



**North Campus**  
 5800 Uvalde Road  
 Bldg. N-17, Office 2114  
 Houston, Texas 77049  
 281-998-6150 Ext: 7132  
[vmnursingnorth@sjcd.edu](mailto:vmnursingnorth@sjcd.edu)

**South Campus**  
 13735 Beamer Road  
 Bldg. S-1, Office 251c  
 Houston, Texas 77089  
 281-998-6150 Ext: 3592  
[vocational.nursing@sjcd.edu](mailto:vocational.nursing@sjcd.edu)

**Application for Vocational Nursing Program: Application Process and Directions:**

This application is a fillable pdf and this checklist must be filled out completely and uploaded with the application to the application link provided on the website. You must attach **all** documents in pdf format below to the application. Please check all check boxes and circle bullets as each item is accounted for. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** You must have a San Jac student ID number (G#) to apply. Applications will be accepted as specified on the website (<https://www.sanjac.edu/programs/areas-of-study/health/nursing/>). This application packet must include copies of the following:

Initial	Application Requirements
	Copies of official college transcripts from each institution attended (including transcript from coursework from San Jacinto College) <ul style="list-style-type: none"> <li>• All college transcripts must be evaluated by admissions at <b>San Jacinto College</b>.</li> <li>• Copies of the transcripts (can be unofficial) must also be submitted with the application to the nursing department. Applicants who fail to submit copies of all transcripts to the nursing department may not be considered.</li> <li>• Students who completed coursework at San Jacinto College must submit a transcript from San Jacinto College.</li> </ul>
	Current San Jacinto College GPS report to show evaluation results and college readiness.
	Documentation of successful completion of Anatomy and Physiology I (BIOL 2301/2101 or BIOL 2401).
	Documentation of current immunizations/titers. Must submit copies of immunization record with application. <ul style="list-style-type: none"> <li>• Tetanus/Diphtheria (Tdap) <b>[within past 5 years]</b></li> <li>• MMR titer that shows immunity <b>[within past 5 years]</b></li> <li>• Varicella titer that shows immunity <b>[within past 5 years]</b> – <b>(History of disease is NOT accepted)</b></li> <li>• HEP B titer that shows immunity <b>[within past 5 years]</b></li> <li>• Hep C titer, should be negative <b>[within past 5 years]</b></li> <li>• COVID-19 vaccine*</li> </ul>
	BLS provider CPR card from American Heart Association (AHA) – submit copy of the front and back
	Upon acceptance, complete the following clinical requirements: <ul style="list-style-type: none"> <li>• TB (PPD) skin test, Chest X-ray, or Quantiferon test <b>[within past year]</b></li> <li>• Seasonal Flu Shot <b>[within past year]</b></li> </ul>
	ATI TEAS results (must be sent to San Jacinto College North Campus from ATI if not take at San Jacinto College)
	Proof of health insurance (front and back of the card). Harris County Gold Card or Medicaid for pregnancy only are not accepted.



# Vocational Nursing Application for Admission

**Application must be typed. Handwritten applications will be rejected.**

Date \_\_\_\_\_ Application for \_\_\_\_\_ Semester / Year G00#: \_\_\_\_\_

SSN (required by BON): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name \_\_\_\_\_  
 Last First Middle Maiden

Address \_\_\_\_\_  
 Number/PO Box Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Active Email: \_\_\_\_\_

Notification of acceptance or denial will be sent to the email address you provide on this form. San Jacinto College student email is preferred.

**ALL College(s) attended, including San Jacinto College, if applicable. (Please list all sealed transcripts you are submitting with this application as well.**

Name of School	City/State	Sealed Transcripts (Y/N)	Courses in Progress

Are you or have you ever been on any academic probation or suspension? \_\_\_\_\_

Have you ever applied to this nursing program?  Yes  No - If yes, when? \_\_\_\_\_

Have you ever attended any other nursing program?  Yes  No – If yes, where? \_\_\_\_\_

Name of Nursing School? \_\_\_\_\_ City/State: \_\_\_\_\_

Entrance Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever taken the NCLEX-PN?  Yes  No - If yes, when? \_\_\_\_\_

**I, \_\_\_\_\_, acknowledge that the information on this application is true and correct to the best of my knowledge and understand that any falsification or omission of information provided will result in disqualification for admission.**

Signature (must be handwritten)

Date



### In Case of Emergency

(Must be Typed)

Please list in the order you prefer us to call in case of emergency.

Name	Relationship	Phone	Permission To Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____

I understand that should my emergency contact change, it is my responsibility to update my record in the nursing office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Texas Board of Nursing Licensure Eligibility

The Board of Nursing looks at responses to questions relating to criminal conduct to determine eligibility for renewal. To check your eligibility for renewing your license, please review the following:

To check your eligibility for renewing your license, please review the following questions:

1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?
2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?
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.)

- been arrested and have a pending criminal charge?
- been convicted of a misdemeanor?
- been convicted of a felony?
- pled nolo contendere, no contest, or guilty?
- received deferred adjudication?
- been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- been sentenced to serve jail, prison time, or court-ordered confinement?
- been granted pre-trial diversion?
- been cited or charged with any violation of the law?
- 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. (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.



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?

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?

7. \*Are you currently the target or subject of a grand jury or governmental agency investigation?

8. \*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.

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.

My signature acknowledges that I have read the Texas Board of Nursing Licensure eligibility statements.

---

*Applicant's Signature*

---

*Applicant's Printed Name*

*Date*



**Texas Board of Nursing Eligibility Acknowledgement**

**Please read the following statements and sign below.**

*The applicant who has been convicted of a felony, implicated in substance abuse or involved in activities considered inappropriate by the Board of Nursing for the State of Texas is not eligible to apply to the Vocational Nursing Program until he or she has received a declaratory order from the Texas Board of Nursing granting permission to write the NCLEX- PN.*

*Information regarding the Initial Licensure Recognition Forms – Declaratory Order can be found at [https://www.bon.texas.gov/forms\\_declaratory\\_order.asp.html](https://www.bon.texas.gov/forms_declaratory_order.asp.html). The declaratory order must be submitted electronically via the Nurse Portal at <https://www.bon.texas.gov/texasnurseportal/index.html>.*

*The prospective student is responsible for obtaining a “Petition for Declaratory Order.”*

I, \_\_\_\_\_, have read and understand this statement. Date: \_\_\_\_\_

My signature acknowledges that I have read the Texas Board of Nursing Licensure eligibility statements. I further acknowledge that I have initiated the Declaratory Order process, if applicable, and will communicate the outcome to the nursing program.

\*\*\* Signature \_\_\_\_\_ Date \_\_\_\_\_

**Texas Board of Nursing Roster Submission Statement**

*The program will submit the names of qualified applicants to the Texas Board of Nursing per the Texas Board of Nursing’s guidelines. This process initiates the background check process. Students will be contacted via email with directions for fingerprinting.*

I, \_\_\_\_\_, have read and understand this statement. Date: \_\_\_\_\_

My signature acknowledges that I have read the Texas Board of Nursing Roster Submission Statement. I further acknowledge that my information will be sent to the Texas Board of Nursing based on the Board of Nursing’s guidelines.

\*\*\* Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*A signature is required \*\*\***  
**The signature portions of the application must be signed not typed.**  
**Typing the signature portions will invalidate your application.**



## ***Acknowledgement of Requirements Upon Acceptance***

### **Applicants who are accepted into the program must complete the following:**

- Attend the mandatory Vocational Nursing Student Orientation: Dates provided in Acceptance Letter.
- Submit proof of completed immunization status to program and/or CastleBranch (See list below).
- CPR - Submit completion of American Heart Association BLS (Health Care Provider) to CastleBranch.
- BON clearance –Original Blue Card or Outcome Letter (along with a copy of same for our records) must be submitted to Vocational Nursing Office at orientation.
- Submit copy of Healthcare Insurance Card
- Complete Physical Examination (Physical form issued at time of orientation)

#### Required Immunizations Include:

- Tetanus/Diphtheria /Pertussis (Tdap) [within the past 5 years]
- TB (PPD) skin test, Chest X-ray, or Quantiferon test [within the past year]
- Seasonal flu vaccine (within the last year). Flu mist is not accepted.
- COVID-19 vaccine\*

#### Required Titers that show immunity for the following:

- MMR titer [Within the last 5 years. **Positive titer for each component** (Measles, Mumps, Rubella) is required).
- VARICELLA titer (Within the past 5 years. Titer should be **positive**. No history of disease will not be accepted.)
- HEPATITIS B titer (Within the past 5 years. Titer should be **positive**. A “fast track” series will be accepted.)
- HEPATITIS C Titer (Within the past 5 years. This titer should be **negative**)

My signature acknowledges that I have read the requirements to complete, *if accepted*.

I further acknowledge that I will comply with the requirements. Failure to comply will result in denial to the program.

---

\*\*\* Signature

Date



## Disclosures

My signature acknowledges that I have read and understand the following disclosures:

### **APPLICATION INTEGRITY STATEMENT**

I acknowledge that the information on this application is true and correct to the best of my knowledge. I also understand that **any** falsification or omission of information provided will result in disqualification for admission.

### **ACKNOWLEDGEMENT OF VOCATIONAL NURSING ADMISSION CRITERIA**

I have read and understand the Vocational Nursing information packet dated: 202510 (Fall 2024)

### **ACKNOWLEDGMENT OF VOCATIONAL NURSING IMMUNIZATION AND TITER REQUIREMENTS**

I have read and will comply with the Vocational Nursing Immunization and titer requirements.

### **VOCATIONAL NURSING NEW STUDENT ORIENTATION**

I understand that I will be required to attend a mandatory VN New Student Orientation. Date/Time of Orientation will be provided in the Acceptance letter. The acceptance letter/packet will be sent via email.

### **HEALTH INSURANCE REQUIREMENT**

I understand that current health insurance is required to start the nursing program.

### **CLINICAL ACKNOWLEDGEMENT FORM**

I understand that clinical assignments are made based upon availability of positions given by clinical affiliates. I further understand clinical assignments are assigned without regard to transportation, childcare or employment. I also understand some clinicals may be assigned on a day or times that may conflict with religious practices. All clinical assignments are tentative until clinical orientation has been completed. The only consideration will be for documented course conflicts.

### **THEORY AND CLINICAL COURSE ASSIGNMENT**

I understand that I am restricted from (theory and clinical) course assignments changes. All courses are assigned by the Department.

#### **\*SJC IMMUNIZATION STATEMENT\***

Students enrolling into San Jacinto College programs with external learning experiences (i.e., clinical, practicum, externship, cooperative, etc.) will be required to comply with the immunization requirements and policies of the clinical/external learning sites to engage in all clinical/external learning experiences. Vaccination requirements at clinical/external learning sites are implemented pursuant to the independent authority of such facilities and are not mandated by San Jacinto College. Failure to meet the immunization requirements mandated by clinical/external learning sites may limit a student's ability to complete the program and/or may delay the student's graduation date. San Jacinto College does not process exemptions, and students should address potential vaccination exemptions directly with the clinical/external learning site.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Vocational Nursing Admission Scoring Rubric

<b>1. General Education Coursework:</b> (For point purposes, use grades for BIOL 2301 or 2401 and BIOL 2302 or 2402, only the lecture grade will be used for points).			A=3 B=2 C=1 IP=0	
Course			Grades	Points
a. BIOL 2301 Anatomy and Physiology I – Lec	<b>Semester</b>	<b>Year</b>	A B C IP	
b. BIOL 2101 Anatomy and Physiology I – Lab	<b>Semester/Year</b>	<b>School</b>	A B C IP	
c. BIOL 2302 Anatomy and Physiology II – Lec	<b>Semester/Year</b>	<b>School</b>	A B C IP	
d. BIOL 2102 Anatomy and Physiology II – Lab	<b>Semester/Year</b>	<b>School</b>	A B C IP	
<b>2. FAILED NURSING COURES:</b> <i>If there were any failed nursing courses taken within the last 2 years in which a grade of “D” or “F” was earned, subtract 2 points maximum. (If applicable, type -2 in the box)</i>				<b>-2</b>
<b>3. ATI TEAS:</b> Total Score: _____ Academic Preparedness Level Developmental = 0 points Basic = 1 point Proficient = 2 points Advanced = 3 points Exemplary = 4 points				
<b>4. Academic Success:</b> Points are awarded based on the number of withdrawals or course failures for any course. (Grades of D, F, and/or W, or I)				
<b># Courses with Grades W,D, F, or I</b>	<b>Points</b>			
<b>0 courses</b>	<b>5 points</b>			
<b>1 course</b>	<b>4 points</b>			
<b>2 courses</b>	<b>3 points</b>			
<b>3 courses</b>	<b>2 points</b>			
<b>4 or more courses</b>	<b>0 points</b>			
<b>5. Veterans</b> may receive an additional two (2) points, appropriate documentation (DD-214) must be included.				
<b>6. Healthcare Professionals</b> may receive an additional two (2) points, appropriate documentation must be included. Appropriate documentation includes either the registry certification and/or employment verification.				
<b>7. Pre-Requisite Coursework at San Jacinto College.</b> Applicants who have completed all pre-requisite coursework at San Jacinto College will be awarded an additional (1) point.				
<b>Total Points:</b>				

Meeting minimum requirements does not guarantee admission into the Vocational Nursing Program.