http://admin.southtexascollege.edu/pr/logo/downloads/STC-logo-email-signature.gif

Application

2017-2018

Vocational Nursing Program

**Nursing Allied Health Division**

**P.O. Box 9701 McAllen, TX 78502-9701**

**NAHC Phone: (956) 872-3011 Fax: (956) 872-3007**

**MVC Phone: (956) 447-6632 Fax: (956) 447-0712**

**Application (A)**

**Required Information**

**Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_**

*Print or type (Last Name) (First) (MI)*

*(Please place a check mark in the appropriate box)* ***Gender: C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif****Female or* ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *Male*

***Ethnicity: C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *White* ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *Hispanic*  ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *Native American* ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *Asian* C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif *African American* ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *Pacific Islander* ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif*** *or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Residence Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

*(No. and Address) (City) (State) (Zip Code)*

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

*(No. and Address) (City) (State) (Zip Code)*

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Home Number) (Circle on: Cell, Work, or Emergency phone number)*

**STC Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STC ID#: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions:**

Have you applied to this program before? ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif Yes or C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif No*** If so, when? (Please provide the year)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Were you accepted to this program before?  ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif Yes or C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gifNo*** If so, when? (Please provide the year)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Did you decline or withdraw from the program?  ***C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gif Yes or C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Bullets\BD14530_.gifNo*** If so, when? (Please provide the year)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

1. **Print Application- Application must be completed entirely to be eligible.**
2. **Attach an updated “Official” South Texas College transcript with completed application.**
3. **Contact our Clinical Affairs Specialist Beatriz Mata at (956) 872-3022 for immunization information and back ground check.**
4. **Attach a copy of immunization record with application.**
5. **Attach a copy of clearance from the BON or a copy of the BON application in processes for back ground check.**
6. **Submit applications in a timely manner.**
7. **Applications may be hand delivered- Please contact and setup an appointment with**

**Suzy Castellanos at (956) 872-3011 or Liz San Roman at (956) 447-6632.**

1. **Applications submitted by mail must be sent by certified mail.**
2. **Note: Applications will be accepted from January 04, 2017 through February 17, 2017 until 5:00pm for Fall 2017. NO EXCEPTIONS WILL BE MADE ON LATE APPLICATIONS.**

**Vocational Nursing Program**

**Application Ranking Worksheet**

**Fall 2017-2018**

Program Selection Process: The VN Program selection process is based on a Point System Evaluation. The following selection criteria are used to assess the applicant’s points.

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIREMENTS**   1. **Pre-Requisite Courses**   The following courses must be with a “B” or higher | **Pre-Requisite Grades**  **A=5 B=3**  Circle One | | **Enter**  **Points** |
| 1. VNSG 1420 Anatomy & Physiology for Allied Health (OR) | **A B** | |  |
| 1. BIOL 2401 Anatomy &Physiology I   &  BIOL 2402 Anatomy & Physiology II | **A B**  **A B** | | Average of API & APII grade Points |
| **Note:** Both AP I and APII must be completed before applying to  theprogram. | **N/A** | | **0** |
|  |  | |  |
| 1. **CUMULATIVE GPA** | **Cumulative GPA** | | **Enter**  **Points** |
| Cumulative GPA is listed on the South Texas College Transcript | |  |  | | --- | --- | | 4.0-3.5 | 2 pts. | | 3.49-3.0 | 1 pt. | | 2.9-2.4 | 0 pts. | | |  |
| 1. **ADDITIONAL POINTS**   The following items are not required to apply for the program; however, it will assist the applicant to earn additional points. | **Additional Points** | | **Enter Points** |
| **OPTIONAL**  **The course must be taken at South Texas College and completed with**  **a “B” or higher.**  CSFH 0101 College Success for Health Care Course | Grade A  ------------  Grade B | 3 Points  ----------  2 Points |  |
| **South Texas College Graduate from the following program.**  Patient Care Assistant – Certificate | N/A | 4 Points |  |
| **Add your point together and enter the points in the last box on**  **this row.**    **Note:** MAXIMUM POINTS: 14 | **N/A** | **Total**  **Points** |  |

**Vocational Nursing Program**

**Traditional Track**

**Vocational Nursing**

**Admission Check List Requirements**

**Mark an (X) in the check list box below of requirements completed.**

|  |  |
| --- | --- |
|  | **Students must be currently enrolled at South Texas College.** |
|  | **Students must submit the following to STC Admissions and Records for evaluations:**  **Official High School, GED, or Transfer Transcripts. This information must appear on STC official transcript.** |
|  | **Students must be TSI Complete in all three areas of: Math, Reading and Writing**  **(THEA, Accuplacer, ASSET, COMPASS) TSI status must appear on your STC official transcript** |
|  | **Student must attach a copy of clearance from the BON with this application or documentation showing he/she is in the process of clearance.** |
|  | **Student must be in process of completion of immunizations and must be compliant with the programs requirements.** |
|  | **Students must have completed the following prerequisite with a grade of B or better.**  **Biology: VNSG 1420 Anatomy/Physiology for Allied Health OR Biology 2401 & Biology 2402** |

**Application Submission Instructions**

Applications will be accepted from:

**January 04, 2017 – February 17, 2017.**

After completing the Vocational Nursing Application please submit application by mail to:

South Texas College- Nursing Allied Health

Vocational Nursing Program

Attn: Suzy Castellanos

P.O. Box 9701

McAllen, TX 78502-9701

**Note: Applications must be sent by certified mail.**

Applications may be hand delivered- Please contact and setup an appointment with

Suzy Castellanos at (956) 872-3011 or Liz San Roman at (956) 447-6632.

Applications must reach our office by 5:00pm on the deadline date of February 17, 2017.

Mailed in applications must be post marked by the date shown above.

**Applications received after the deadline will not be accepted, no exceptions will be made.**

Due to our limited class rooms, some applicants who have met all the admission requirements may not be accepted to the Vocational Nursing Program. Note: Maximum acceptance points are 14.

I have read and accepted the terms and condition listed on this application. I am responsible and certify all information provided/obtained on this document is true and realize that reporting false information will result in my disqualification and will not be able to reapply into the program.

**X-**---------------------------------------------------------- ---------------------------- ----------------

***(Student’s Signature) (STC-ID#) (Date)***

**STATEMENT OF EQUAL OPPORTUNITY**

**No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability. Revised 9/28/2010**