________

Phone Number: _______________________________________

Email Address: _______________________________________

Ethnic Group (circle one):

WHITE BLACK HISPANIC ASIAN/PACIFIC ISLANDER AMERICAN

INDIAN/ALASKAN

In the blanks below name the schools you have attended, their location, and the grades you completed. Include other names you may have been registered as.

High School: ____Grade Completed: __________

College: ____Grade Completed: __________

Other Schooling: ____

Have you ever attended any other nursing program? YES/NO

Where: ____

Reason for withdrawal: ____

Have you ever attended Clarendon College Nursing Program? YES/NO

Year attended_________

Reason for withdrawal: _________________________________

List last two employers (including present). Give names, addresses, city, state, and zip.

- **Employer Name & Address____**

  Dates of Employment: ___________________________Job Title: _____________________

- **Employer Name & Address____**

  Dates of Employment: ___________________________Job Title: _____________________

EMERGENCY CONTACT: TWO (2) PEOPLE & PHONE NUMBERS WHO DO NOT LIVE WITH YOU:

____

____

I certify that the above statements are true and correct. I authorize Clarendon College Licensed Vocational 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: ____

COURSE NAME	GRADE	CREDIT HOURS	COLLEGE
BIOL 2401 A&P1			
BIOL 2401 A&P2			
ENGLISH 1301			
PSYCH 2314			
DRAM 1310			

Have you taken the TSI entrance exam? YES/NO

Texas Board of Nursing
333 Guadalupe, Suite3-460, 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 Code552.142 (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