



ASSOCIATE OF APPLIED SCIENCE IN NURSING

300 Early Blvd, Suite 105, Early, Texas 76802

Phone: 325-203-5013

Email: nursing@rangercollege.edu

rangercollege.edu/academics/allied-health

RN Student Nurse Application

I am applying for:

RN - Submission deadline: May 15 for Fall admission

LVN to RN Bridge - Submission deadline: October 1 for spring admission

| | | |
|---|---|--------------|
| Last Name: | First Name: | Middle Name: |
| Street Address: | City and State: | Zip: |
| County: | Phone: | Gender: |
| SS: | Ranger Email: | |
| Date of Birth: | Personal Email: | |
| List previous names for transcript management (ie. maiden name): | | |
| Ethnicity: *This information is required by the Texas Board of Nursing on the annual Nursing Education Program Survey for Professional Nursing Programs (RN-NEPIS). | Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White (Not Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other: | |

Eligibility Requirements for Licensure as a Registered Nurse in Texas

Criminal Background Evaluation: Upon conditional acceptance to the program, you will be required to undergo a criminal history record check to determine eligibility to become a Registered Nurse in Texas. The record check process includes: (1) the school submitting your name to the Texas Board of Nursing; (2) you completing the information provided by the school necessary to schedule a fingerprint appointment with an authorized service center; (3) The Texas Board of Nursing receives information from The Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) regarding the criminal background check (CBC) results. The Board will send you a result, either a blue or a letter identifying your eligibility to become a registered nurse in Texas, or a letter that you need to file a Declaratory Order for a full investigation. You are required to submit all Texas Board of Nursing communications to the nursing office to receive final program acceptance. If a Declaratory Order is needed you will not receive final acceptance until we receive a copy of the order that you receive from the Board that you are eligible to become a registered nurse in Texas.

Eligibility for Licensure: The Texas Board of Nursing has identified certain circumstances that may render a potential candidate ineligible for licensure as a registered Nurse in the State of Texas. Eligibility for licensure upon graduation is one of the admission requirements for Ranger Nursing Program. If you must answer "YES" to any of the following questions or your result (blue) card from the Board does not show a clear criminal history record check, you must submit a copy of your Declaratory Order, or other appropriate ruling, from the Texas Board of Nursing to the nursing office before you can be considered for admission. Non-disclosure of relevant information raises questions related to truthfulness and character.

These questions **MUST** be answered truthfully **EACH TIME** an application is submitted, even if you have previously disclosed information and undergone a previous eligibility review in another state.

- No Yes 1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?
- No Yes 2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?
- No Yes 3. Have you, in the last 5 years*, been addicted to and/or treated for the use of alcohol or any other drug?
4. For any criminal offense*, including those pending appeal, have you:
(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial or renewal application.)
- No Yes • been arrested and have a pending criminal charge?
 - No Yes • been convicted of a misdemeanor?
 - No Yes • been convicted of a felony?
 - No Yes • pled nolo contendere, no contest, or guilty?
 - No Yes • received deferred adjudication?
 - No Yes • been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - No Yes • been sentenced to serve jail, prison time, or court-ordered confinement?
 - No Yes • been granted pre-trial diversion?
 - No Yes • been cited or charged with any violation of the law?
 - No Yes • been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, 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. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (Sec 22 TAC §213.27)

Applicant Signature: _____

Date: _____

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Govt 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. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to Govt 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.

- No Yes 5. Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew, or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?
- No Yes 6. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?
- No Yes 7. *Are you currently the target or subject of a grand jury or governmental agency investigation?
- No Yes 8. * Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)
- No Yes 9. Have you ever been granted the authority to practice nursing in any country, state, province, or territory?

NOTE: This does not apply to any nursing license(s) issued by another US state or territory, excluding Puerto Rico. If you were licensed in Puerto Rico, you should be answering yes.

*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.

Applicant Signature: _____

Date: _____

Narrative HANDWRITTEN Summary

Your responses must be handwritten and numbered. You are limited to 2 pages. Content and quality will be evaluated as well as spelling, punctuation, legibility of handwriting, grammar, and congruent of written dialogue.

Rating scale: 4=Outstanding 3=Good 2=Fair 1=Poor 0=No Evidence

1. Describe your reason for choosing nursing as a career.
2. Describe your reason for choosing the Ranger College Nursing Program.
3. Describe your goals and the way in which you think the Ranger Nursing Program will prepare you to attain these goals.
4. What will be the greatest challenge to successful completion of the Ranger College Nursing Program?

Education History - Official Transcripts are required in the Nursing Program student files in addition to the official transcripts provided to the Ranger College Registrar.

| History | Transcript Sent | School Name | City/State |
|---------|-----------------|-------------|------------|
| HS | | | |
| GED | | | |
| College | | | |
| College | | | |
| College | | | |
| College | | | |
| College | | | |

Applicant Signature: _____

Date: _____

Work History

1 Work History - Last 5 years/List any unemployment time. Use additional paper if necessary.

| | |
|----------------------------------|--|
| Business Name | |
| Address, City, State, Zip | |
| Phone | |
| Supervisor/Title | |
| Job Description | |

2 Work History - Last 5 years/List any unemployment time. Use additional paper if necessary.

| | |
|----------------------------------|--|
| Business Name | |
| Address, City, State, Zip | |
| Phone | |
| Supervisor/Title | |
| Job Description | |

3 Work History - Last 5 years/List any unemployment time. Use additional paper if necessary.

| | |
|----------------------------------|--|
| Business Name | |
| Address, City, State, Zip | |
| Phone | |
| Supervisor/Title | |
| Job Description | |

Applicant Signature: _____

Date: _____

Previous Healthcare Experience (CNA, MA, EMT)

| Certification | Yes | No | How Long? | Certification or License Number |
|------------------------------------|------------|-----------|------------------|--|
| Certified Nurse Aide | | | | |
| Certified Medication Aide | | | | |
| Certified Medical Assistant | | | | |
| E.M.T. | | | | |
| Military Medic | | | | |
| Other: LVN, PT Aide, etc. | | | | |

Emergency Contact

| | |
|----------------------------------|--|
| Name | |
| Address, City, State, Zip | |
| Phone | |
| Email | |
| Relationship | |

Agreement & Consent

No Yes I understand that acceptance to Ranger College does not guarantee acceptance to the Ranger College Nursing Program.

If accepted in the program, I hereby consent to the following and authorize Ranger College Nursing Program access to:

- No Yes Health Record
- No Yes Criminal Background Check
- No Yes Drug Screenings

Applicant Signature: _____

Date: _____

Certification of Facts and Signature

I certify the facts set forth in this application for admission to the nursing program are true and complete to the best of my knowledge. I also certify that I completed the application. I understand that the information provided is subject to investigation and falsification of an application is cause for rejection or dismissal. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of Applicant: _____ Date: _____

Ranger College is an Equal Employment Opportunity and Affirmative Action Employer and Educator and is committed to excellence through diversity.

APPLICATION CHECKLIST

Application must be COMPLETE to be considered. All applicants will have an interview with the ADN Admission Committee. PLEASE NOTE: Space is limited.

- RN Submission deadline: May 15th for Fall Admission
- LVN to RN Bridge Submission deadline: October 1st for Spring Admission

Complete application must include the following:

- Application completed, signed, and dated
- Narrative HANDWRITTEN Summary (see page 4 of application)
- Physical Exam (Separate attachment provided with application)
- Proof of immunization status via official documentation from a healthcare clinic or provider:
 - 2 Measles, Mumps, Rubella (MMR)
 - 2 Varicella, or titers confirming immunity
 - Proof that Hepatitis B vaccine series will be complete prior to the start of direct patient care, or show serologic confirmation of immunity to Hepatitis B virus
 - Tetanus, Diphtheria and Pertussis (Tdap) (date within 10 yr)
 - TB Screening
 - o 2 Negative/"mm" TB skin tests 1 week apart initially for baseline (annually afterward); OR
 - o One negative QuantiFERON-TB Gold test; OR
 - o A chest x-ray within the past 2 years, if TB skin test is positive
 - Meningitis (for applicants under 25 years of age)
 - Seasonal Influenza (required annually by September 30)
- Driver's License and Social Security Card

REQUIRED CRITERIA to complete Applicant File:

- Official transcripts in the **Ranger College Nursing Program Office** from every college and/or university attended regardless of the number of credits earned and regardless if the courses are part of the required coursework for the nursing degree.
Ranger College Brown County, Allied Health
300 Early Blvd, Suite 105
Early, Texas 76802

- Official transcripts in the **Ranger College Registrar Office** from every college and/or university attended regardless of the number of credits earned regardless if the courses are part of the required coursework for the nursing degree.
 - Ranger College Registrar
 - 1100 College Circle Drive
 - Ranger, Texas 76470

- Two (2) reference letters (Separate attachment provided with application):
 - Given to individuals who can attest to following:
 - Academic performance and aptitude, ability to perform capably in position of responsibility, potential to achieve the objectives of this program of study and/or your interest in the nursing Profession.
 - Reference letters from personal friends/relatives will not be accepted as references.
 - Completed reference letters submitted with your application must be sealed by the evaluator with their signature across the seal.
 - We suggest providing a stamped and addressed envelope to each person selected to mail to:
 - Ranger College Brown County, Allied Health
 - 300 Early Blvd, Suite 105
 - Early, Texas 76802

Signature of Applicant: _____ Date: _____