

Test of Essential Academic Skills (TEAS) Exam

The TEAS Exam is a 4-part test consisting of Reading, Math, Science, and English and Language Usage. It is a timed test on the computer and is administered by ATI.

For Texas Health School's Vocational Nursing program, the minimum accepted scores for the TEAS are:

- Overall: 58%
- Reading: 64%
- Math: 60%

Though the Science and English and Language Usage sections do not have a minimum score, they contribute to achieving the required Overall Score.

Preparation for the TEAS:

Create an account at www.atitesting.com. Complete your profile. Become familiar with the website and learn all you can about the exam – the number of questions, how much time per sections, etc.

Study for the exam. Purchase a study guide through your admissions representative or through reputable websites like Amazon or ATI. Youtube has many excellent videos to help prepare for the TEAS. Ask your admissions representative for recommendations. Take the pre-tests available with your study guide.

Register for the TEAS at www.atitesting.com. Payment for the exam is required when you register. THS does not accept scores from remote testing. All TEAS exams must be taken in person at THS or other testing locations. Let your THS admissions representative know the date you have selected to take the exam.

When you go to the testing facility for your exam, bring your www.atitesting.com username and password. Be on time. The facility provides scratch paper and calculators.

Speak with your admissions representative after your TEAS exam. If you pass, they will prepare you for the next step in the application process. If you have not met the minimum requirements, they will help you plan for the retest, if eligible.

We wish you great success!

The Texas Health School Admissions Team



TEXAS HEALTH SCHOOL

Caring for Others

Name	_____
Rep	_____
CLASS START DATE	_____
DEADLINE DATE	_____
ORIENTATION DATE	_____

ADMISSIONS

VOCATIONAL NURSING PROGRAM – STUDENT CHECKLIST

- | | |
|--|----------------------|
| 1. THS Application/ID/SSC | Date Applied _____ |
| 2. SLE Test Passed (Score:)) | Date Passed _____ |
| 3. Official Proof of Graduation/GED | Date Submitted _____ |
| 4. Initial Background/TDPS Report | Date Conducted _____ |
| 5. College Transcripts (if applicable) | Date Submitted _____ |
| 6. VN Program Application | Date Submitted _____ |
| 7. Registered for TEAS Test - Test Date: | Date Notified _____ |
| 8. Pass TEAS Test (Scores:)) | Date Passed _____ |
| 9. Two (2) Recommendation Forms | Date Submitted _____ |
| 10. Essay: Why I Want to Be a Nurse | Date Submitted _____ |
| 11. Resume | Date Submitted _____ |
| 12. Immunization Records | Date Submitted _____ |
| 13. Physical Examination | Date Submitted _____ |
| 14. 10-Panel Drug Screen | Date Submitted _____ |
| 15. American Heart Assoc. BLS/CPR
www.heart.org | Date Submitted _____ |
| 16. Proof of Health Insurance | Date Submitted _____ |

*Once you pass the TEAS and the SLE, meet with your Admissions Rep. You'll be scheduled to meet with Financial Aid for funding. You will need your income information for the last two years. Afterwards, you'll be ready to enroll into the Vocational Nursing program. There is a \$100.00 registration fee at the time of your enrollment. Then you will be scheduled to interview with the Selection Committee.



BACKGROUND CHECKS

Background checks are used to:

1. Satisfy clinical facilities requirements of a background check prior to allowing a student to care for the clients under his or her responsibility.
2. Identify students who may have difficulty in meeting TX Board of Nursing (BON) eligibility for licensure and thereby allow such students early submission of petition for declaratory order from the TBON.
3. Protect and promote client/patient safety.

Two criminal background checks will be conducted on ALL students, as a condition for progression in the admission process.

The first criminal background checks will be conducted by a school approved vendor as a condition of progression to Step 3 of the admissions process. Please note - acceptance of this background check does not guarantee eligibility for licensure.

The second background check will be conducted by the BON approved vendor, which is currently the DPS/FBI. If the student has a satisfactory outcome with the BON-mandated background check, the BON will mail a "Blue Card" to the student stating this. This process is initiated after the student begins class.

If a positive criminal history is revealed during the BON mandated (DPS/FBI) background check, the student must submit a "Petition for Declaratory Order", see below.

A REQUIREMENT OF CONTINUATION IN THE VN EDUCATION PROGRAM IS AN ORIGINAL BLUE CARD FROM THE BON OR AN ORIGINAL DECLARATORY ORDER OUTCOME LETTER FROM THE BON, STATING THE STUDENT IS ELIGIBLE TO TAKE THE NCLEX-PN® EXAM AT A FUTURE DATE, PRIOR TO THE FIRST DAY OF SECOND SEMESTER.

A student who has **ANY** criminal offense other than a very minor traffic violation, has been diagnosed with mental illness, or has a history of substance abuse, may be eligible for admission into the VN Education Program **ONLY** if the student has:

1. Submitted a Petition for Declaratory Order to the Texas BON requesting the BON to further investigate their situation through the online application on the nurse portal at <https://txbn.boardsofnursing.org/txbn>.

(Refer to TBON website link:

https://www.bon.texas.gov/forms_declaratory_order.asp)

And,

2. The applicant has received a written response for the Petition of Declaratory Order from the Board of Nursing stating the student is eligible to take the NCLEX-PN® exam in the future.

Initial Licensure and Recognition Forms - Declaratory Order

A Petition for Declaratory Order (DO) is a formal disclosure to the Board of an eligibility issue that may prevent an applicant from taking the NCLEX and receiving initial licensure. **The DO permits the Board to make a decision regarding a petitioner's eligibility for licensure prior to entering or completing a nursing program.**

You should submit the **DO & \$150** if:

- You submitted fingerprints as part of the New/Accepted Student Roster process & you received an outcome letter from the Board requesting the submission of the DO & \$150.

You should submit the **DO ONLY** if:

- You submitted fingerprints as part of the New/Accepted Student Roster process & received a Blue Card, **BUT** have to disclose a non-CBC related eligibility issue (i.e. questions 2-5 on the DO).

OR

- You are attending an out-of-state nursing program, are more than 6 months away from graduation, and have an eligibility issue to disclose to the Board.

You will need to contact the Board for specific instructions on submitting the DO without the \$150 payment. Please send an email with your name, DOB, and last 4 of your SSN to webmaster@bon.texas.gov. The subject line should be DO – Payment Bypass.

NOTE: As of June 15, 2020 the DO must be submitted electronically via the Nurse Portal (<https://www.bon.texas.gov/texasnurseportal/>).



Applicants to the VN Program must possess:

- 1. Visual acuity** sufficient to assess patients and their environments and to implement thenursing care plans that are developed from such assessments.

Examples of relevant activities:

- a. Detect changes in skin color or condition.
- b. Collect data from recording equipment and measurement devices used inpatient care.
- c. Detect a fire in a patient area and initiate emergency action.
- d. Draw up the correct quantity of medication into a syringe.
- e. Students must be able to read fine print for medication administrationpurposes.

- 2. Hearing ability** sufficient to assess patients and their environments and to implement thenursing care plans that are developed from such assessments.

Examples of relevant activities:

- a. Detect sounds related to bodily functions using a stethoscope.
- b. Detect audible alarms within the frequency and volume ranges of the soundsgenerated by mechanical systems that monitor bodily functions.
- c. Communicate clearly in telephone conversations.
- d. Communicate effectively with patients and with other members of the healthcare team.

- 3. Olfactory ability** sufficient to assess patients and to implement the nursing care plansthat are developed from such assessments.

- a. Detect foul or unusual odors of bodily fluids or spoiled foods.
- b. Detect smoke from burning materials.

- 4. Tactile ability** sufficient to assess patients and to implement the nursing care plans thatare developed from such assessments.

Examples of relevant activities:

- a. Detect changes in skin temperature.
- b. Detect unsafe temperature levels in heat-producing devices used in patientcare.
- c. Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluid.

5. **Strength and mobility** sufficient to perform patient care activities and emergency procedures.

Examples of relevant activities:

- a. Safely transfer patients in and out of bed.
- b. Turn and position patients as needed to prevent complications due to bed rest.
- c. Hang intravenous bags at the appropriate level.
- d. Accurately read the volumes in body fluid collection devices hung below bedlevel.
- e. Perform cardiopulmonary resuscitation.
- f. Ability to lift 50 pounds repetitively unaided.
- g. Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, and to administer medications.

6. **Physical endurance** sufficient to complete assigned periods of clinical practice. Students will be standing on their feet for at least eight hours each clinical day.

7. **Have the ability to speak, comprehend, read, and write in English** at a level that meets the need for accurate, clear, and effective communication.

8. **Emotional stability** to function effectively under stress, to adapt to changing situations, and to follow through on assigned patient care responsibilities.

9. **Cognitive ability** is required to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes.



Application Requirements

a) Step 1 – Initial Application

- Attend a Mandatory VN Program Information Session
- Complete a Texas Health School (THS) Application
- Provide government issued ID (driver's license or passport) and Social Security Card
- Pass the Initial Background Check

b) Step 2 – TEAS Exam Results - Students are required to take the TEAS exam at Texas Health School or at a physically proctored location, i.e. Pearson – Vue or other nursing school campuses. Results from TEAS examinations taken remotely or at home will **NOT** be accepted, even though they are monitored remotely by ATI or a proctor. A maximum of 3 attempts in 3-year period.

- Overall: 58% • Reading: 64% • Math: 60% OR
- Composite Score: 63% • Reading: 64% • Math: 60%
- Pass the Wonderlic Scholastic Level Exam (SLE) with a minimum score of 17. If the applicant does not satisfactorily complete the test on the first opportunity, a substantially different test may be administered the same day. An applicant must wait five (5) calendar days prior to their third attempt. The applicant will be allowed three (3) attempts to achieve a passing score on the Wonderlic Scholastic Level Exam. Students must wait at least six months to retake the SLE test, after the failed third attempt. The SLE is offered in an online and onsite format, and the passing scores are valid for three years from the date of the onsite, online test.
- Meet with and complete the Financial Aid process
- Complete the Enrollment Agreement and pay \$100 registration fee

- Submit **Official** High School OR GED transcript. An official transcript is defined as one that is prepared and sent directly by the school, typically the registrar's office, to the intended Texas Health School's official either via a third-party online transcript delivery service or via the official's institution assigned email. Non electronic transcripts are considered official only when they bear the signature of the registrar or some other appropriate school official, the seal of the issuing school, and are mailed or submitted from the sending institution. Transcripts are also considered official if hand-carried in a sealed envelope from the institution.
- Submit **Unofficial** College/University transcripts from all previous schools
- Complete VN Program Application
- Submit two (2) Professional Recommendation Forms (Employer, Supervisor, or Teacher). Recommendation Forms must be submitted directly to the admissions representative in a signed, sealed envelope or mailed directly to the admissions representative via USPS, or emailed directly to the admissions representative from the recommender.
- Submit a typed one-page double-spaced Essay: "Why I Want to be a Nurse"
- Submit a current professional resume
- Submit Immunizations records showing completion of the following: Hepatitis B, MMR, TDAP, Varicella, Influenza, & Meningitis (if under age 22)
- Submit proof of negative Tuberculosis test: Mantoux skin test (within the last year), QuantiFERON Gold blood test (within the last two years), or chest x-ray interpretation (within the last five years).
- Submit THS Health History and Physical Examination Form signed, and dated by a healthcare provider.
- Submit BLS American Heart Association HealthCare Providers CPR card (www.heart.org).
- Submit proof of health insurance
- Submit 10-Panel Drug Screen (after interview and performed no earlier than 7 days before the class Start and no later than class start)

c) Step 4 – The Selection Interview

(Meeting all of the admission requirements DOES NOT guarantee acceptance into the VN Program)

- Complete interview with Nursing Selection Committee after enrollment.
Acceptance into the VN Program is Selective upon Ranking –
- Applicants are ranked for Acceptance in the program based on:
 - TEAS VII exam scores
 - Interview score
 - Past applicable academic records if any,
 - Employment history,
 - Recommendation forms,
 - Completion of VN application and all required documents
- Acceptance into the VN program is Conditional upon Candidate completing all outstanding requirements.



APPLICATION FOR ADMISSION TO VOCATIONAL NURSING PROGRAM

Instructions on completing the Vocational Nursing Application

Thank you for your interest in the Texas Health School Vocational Nurse Program.

The Vocational Nursing Program Application is a three-part application.

- Part I – Applicant information, employment, emergency contacts, education history, licenses/ certification held, and professional references.
- Part II – Eligibility Form – Criminal/Drug and Alcohol use history
- Part III – Physical Standards and Essential Functions

Complete each part of the application to the best of your ability. Please sign and date where signature is required. The Admissions Office will not accept any application that is not completed in full. If you have questions, call the Admissions Office at 713-932-9333.

All applicants must meet with an Admissions Representative to complete a mandatory information session and must have passed and submitted documentation of the TEAS VII prior to applying for the Vocational Nursing Program.

Applicant's Weekly Contact with Admissions Representative

In addition to the standard requirements for the Vocational Nursing Program, once an application has been made, **the Applicant agrees to: 1) maintain updated contact information on file with the Admissions Office, and 2) make weekly contact with their Admissions Representative to be considered an active applicant.** If there is no contact between the Admissions Representative and the Applicant after one week and one day, the application will no longer be considered Active and the Applicant must contact an Admissions Representative to see if there is time to re-start the admissions process from the beginning.

APPLICATION FOR ADMISSION TO VOCATIONAL NURSING PROGRAM

APPLICATION – PART I		
<i>Texas Health School does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.</i>		
(PLEASE WRITE LEGIBLY) APPLICANT INFORMATION		
Full Name (no nicknames):		
Today's Date:		
Current address:		Apt No.
City:	State:	Zip Code:
Email:	Primary Phone:	Alt. Phone:
ARE YOU A FORMER TEXAS HEALTH SCHOOL STUDENT? YES OR NO		
IF YES, WHICH PROGRAM? _____		
DID YOU COMPLETE PROGRAM? YES OR NO		
IF EMPLOYED, EMPLOYMENT INFORMATION		<input type="checkbox"/> N/A
Current employer:		
Employer address:		
City:	State:	Zip Code:
Position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	How Long?
EMERGENCY CONTACT		
Name of individual:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		
HIGH SCHOOL / GED CERTIFICATE		
Name of School:		<input type="checkbox"/> GED Certificate <input type="checkbox"/> High School Diploma
City:	State:	Grad/Completion Date:
PREVIOUS COLLEGE, UNIVERSITY, VOCATIONAL SCHOOLS, ALLIED HEALTH SCHOOLS <i>Applicants must submit official transcripts to the admissions office</i>		
Name of Institution:		
Program/Degree:		Grad Date: Not Graduated <input type="checkbox"/>
City:	State:	Zip:
Phone:	Fax:	Total Credit Earned:
Name of Institution:		
Program/Degree:		Grad Date: Not Graduated <input type="checkbox"/>
City:	State:	Zip:
Phone:	Fax:	Total Credit Earned:

APPLICATION – PART I

Name of Institution:

Program/Degree:		Grad Date:	Not Graduated <input type="checkbox"/>
City:	State:	Zip:	
Phone:	Fax:	Total Credit Earned:	

LIST ANY MEDICAL RELATED LICENSES OR CERTIFICATES HELD (EMT, CNA, MDA, CMA, ETC.)

	Status: Active	Inactive	Expired	Revoked
	Status: Active	Inactive	Expired	Revoked
	Status: Active	Inactive	Expired	Revoked

CERTAIN MINIMUM PHYSICAL ABILITIES AND CHARACTERISTICS ARE **REQUIRED** IN VOCATIONAL NURSING. SEE PAGE 5 & 6 OF APPLICATION FOR SPECIFIC REQUIREMENTS. AFTER REVIEWING THE REQUIREMENTS, ARE YOU ABLE TO MEET THE MINIMUM PHYSICAL STANDARDS AND ESSENTIAL FUNCTIONS FOR THE PROGRAM?

YES OR NO

If NO, explain _____

PROFESSIONAL REFERENCES-LIST THREE (3)

Name	Complete Address	Phone

SIGNATURES

I authorize the verification of the information I have provided on this form for consideration to Texas Health School Vocational Nursing Program. I understand this is not an enrollment agreement and I am not enrolled in the program at this time. I understand the registration/application fee is not refundable upon submission of this document.

Signature of applicant:	Date:
Signature of parent/guardian (if applicable):	Date:

**APPLICATION – PART II
Eligibility Form**

After you read the questions, please sign your name below indicating your knowledge of the questions. **For any criminal offense, including those pending appeal, HAVE YOU:**

- YES** **NO** Been convicted of a misdemeanor?
- YES** **NO** Been convicted of a felony?
- YES** **NO** Pled nolo contendere, no contest, or guilty?
- YES** **NO** Received deferred adjudication?
- YES** **NO** Been placed on community supervision or court-ordered probation, whether not adjudicated guilty?
- YES** **NO** Been sentenced to serve jail time or prison time?
- YES** **NO** Been sentenced to serve court-ordered confinement?
- YES** **NO** Been granted pre-trial diversion?
- YES** **NO** Been arrested or any pending criminal charges?
- YES** **NO** Been cited or charged with any violation of the law?
- YES** **NO** Been subject of a court-martial; Article 15 violation; or received any form of military judgment punishment/action?

- YES** **NO** Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

- YES** **NO** Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

NOTE: You may only exclude Class C misdemeanor traffic violations.

NOTE: If you answered yes to any of the above questions. Please specify in detail below.

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. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't 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 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 any conduct that raises issues of character and fitness.

YES **NO** 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?

YES **NO** 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?

YES **NO** Are you currently the target or subject of a grand jury or governmental agency investigation?

YES **NO** Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

YES **NO** Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

YES **NO** *Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

NOTE: Any positive response will remain confidential and not subject to public disclosure unless required by law.

YES **NO** Have you ever been granted the authority to practice nursing in any country, state, province, or territory?

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466. NPA 301.252, 301.257, and 301.452-469. Rule 213.27-30.

If your response is **yes** to any of the questions listed above, there is a **POSSIBILITY YOU MAY BE DENIED** the opportunity to take the licensure examination. You may need to submit a petition for "Declaratory Order" to the Board of Nursing. For information or guidance in this process to determine eligibility for licensure by examination, contact the Board of Nursing at (512)305-7400 or go to the web site: www.bon.state.tx.us. The "Declaratory Order" form can be accessed at <http://www.bon.state.tx.us/olv/forms.html>

I have read and understand the above statements. My signature below indicates all answers are truthful and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

This application may not reflect recent program changes. Please access the most up-to-date information on the Texas Health School Vocational Nursing Program's webpage through the link at www.ths.edu.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the school's program. I understand that the information contained in this application will be read by the faculty and staff of THS as appropriate.

Signature: _____ **Date:** _____

Application cannot be accepted without the above signature.
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APPLICATION – PART III
Physical Standards and Essential Functions

Texas Health School – Vocational Nursing Program has established physical standards and essential functions to ensure that students have the abilities required to participate and potentially be successful in all aspects of the respective programs. Students are required to meet technical standards and essential functions for the Vocational Nursing program as indicated below. If an applicant or student is unable to meet all of the outlined standards, he/she may be withdrawn from the program.

The student must demonstrate the following abilities:

Categories of Essential Functions	Definition	Example of Physical Standard (Not Limited to)
Observation	Ability to participate actively in all demonstrations, laboratory exercise, and clinical experiences in the professional program component and to assess and comprehend the condition of all clients assigned to him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations.	Visual (corrected as necessary) <ul style="list-style-type: none"> • Able to visually discriminate increment readings on syringes, sphygmomanometers and other medical equipment. • Able to visually discriminate different colored objects. • Recognize and interpret facial expressions and body language. • Assess the environment at a distance. Auditory (corrected as necessary) <ul style="list-style-type: none"> • Recognize and respond to soft voices or voices under protective garb • Distinguish between normal and abnormal lung and heart sounds, evaluate blood pressure. Tactile <ul style="list-style-type: none"> • Palpate a pulse and detect changes or abnormalities of surface texture, skin temperature
Communication	Ability to communicate effectively in English using verbal, non-verbal and written formats with faculty, other students, clients, families and all members of the healthcare team.	<ul style="list-style-type: none"> • Able to elicit information • Assess nonverbal communications • Transmit information to clients, fellow students, faculty and staff, and members of the healthcare team. • Receive, write, and interpret written communication in both academic and clinical settings.
Motor	Sufficient motor ability to execute the movement and skills required for safe and effective care and emergency treatment.	<ul style="list-style-type: none"> • Demonstrate adequate coordination, balance, speed and agility to assist and safely guard clients who are walking, exercising or performing other activities. • Move, adjust and position clients or equipment. • Able to provide emergency treatment to clients. • Lift up to 30 lbs.

		<ul style="list-style-type: none"> • Stand for long periods of time (6-8 hours). • Possess finger and manual dexterity necessary to manipulate equipment and to perform patient care procedures (i.e. starting IVs, dressing changes).
Intellectual	Ability to collect, interpret and integrate information and make decisions.	<ul style="list-style-type: none"> • Read and comprehend relevant information in textbooks, medical records and professional literature. • Measure, calculate, reason, analyze and synthesize. • Utilize intellectual abilities, exercise good judgment and complete tasks, within required time limits. • Retain information. • Apply knowledge to new situations and to problem solving scenarios.
Behavioral and Social Attributes	<ul style="list-style-type: none"> • Possess the emotional health and stability required for full utilization of the student’s intellectual abilities, the exercise of good judgment, the prompt completion of all academic and patient care responsibilities and the development of mature, sensitive, and effective relationships with clients and other members of the healthcare team. • Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical settings with patients. • Possess compassion, integrity, concern for others, and motivation. • Possess the ability to demonstrate professional behaviors and a strong work ethic. 	<ul style="list-style-type: none"> • Manage heavy academic schedules and deadlines. • Perform in fast paced clinical situations. • Display flexibility. • Sustain professional activities for protracted periods under conditions of physical and emotional stress. • Demonstrate emotional health required for full utilization of intellectual abilities and exercise of good judgment. • Demonstrate integrity, concern for others, interpersonal skills, interest and motivation. • Accepts responsibility and accountability for one’s own actions. • Develop mature, sensitive and effective relationships with clients and others. • Comply with the professional standards of the Nurse Practice Act.
<p>Qualified applicants with disabilities are encouraged to apply to the program. It is the responsibility of the applicant to contact the Admissions Office if they feel they cannot meet one or more of the physical standards listed above. Applicants can obtain more information on other programs Texas Health School offers in the medical field.</p>		

I have read and understand the aforementioned requirements and meet the physical standards and essential functions for the Vocational Nursing Program as indicated above. I understand if I, as an applicant or student, am unable to meet all of the outlined standards, I may be withdrawn from the program.

Signature: _____ **Date:** _____

Vocational Nurse Program Checklist

All applicants **must** provide a copy of the following documentation:

- Submit proof of three (3) Hepatitis B vaccinations.**
 - a) Submit proof of three vaccinations within the last 10 years
 - OR**
 - b) Submit proof of a Hepatitis B Titer (blood test) showing proof of immunity.

- Submit proof of Tdap (Tetanus, Diphtheria, and Pertussis) immunization on or after your 18th birthday.**
 - a) Submit proof of this vaccination within the last 10 years
 - OR**
 - b) If it has been over 10 years, you must receive a new vaccination. *Be sure it includes the pertussis vaccination.*

- Submit proof of Varicella:**
 - a) Submit proof of two (2) previous Varicella vaccinations within the last 10 years. Proof of illness will not count.
 - OR**
 - b) Submit proof of a Varicella Titer (blood test) taken within the last 5 years showing immunity.

- Submit proof of MMR (Measles, Mumps, and Rubella):**
 - a) Submit proof of two (2) previous MMR vaccinations spaced at least 28 days apart within the last 10 years
 - OR**
 - b) Submit proof of an MMR Titer (blood test) within the last 5 years showing immunity.

- Influenza Vaccination:**
 - a) Submit proof of an influenza vaccination **every year** throughout enrollment, after the August flu season begins.

- Tuberculosis Screening – Submit ONE of the following:**
 - a) Receive the Mantoux TB (skin) test, also known as a PPD. Have it read in 48-72 hours with results being negative. This test result is good for **one year**.
 - b) Get a chest x-ray that shows negative results. Chest x-ray readings are good for 5 years.
 - c) Have the QuantiFERON-Gold TB blood test that shows negative results. This reading is good for 2 years.

Meningitis:

- a) If you are under the age of 22, you must obtain a bacterial meningitis vaccination at least **10 days before** the first day of the program.
- b) Over the age of 22, it is not required but, if you have proof of receiving it, please submit the information.

Covid-19

This vaccination is not mandatory but recommended. If you have received it, please submit the information.

BLS American Heart Association HealthCare Providers CPR card:

The CPR certification must be obtained through www.heart.org and renewed every two years. "Healthcare Provider" must be specified.

Resume

Two (2) Recommendation Forms

Reference forms from an employer(s) and/or teacher(s) describing the applicant's work ethic and probability of success in nursing must be submitted directly to THS in a signed, sealed, unopened envelope.

Essay

One-page typed essay titled and answering the question, "Why I Want to be a Nurse."

10 Panel Drug Screen

Complete 10 panel drug screening no earlier than 7 - 10 days before the class start date.

Proof of Healthcare Insurance

THS Health History and Physical Form Completed by Healthcare Provider

Official College and High School Transcripts

Texas Health School

HEALTH HISTORY AND PHYSICAL EXAMINATION FORM

Name: _____ Birth date: _____

Last
First
Middle
Month
Day
Year

STUDENT: Please attach completed Immunization Record for provider confirmation

EXAMINER: Complete this form and confirm the immunization record. This person has applied to Texas Health School's VN Program. The information will not affect his/her status and will be used only as background for providing health care. With the exception of the immunization record, no part of this medical record will be disclosed or released without written client permission.

MEDICAL EXAMINATION (Required within the past year and prior to the first day of class.)

Blood pressure: _____ / _____ Pulse: _____ Height: _____ Weight: _____

VISION: Uncorrected: (Left) _____ (Right) _____ Corrected: (Left) _____ (Right) _____

PHYSICAL EXAMINATION

	NORMAL	ABNORMAL FINDINGS
Skin		
HEENT		
Neck		
Cardiovascular		
Lungs		
Breasts		
Abdominal		
Genito-Urinary		
Musculo-Skeletal		
Neurological		
Psychological		

The applicant does does not have a history of emotional, psychological or psychiatric disorder.

Please List any allergies including reaction: _____

Please List any current medications and associated problem: _____

Examiner's Comments/Recommendations: _____

Is the student able to participate in rigorous physical activity? _____ Yes _____ No

HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED			
Name		Phone #	Stamp:
Address		Fax	
Signature		Date	

Name: _____ Birth date: _____
Last First Middle Month Day Year

Mantoux TB (PPD) Skin Test Information-

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

This section MUST be completed and signed by a licensed health care provider. Please provide the information below:

Date test administered (MM/DD/YYYY): _____
Date test read (MM/DD/YYYY): _____
Reading / Result in millimeters induration: _____

****This Section is to be 100% completed and signed by a licensed healthcare provider**

Vaccinations/Immunizations	Dose #1 Date	Dose #2 Date	Dose #3 Date	Date of positive immune titer
HEPATITIS B (ADULT) 3 Doses required before week 7 of Semester 1 or Titer	_/_/___	_/_/___	_/_/___	<input type="radio"/> Titer attached
Tdap (Tetanus, Diphtheria, Pertussis) Dates of initial series and boosters (booster must be within the past 10 years).	_/_/___ Date of most recent booster			
Varicella Dates of 2 vaccines, or positive titer attached.	_/_/___	_/_/___		<input type="radio"/> Titer attached
MMR (Measles, Mumps, Rubella) Dates of 2 MMR vaccines given after your first birthday; or positive blood titer attached.	_/_/___	_/_/___		<input type="radio"/> Titer attached
Meningitis Date of vaccination if under the age of 22	_/_/___			
Covid-19	_/_/___	_/_/___		
Influenza Date of annual vaccination	_/_/___	<input checked="" type="radio"/> Out of Season at this time		

HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED				
Name		Phone #		Stamp:
Address		Fax		
Signature		Date		



TEXAS HEALTH SCHOOL

Caring for Others

Vocational Nursing Student Recommendation Form

Applicant Instructions:

1. Texas Health School must receive official recommendations directly from your recommender(s).
2. Complete the student information below and then provide this form to each recommender to complete on your behalf.
3. Forms turned in from the applicant must be sealed in an envelope with the recommender's signature over the sealed area to be accepted.
4. Forms must be received by the application deadline to be considered for admission into the program.
5. Letters of recommendation received without this recommendation form will NOT be considered official and will NOT satisfy the recommendation requirement.
6. Emailed forms will NOT be accepted.
7. Forms must be completed by former or current employer, supervisor, or teacher.

Applicant Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City/State: _____ Zip Code: _____

Applicant Signature: _____ Date: _____

Would you recommend this student to care for you or one of your loved ones? Yes or No

	Excellent	Above Average	Average	Below Average
Team Skills				
Verbal expression skills				
Written expression skills				
Attendance/Punctuality				
Perseverance /Determination				
Follows Directions				
Analytical ability				

In what capacity do you know the applicant? Academic or Professional

How long have you known the applicant? _____

Name: _____

Phone Number: _____ Email: _____

Title: _____ Institutional Affiliation: _____

Signature: _____ Date: _____



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