

## Midland College Vocational Nursing Program Application Process and Packet

Midland College's Vocational Nursing program is a 12-month curriculum leading to a certificate of completion. Courses are completed in two 16-week academic semesters and a 13-week summer semester. Classes begin each August with the fall semester.

Licensed vocational nurses (LVNs) provide basic nursing care. They work under the direction of registered nurses and doctors. They work in many settings, including nursing homes and extended care facilities, hospitals, physicians' offices, and private homes. Most work full time. The median annual wage for LVNs was \$45,090 in 2017.

The vocational nursing program is fully approved by the Texas Board of Nursing. The program includes classroom and laboratory work on campus, as well as clinical experiences at various area health care facilities. The program is offered in Midland at the main campus and in Fort Stockton at the Williams Regional Technical Training Center (WRTTC). Classes use interactive video technology to link to both campuses.

Clinical rotations may take place at:

- Parks Senior Living (Odessa)
- Senior Care (Midland)
- Encompass Health Rehabilitation Hospital of Midland/Odessa
- Monahans Managed Care Center
- Midland Memorial Hospital
- Pecos County Memorial Hospital (Fort Stockton)
- Various clinics and doctors' offices
- Hospice of Midland

Students will need to plan two to three hours of studying and preparation time weekly for each class and/or clinical course. The schedule is rigorous with classes, labs or clinicals scheduled four to five days a week. The demands of nursing courses are such that *students may not be able to work full time while enrolled in these courses*. Courses are offered during daytime hours only.

The program's clinical experience requires that students be physically able to care for sick patients. This involves lifting, moving, bathing and transferring patients into and out of bed. Students will be exposed to patients with infectious diseases.

Students who complete the program receive a certificate of completion and are eligible to take the Licensing Examination for Vocational Nurses (NCLEX-PN/LVN) in order to become a licensed vocational nurse (LVN) within the guidelines set by the Texas Board of Nursing. Licensure eligibility rules apply and can be found at [http://www.bne.state.tx.us/licensure\\_examination.asp](http://www.bne.state.tx.us/licensure_examination.asp).

**Texas Board of Nursing Eligibility Requirements** - No one can be admitted to a program or take a licensing exam to become a nurse without being approved by the Texas Board of Nursing (BON). The BON requires that all vocational nursing applicants must meet eligibility requirements. These requirements include clearance on a criminal background check. If your criminal background check is

not clear you must go through the long declaratory order process to become eligible. If you can answer yes to any of the following eligibility questions, you should begin the Petition for Declaratory Order process immediately because this process can take six months to a year to complete. Do not wait until you submit your fingerprints to begin this process. For more information, please contact the Health Sciences Division office at 432/685-4600:

1. 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, prison time, or court-ordered confinement?
  - h. been granted pre-trial diversion?
  - i. been cited or charged with any violation of the law?
  - j. been subject of a court martial; Article 15 violation; or received any form of military judgement/punishment/action?
2. Are you currently the target or subject of a grand jury or governmental agency investigation?
3. Has **any** licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or 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. 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?
5. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug.

**Certificate Plan** - The certificate plan for the Vocational Nursing program consists of 37 semester hours over a three semester period. All courses must be taken in the semester listed.

### **Certificate Plan**

#### **Fall Semester**

HPRS 1106, Essentials of Medical Terminology, 1 hour  
VNSG 1116, Nutrition, 1 hour  
VNSG 1260, Clinical I, 2 hours  
VNSG 1304, Foundations of Nursing, 3 hours  
VNSG 1320, Anatomy & Physiology for Allied Health, 3 hours  
VNSG 1323, Basic Nursing Skills, 3 hours  
Total Semester Credit Hours -13

### Spring Semester

VNSG 1301, Mental Health and Mental Illness, 3 hours

VNSG 1230, Maternal-Neonatal Nursing, 2 hours

VNSG 1329, Medical– Surgical Nursing I, 3 hours

VNSG 2200, Pharmacology for Health Professions, 2 hours

VNSG 1361, Clinical II, 3 hours

Total Semester Credit Hours – 13

### Summer Semester

VNSG 1205 , NCLEX– PN Review, 2 hours

VNSG 1119, Leadership & Professional Development, 1 hour

VNSG 1234, Pediatrics, 2 hours

VNSG 1332, Medical– Surgical Nursing II, 3 hours

VNSG 2363, Clinical III, 3 hours

Total Semester Credit Hours - 11

**Tuition** – Students pay tuition and fees based on the number of hours they are enrolled in for each of the three semesters of the program. The estimated tuition and fees for in-district students is \$6,191.00 for the whole program. The estimated cost for books and supplies is \$1,556.00. This does not include uniforms, health insurance and drug testing fees. Fees are also required to apply to the Texas Board of Nursing to take the licensing exam and for the exam itself (total \$300.00) which is due in the last semester of the program.

**Financial Aid and Scholarships** - Scholarships and financial aid should be arranged early by contacting the Financial Aid Office at 432-685-5511 or by viewing the Financial Aid page on the Midland College website.

**Drug Testing** - Must be paid before class begins, out of pocket. Urine drug screens are conducted after classes begin. Should the urine drug test be positive, the student will be removed from the program. Readmission will be handled on a case-by-case basis.

**Additional Requirements** –Before acceptance into the Vocational Nursing program, applicants will be required to complete a tuberculosis screening test. Students are also required to provide documentation of having medical insurance throughout the program.

### Admission Requirements

The Vocational Nursing program has a competitive admission process therefore not all applicants are offered admission. Admission to the Vocational Nursing program is based on admission points and the applicant meeting all admission requirements. *Obtaining a background check from the Texas Board of Nursing and completing the Hepatitis B immunization series (6 months) can be a lengthy process. It is recommended that applicants begin this process as soon as possible.*

1. **Midland College Application** - If you are not already enrolled at Midland College, you need to complete an application to Midland College. Apply online at

[http://www.midland.edu/students/registration\\_process.php](http://www.midland.edu/students/registration_process.php). If you need assistance, visit the Welcome Center on the main campus or the WRTTC in Fort Stockton.

2. **Health Sciences Division Application** - Complete the Health Sciences Division application attached to this packet. Bring the completed application to the Health Sciences clerk (located in 205 of the Davidson Family Health Sciences Building on the main campus or to the nursing secretary at the WRTTC). A file will be started so we can maintain contact with you during the admission process. Please make a copy of the application so you can submit it with your application envelope. It is the applicant's responsibility to update their file. Please ask questions and seek advisement. We are here to help you succeed.
3. **High School Transcript/GED** - Submit a copy of your high school transcript or GED certificate to the Midland College Registrar's Office.
4. **College Transcript(s)** – Submit two copies of all college transcripts. One copy to the Midland College Registrar's Office and the second copy with your application.
5. **Placement Test** – All applicants must complete the Texas Success Initiative (TSI) requirements in reading, writing, and math or meet the requirements for exemption or waivers.
6. **Texas Board of Nursing Background Check** –In order to be considered as a qualified applicant for a nursing program, the BON requires all prospective students to be fingerprinted and undergo a criminal background check (CBC). Fingerprints are analyzed by the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) in accordance with BON standards for criminal history, including felonies and misdemeanors. Results of the CBC must be available to the nursing program before an applicant can be accepted.  
All applicants must complete a Texas Board of Nursing Background Check Information Form and submit it to the Health Sciences Division office. The applicant's information will be forwarded to the (BON). Upon receiving verification that the applicant has been added to the fingerprint list, instructions will be e-mailed for the procedure for obtaining fingerprints. Applicants must carefully follow the instructions and cannot initiate the process on their own. Applicants are responsible for all associated fees pertaining to the CBC process. Currently the cost is \$39.75. ***Please Note that the Background check process takes at least 30 days to complete.***  
After the results of the CBC are received and reviewed by the BON, the applicant is notified of the findings. If the applicant has a clear background check, he/she will receive by mail a "Blue Card" which states the BON has received the background check and the applicant's file is clear. A copy of the blue card (both sides) must be included in the applicant's application packet.  
Prospective applicants with a positive CBC will receive an "Outcome Letter" by mail. One type of outcome letter comes from the BON Department of Operations. This letter states that there was criminal activity noted on the background check but the BON has cleared the individual and they are not required to do anything further. This letter is sent when there are minor offenses that are reviewed and cleared by BON office staff. A copy of this letter must be included in the applicant's application packet. The applicant should keep this letter in a safe place because a copy must be attached to the application for licensure at the end of the program.

Another type of “Outcome Letter” is one that directs the applicant to pay a fee and submit a Petition for Declaratory Order. The vocational nursing program will help the applicant understand what this process entails. This letter comes from the Enforcement Office at the BON. *The declaratory order process can take from six months to a year before a decision is made by the BON.* If the declaratory order is granted, the applicant will receive an “Outcome Letter”. A copy of the letter should be included in the applicant’s application packet. If the declaratory order is denied by the BON, the applicant cannot be admitted into the vocational nursing program.

7. **Immunizations** - All applicants must show documentation (shot records or titers) that the following immunizations have been completed:
  - Mumps-Measles-Rubella (MMR, 2 doses or titer)
  - Hepatitis B (3 doses or titer)
  - Varicella (Chickenpox) (2 doses or titer)
  - Tetanus Diphtheria Pertussis (Tdap) (one dose within the past 10 years)
  - Students who are 22 years old or younger will be required to have a Bacterial Meningitis vaccine as part of the college/state requirements. This dose must have been taken within the past 5 years. Exemptions can be filed with Enrollment Services for the Bacterial Meningitis vaccine.
  
8. **International Students** – Applicants who did not graduate from high school in the United States must pass the internet based TOEFL iBT® (Test of English as a Foreign Language) with a minimum score of 79. The TOEFL score is valid for two years. Information on the TOEFL IBT can be obtained at <https://www.ets.org/toefl/ibt/about>.
  
9. **Cardiopulmonary Resuscitation (CPR) Certification** – Applicants must be certified in American Heart Association Health Care Provider or Basic Life Support cardiopulmonary resuscitation (CPR). The CPR certification **must** be current through the applicant’s anticipated graduation date. Online courses are not accepted. CPR courses are offered once a month by the Midland College Health Sciences Continuing Education (HSCE) Program located at the Advanced Technology Center. In order to enroll for the class, contact Kimberly Daw in the HSCE office located at 3200 West Cuthbert. The cost of the course is \$59.00.
  
10. **Admission Points Courses** – Admission points will be awarded for the following courses which are included in the Vocational Nursing certificate plan. These courses must be taken prior to the application deadline of July 7 in order to qualify as admission points. The points are awarded as follows: A = 4, B = 2, and C = 1. The courses are:
  - VNSG 1320, Anatomy and Physiology for Allied Health, completed within the last five (5) years. If the course is more than five years old, it will have to be repeated for admission points. The course substitutions are BIOL 2404, Human Anatomy and Physiology. BIOL 2401, Anatomy and Physiology I, **and** BIOL 2402, Anatomy and Physiology II. The grades for both courses are averaged to determine the number of admission points.
  - HPRS 1106, Medical Terminology, completed within the last two (2) years. If the course is more than two (2) years old, it will have to be repeated in order to earn admission points.

11. **Additional Admission Points** – additional admission points will be awarded for the following:

- PREP 0370, Basic College Study Skills – 2 points
- EDUC/PSYC 1100, Effective Learning – 2 points
- College certificate or degree – 4 points
- Current certification as a Certified Nurse Aide – 4 points
- Emergency Medical Technicians or medical-related training/service in a branch of the United States armed services – 2 points

**Application Deadline** – The application deadline for the Fall class is July 7. If July 7 falls on a Friday, Saturday or Sunday, applications are due by 5:00 p.m. the next Monday. **Only applications that are complete will be considered for admission.** In order to be complete, the following items should be placed in an envelope:

- Midland College Health Sciences Division Application
- Completed Criminal History Record Release form
- Copies of official high school transcript or GED certificate (can be obtained from the Midland College Registrar's Office)
- An official Midland College transcript
- Copies of all official transcripts which were sent to the Midland College Registrar's Office (may be obtained from the Health Sciences Division Office)
- Results of Texas Board of Nursing background check:
  - Copy of **both** sides of blue postcard
  - Copy of outcome letter
  - Copy of declaratory order outcome letter
- Copy of American Heart Association Health Care Provider or Basic Life Support CPR card
- Completed Vocational Nursing Immunization form with copies of shot records or titer results
- If applicable, TOEFL IBT results.

Please call Stephanie Friel at 432-685-4601 or Lisa Hernandez at 432-336-7822 to make an appointment to submit your application packet.

Contact information:

Midland Campus – Stephanie Friel, 432-685-4601 or sfriel@midland.edu

Fort Stockton Campus located at the WRTTC – Lisa Hernandez, 432-336-7822 or lhernandez@midland.edu

Revised: 11/17



## Application Checklist for Applicant

The following checklist will help you stay on track with submitting your vocational nursing program application by **July 7<sup>th</sup>**.

- I submitted the Texas Board of Nursing Background Check Information form to the Health Sciences Division Office Date \_\_\_\_\_
- I submitted my electronic fingerprints to the Texas Board of Nursing Date \_\_\_\_\_
- I completed the Vocational Nursing Immunization form and I have copies of my shot records or results of titers for: \_\_\_ Measles-Mumps-Rubella, \_\_\_ Hepatitis B, \_\_\_ Varicella (Chickenpox), \_\_\_ Tetanus Diphtheria Pertussis (Tdap), \_\_\_ Bacterial Meningitis (if required)
- I completed and submitted the Midland College Application Date \_\_\_\_\_
- I completed my Health Sciences Division Application Date \_\_\_\_\_
- I sent a copy of my high school transcript or GED certificate to the Midland College Registrar's Office Date \_\_\_\_\_
- I sent copies of all college transcripts to the Midland College Registrar's Office Date \_\_\_\_\_
- I passed all three sections of the Texas Success Initiative (TSI) exam. Date \_\_\_\_\_
- I was required to take the internet based TOEFL with a passing score of 79. Date \_\_\_\_\_
- I completed American Heart Association Health Care Provider or Basic Life Support CPR certification. Date \_\_\_\_\_
- For admission points, I completed VNSG 1320, Anatomy and Physiology for Allied Health or BIOL 2401, Anatomy & Physiology I and BIOL 2402, Anatomy & Physiology II with a grade of \_\_\_\_\_
- For admission points, I completed HPRS 1106, Medical Terminology, with a grade of \_\_\_\_\_
- I requested a Midland College transcript for my application packet Date \_\_\_\_\_
- I put all the information required for the admission packet in a 9 x 12 envelope.
- I made an appointment to submit my application 7 by 5:00 p.m. on July 7. Date \_\_\_\_\_

Name \_\_\_\_\_

### Immunization and Lab Test Results

Shot records and/or lab slips verifying immunity by serum antibody titers **must be** attached to this form.

|   |  |
|---|--|
| <b>Bacterial Meningitis</b><br>All entering students under the age of 22 are required to show proof of an initial meningococcal vaccination or a booster dose during the five-year period prior to enrolling. The vaccine must have been administered at least 10 days before the semester begins.  | Date _____   |
| <b>Measles-Mumps Rubella (MMR)</b><br>Measles – A second dose is required if the student was born after January 1957 (may be a part of a second MMR)<br><br><b>or</b><br>Serum titer confirming immunity to <b>each</b> disease.  | Date _____<br><br>Date _____<br><b>or</b><br><i>Measles Titer</i><br>Date _____<br>Results _____<br><i>Mumps Titer</i><br>Date _____<br>Results _____<br><i>Rubella Titer</i><br>Date _____<br>Results _____ |
| <b>Hepatitis B</b><br>Three injection series<br><br>Serum titer confirming immunity   | Date #1 _____<br>Date #2 _____<br>Date #3 _____<br><b>or</b><br><i>Hepatitis B Titer</i><br>Date _____<br>Results _____  |
| <b>Varicella (Chicken Pox)</b><br>Two doses required at least four (4) weeks apart<br><br>Serum titer confirming immunity<br><br>Verification of disease by shot record   | Date #1 _____<br>Date #2 _____<br><b>or</b><br><i>Varicella Titer</i><br>Date _____ Results _____<br><b>or</b><br>Disease Verification _____   |
| <b>Tetanus-Diphtheria-and Pertussis</b><br>Dose within the last ten (10) years  | Date _____   |
| <b>Influenza Vaccine</b>  | Date _____   |
| <b>Tuberculosis Skin Test</b><br>Test must be within the last 3 months and results documented and signed by the practitioner/agency interpreting the results or a Health Department printout attached to this form.<br><br>If TB skin testing is positive, results of chest x-ray must be attached to this form. The x-ray must be current within six (6) months of starting the program. | Date given _____<br>Date read _____<br>Results _____<br>Read by _____<br><br><b>or</b><br>Chest x-ray report attached<br>_____   |





**MIDLAND COLLEGE  
HEALTH SCIENCES DIVISION  
APPLICATION FOR ADMISSION**



- |   |   |
|---|---|
| <input type="checkbox"/> Associate Degree Nursing (RN)        | <input type="checkbox"/> EMT                      |
| <input type="checkbox"/> Associate Degree Nursing - LVN to RN | <input type="checkbox"/> Fire Science             |
| <input type="checkbox"/> Sonography                           | <input type="checkbox"/> Paramedic                |
|   | <input type="checkbox"/> Respiratory Care         |
|   | <input type="checkbox"/> Vocational Nursing (LVN) |

**Return to:**  
Midland College  
ATTN: Health Sciences Division  
3600 North Garfield  
Midland, Texas 79705

**Questions?**  
**(432) 685-4600**  
[www.midland.edu](http://www.midland.edu)

**Application for Admission Beginning:** \_\_\_\_\_

**Applicant Information**

[www.midland.edu](http://www.midland.edu)

Name: \_\_\_\_\_  
Last First Middle

Other Name(s) Used: \_\_\_\_\_

Midland College Student ID Number: \_\_\_\_\_ Last Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Email address: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_  
Name Telephone # (with Area Code)

**Educational Background** *(High School or Tx CHSE)*

| Name of School | Location | Dates of Attendance | Date Conferred |
|----------------|----------|---------------------|----------------|
|                |          |                     |                |

**College/University/Professional School** *(List most recent first; list all attended)*

| Name of School | Location | Major/Course of Study | Dates of Attendance | Degree/Certificate/Diploma Earned | Date Graduated |
|----------------|----------|-----------------------|---------------------|-----------------------------------|----------------|
|                |          |                       |                     |                                   |                |
|                |          |                       |                     |                                   |                |
|                |          |                       |                     |                                   |                |

**NOTICE:**

- 1) Health Sciences programs which include direct patient care require the following immunizations: Hepatitis B, Mumps-Measles-Rubella (MMR) and Tetanus-Diphtheria-Pertussis (Tdap); Varicella (Chicken Pox) disease verification or vaccine.
- 2) Health Sciences programs which include direct patient care require tuberculosis(TB) screening.
- 3) Completion of a Health Sciences program does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of each of the Health Sciences disciplines. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol, or a previous denial of licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. See the specific Health Sciences program director if you need assistance. All programs require a criminal background check and urine drug screen.
- 4) When accepting students into a Health Sciences program, consideration may be given to the student's previous admissions, dismissals, failures, participation and past history.

I have read the notice section. \_\_\_\_\_ initial



MIDLAND COLLEGE  
HEALTH SCIENCES DIVISION  
APPLICATION FOR ADMISSION



You may apply to as many Health Science programs as you wish. A **separate** application is required for each program -

*I certify that all of the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for rejection or dismissal.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Midland College is an equal opportunity employer/educator.

*Midland College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award certificates and associate and baccalaureate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Midland College.*

Notice of Non-discrimination

Midland College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Tana Baker, Title IX Coordinator/Compliance Officer, 3600 N. Garfield, Midland, TX 79705, 432-685-4781. For further information on notice of non-discrimination you can contact: Dallas Office for Civil Rights, U.S. Department of Education, 1999 Bryan Street, Suite 1620, Dallas, Texas 75201-6810. Telephone: 214-661-9600; FAX: 214-661-9587; TDD: 800-877-8339; Email: [OCR.Dallas@ed.gov](mailto:OCR.Dallas@ed.gov).

**Criminal History Record Release**

I, \_\_\_\_\_, seeking application into a Midland College Health Sciences Program, authorize the Midland College District to obtain criminal history record information from any law enforcement agencies which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports. I hereby release the Midland College District and any law enforcement agencies receiving a copy of authorization from liability for the release of any information to the Midland College District. It is a state and/or facility requirement that a criminal background check be conducted prior to students entering selected clinical settings dealing with children and individuals with mental illness or mental retardation. I am aware that if I have had a misdemeanor or felony conviction (other than a minor traffic violation), I may not be able to go to certain clinical facilities and may not be able to complete the program.

I am applying to the following program: \_\_\_\_\_ Emergency Medical Services (EMT and Paramedic)  
\_\_\_\_\_ Fire Science Technology  
\_\_\_\_\_ Health Information Management  
\_\_\_\_\_ Nursing – Associate Degree  
\_\_\_\_\_ Nursing – Vocational  
\_\_\_\_\_ Respiratory Care  
\_\_\_\_\_ Sonography

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please *print* the following information.

\_\_\_\_\_

|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Texas Driver's License

Please contact Kay Floyd, Health Sciences Division Secretary, at 432/685-4600 if you have any questions regarding this form. The above criminal history information will be filed separately from the student's file.

**For Office Use Only**

\_\_\_\_\_ Clear

\_\_\_\_\_ Not Clear. See attached documentation.

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

### Texas Board of Nursing Background Check Form

Please **print** all of the following information. Your name must be your legal name.

|                        |  |
|------------------------|--|
| First Name             |  |
| Middle Initial         |  |
| Last Name              |  |
| Address                |  |
| City, State, Zip Code  |  |
| Social Security Number |  |
| Date of Birth          |  |
| Phone Number           |  |
| E-mail Address         |  |