

Texas Board of Nursing

ROSTER

ACCEPTED/NEW SCHOOL APPLICANTS
CRIMINAL BACKGROUND CHECK

1. Complete form- do not leave any blanks. If you DO NOT have a Social Security Number, write all 1's ex. 111-11-1111 (Form must be completed prior being added to checklist).
2. If you are applying to both programs (VN & ADN) circle or check both VN & RN on the form.
3. Email (Attach as a PDF file) to clinicalaffairs@southtexascollege.edu Clinical Affairs Specialist will reply to confirm form was received along with instructions.
4. Texas Board of Nursing will send you an email in approximately 2-4 weeks after Roster has been submitted and only if you need to schedule a fingerprint appointment (sender: nobody@Identogo) *Not everyone will be required to schedule a fingerprint appointment.

PLEASE PRINT LEGIBLY

Circle program:	VN	RN	LVN – RN Track (Active LVNs)	Para – RN Track
Name (Last, First, M.I.)				
Mailing Address				
City, State, Zip				
Social Security Number				
Date of Birth MM/DD/YYYY				
Telephone (xxx-xxx-xxxx)				
Personal Email (NO school email)				
Active LVN License #:				

For office use only:		
Date entered:		Entered by: