



ASSOCIATE OF APPLIED SCIENCE IN NURSING

300 Early Blvd, Suite 105, Early, Texas 76802
 Skills Lab: 3201 Coggin, Brownwood, Texas, 76801
 Phone: 325-203-5013 Fax: 1-325-641-1178
 Email: nursing@rangercollege.edu
 Web link: rangercollege.edu/nursing-programs

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:	City/State:	Zip Code:
County:	Phone:	Gender:
SS:	Ranger Email:	
Date of Birth:	Personal Email:	
List Previous Last 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 and staff inputs this data within ten business days. The Board will send you a result (blue) card that identifies either that your record is clear, or you need a Declaratory Order. You are required to submit this card 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.

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.

1. **No** **Yes** For any criminal offense, including those pending appeal, **have you**
- A. been arrested and have any pending criminal charges?
 - B. been convicted of a misdemeanor?
 - C. been convicted of a felony?
 - D. pled nolo contendere, no contest, or guilty?
 - E. received deferred adjudication?
 - F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - G. been sentenced to serve jail or prison time or court ordered confinement?
 - H. been granted pre-trial diversion?
 - I. been arrested or any pending criminal charges?
 - J. been cited or charged with any violation of the law?
 - K. been subject of a court-martial; Article 15 Violation; or received any form of military judgement/punishment/action?

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

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, 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. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. 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 on this form. 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

Applicant Signature _____ Date _____

require you to provide information about any conduct that raises issues of character and fitness.

2. No Yes Are you currently the target of subject of a grand jury or governmental agency investigation?

3. No Yes Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted, surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4. No Yes *In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work? (You may answer “No” if you have completed and/or are in compliance with TPAPN for mental illness OR you’ve previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have no further hospitalization since disclosure.)

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

*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. If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer “NO” to questions #4 and #5.

NOTE: IF YOU ANSWERED “YES” TO #1-5 PLEASE ANSWER THE QUESTIONS BELOW AND THEN REFER TO THE ELIGIBILITY QUESTIONS INSTRUCTIONS FOR ADDITIONAL INFORMATION ON WHAT DOCUMENTATION IS REQUIRED.

No Yes I’ve had a previous eligibility review completed by the Texas BON.

No Yes I have a NEW incident(s) to disclose since my previous approval granted by the Texas BON.

Declaratory Order Process

If you answered YES to any of the questions listed in this section, contact the nursing program office and the Board of Nursing Education/Examination office 512-305-7400 or the website at www.bon.state.tx.us for a Declaratory Order Petition. The Board has the authority to make a decision regarding an individual’s eligibility to take the licensing examination and licensure as a registered nurse. Processing your Petition may take 6 to 9 months or longer, depending on the circumstances. Once all requested documents have been received, the petition will be submitted to the Board’s legal Department for review. You will be notified by the Board of Nursing when the review is complete.

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 _____

#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/Duties	

#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/Duties	

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

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

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

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

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

Health Record No Yes

Criminal Background Check No Yes

Drug Screening, initially and upon request No Yes

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 3 of application)

_____ Physical Exam (Separate attachment provided with application)

_____ Proof of current American Heart Association Healthcare Provider CPR training

_____ 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
 - 2 Negative/"mm" TB skin tests 1 week apart initially for baseline (annually afterward); OR
 - One negative QuantiFERON-TB Gold test; OR
 - A chest x-ray within the past 2 years, if TB skin test is positive
- Meningitis (for applicants under 25 years of age)

_____ Driver's License and Social Security Card

REQUIRED CRITERIA to complete Applicant File:

_____ Official transcripts in Nursing Program 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 Brown County, RN Program

Applicant Signature _____ Date _____

300 Early Blvd, Suite 105
Early, Texas 76802

_____ Official transcripts in 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

_____ Three (3) 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, RN Program
300 Early Blvd, Suite 105
Early, Texas 76802

Applicant Signature _____ Date _____