



Transition Nursing Program VN to RN OR Paramedic to RN

APPLICATION PACKET MUST BE TURNED IN BY PROGRAM DEADLINE

Levelland Transition Program – Fall 25 deadline is April 9, 2025

**** NO LATE APPLICATIONS WILL BE ACCEPTED ****

APPLICATION PACKET MAY BE BROUGHT INTO THE OFFICE ANYTIME BEFORE THE DEADLINE

**Associate Degree Nursing Transition VN to RN & Paramedic to RN
Application Packet Turn in Location:**

SPC Levelland Campus
202 Clubview Dr.
Levelland, TX 79336
806-716-2391

****Return ALL documents to the address listed above before the deadline****

Nursing application for admission

Criminal Background Certification

English Proficiency of Student Nurse & Verification of Workplace Eligibility

TEAS Scores for Reading, Math, English, and Science

Critical Thinking Assessment exam

High School Transcript / GED Scores

Official, sealed transcripts from all colleges and/or universities attended

International English Proficiency Scores (for international students only)

IF APPLY FOR THE ADN PROGRAMS ANATOMY & PHYSIOLOGY I & II ARE OVER 5 YEARS OLD THEY MUST BE REPEATED*

SOUTH PLAINS COLLEGE
TRANSITION NURSING PROGRAM APPLICATION FOR ADMISSION

Program to attend: (ADN) VN to RN _____ PARAMEDIC to RN _____

DATE: _____ STUDENT COLLEGE ID #: _____ SEMESTER APPLYING FOR: _____

NAME: _____
Last First Middle Former or Maiden Name

PHYSICAL ADDRESS, CITY, STATE, ZIP CODE: _____

MAILING ADDRESS, CITY, STATE, ZIP CODE: _____

TELEPHONE: _____ DOB _____ SOCIAL SECURITY _____

PERSONAL E-MAIL ADDRESS: _____

SPC EMAIL ADDRESS: _____

HIGH SCHOOL _____ GED _____ HOME SCHOOL _____ (Check One) High School Name: _____

COLLEGE: _____ DEGREE: _____

ARE YOU A MILITARY VETERAN? YES _____ NO _____

ANY HEALTH-CARE TRAINING: YES _____ NO _____ TYPE: _____ FACILITY: _____

CERTIFICATIONS: _____

CURRENTLY EMPLOYED IN HEALTH-CARE SETTING: YES _____ NO _____

FACILITY: _____ JOB TITLE: _____

DATES WORKED IN HEALTH-CARE WITHIN LAST 5 YEARS: _____

HAVE YOU EVER ATTENDED A NURSING/PARAMEDIC EDUCATION PROGRAM? YES _____ NO _____ DATE ATTENDED: _____

DID YOU COMPLETE THE PROGRAM? YES _____ NO _____ HAVE YOU EVER TAKEN THE NCLEX OR NREMT? YES _____ NO _____

NAME AND ADDRESS OF NURSING SCHOOL ATTENDED: _____

REASON FOR WITHDRAWAL: _____

ARE YOU ELIGIBLE FOR RE-ADMISSION? YES _____ NO _____

If yes, you must provide a Letter of Standing from the previous School of Nursing.

IF AN LVN OR PARAMEDIC, ARE YOU CURRENTLY PRACTICING? YES _____ NO _____

Nursing/Paramedic License # _____ STATE: _____ (Please provide a copy of license with application)

HAVE YOU EVER APPLIED TO THE SOUTH PLAINS COLLEGE NURSING/PARAMEDIC PROGRAMS? YES _____ NO _____

DATE APPLIED: _____ WERE YOU ACCEPTED INTO THE PROGRAM? YES _____ NO _____

If yes, which program? _____

Provide a short essay on why you have chosen nursing as a career and list some of your career goals using the space provided here.

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (LIST TWO [2] PERSONS WITH PHONE NUMBERS):

I hereby certify that the above information is true and correct, and I realize that giving false information or willfully withholding pertinent information will result in disciplinary actions including dismissal from the program. I hereby authorize South Plains College to verify any of the information on this application. I also understand that this completed application, and other required information must be submitted to the program director to be considered for admission to this program.

I certify the statements made on this application are true.

Date: _____

Signature of Applicant

It is the policy of South Plains College to offer all educational and employment opportunities without regard to race, color, national origin, sex, handicap, or age.

NOTE: Falsification of any information or omission of information on this application will result in denial of admission into the program. If a student is admitted to the program and it is later determined that information was falsified or omitted, the student will be dismissed from the program.

Criminal Background Certification

The following are the questions that each candidate for licensure must answer. You may access the full information form the BON's website at www.bon.state.tx.us

1. Write Yes or No for any criminal offense, including those pending appeal: (Please answer in each space provided)

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- 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 judgment/punishment/action?

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. You will need a declaratory order for arrests while a minor.

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. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

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.

- 2. Yes No Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3. 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?
- 4. 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?
- 5. Yes No Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would be otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?
- 6. 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. *Pursuant to 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.

Attestation

I, the Petitioner referenced in this application, acknowledge this document is a legal document and I attest that the statements herein contained are true in every respect. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of the 22 TAC § 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit, I should contact an attorney or the appropriate professional health provider.

I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Date: _____

Applicant's Signature: _____

Applicant's Name (PRINT): _____

Social Security#_____

English Proficiency of Student Nurses

Communication with patients, families, staff, instructors, and other personnel is an important therapeutic nursing skill that all nurses must possess. Communication includes understanding the message and being understood. All student nurses must be proficient in oral English skills. Please sign this form and mark the appropriate statement which best describes your oral English proficiency.

Print Name: _____

Student ID: _____

_____ (1) I possess the oral English skills necessary for effective communication with patients, families, staff, instructors, and other health care personnel.

_____ (2) I do not possess the oral English skills necessary for effective communication with patients, families, staff, instructors, and other health care personnel.

Signature _____

Date _____

Verification of Workplace Eligibility

It is the policy of UMC and Covenant that any former employee who is ineligible for rehire **CANNOT** perform clinical rotations unless approved by facilities.

****Turn in written approval before admitted into the program****

If a student is unable to perform clinical rotations at UMC or Covenant, they may be ineligible to enter South Plains College Nursing Programs if clearance cannot be obtained.

Check one of the following:

_____ I have never been employed by UMC or Covenant.

_____ I am currently employed at _____

_____ I have been employed in the past at _____ and I am:

a) _____ Eligible for re-hire

b) _____ Not eligible for re-hire

Signature _____

Date _____

CHECKLIST FOR YOU TO KEEP

If accepted into the nursing program, you will need:

- ✓ CPR Certification from American Heart Association or schedule CPR class with Nursing department
- ✓ Check with the financial aid office.
- ✓ If you change marital status or have a name change you will need to make changes with SPC Admissions, then make changes with the Nursing Department.
- ✓ Have reliable transportation for attending clinical sites, simulation lab times, and class times.
- ✓ Have a computer with webcam and have internet access while enrolled in the nursing program.
- ✓ A physical form will be provided with the acceptance letter and needs to be completed by your physician.
- ✓ A copy of your immunizations will be required. Required immunizations are:
 - TB test (must be completed annually)
 - Tdap (must be updated every 10 yrs)
 - MMR (2 doses)
 - Hepatitis B (3 doses)
 - Varicella (2 doses)
 - Flu vaccine will be required or Declination form
 - Covid vaccine or Declination form

If accepted into the ADN Transition Program (VN TO RN or Paramedic to RN):

- ✓ There will be a mandatory advisor meeting with an assigned nursing program advisor scheduled for the Tuesday before the first day of class. You will receive an email with the name of your advisor after acceptance into the nursing program. If you do not attend the mandatory advisor meeting, you will forfeit your position in the program.
- ✓ There will be a mandatory nursing program orientation day scheduled on the Wednesday before the first day of class. If you do not attend mandatory orientation, you will forfeit your position in the program.

SOUTH PLAINS COLLEGE ASSOCIATE DEGREE NURSING PROGRAM (VN to RN or Paramedic to RN)

ESTIMATED PRICE LIST (SUBJECT TO CHANGE)

A computer with a webcam and internet access is required while enrolled in the ADNP.

**** TEXTBOOKS USED THROUGHOUT THE ENTIRE ADN PROGRAM**

ORIENTATION:

- Uniforms \$250-\$300, White, Black, or Gray leather shoes \$50-\$75
- Stethoscope \$35-\$50, Blood pressure cuff \$ 20-\$25, Bandage Scissors \$5-\$20, Watch with second hand (no smart watches), Penlight \$5
- Admission finger printing approximately \$50
- Admission Drug Screen \$50
- Membership in the Texas Student Nurses Association (TSNA)
First year \$40 Second year \$45 Two-year discounted price \$80

FIRST SEMESTER: \$2650 - \$3400

- Tuition = 14 hours only
** Tuition costs vary for In-district, Out-of-district or Non-resident.
- Lab Kits and Fees = \$550, Testing Fees = \$615
- Required Textbooks Used approx. \$750 New approx. \$1000

OTHER ITEMS NOT INCLUDED IN THE ABOVE ESTIMATE:

- CPR (required every 2 years) \$20
- Physical exam and immunizations

SECOND SEMESTER: \$2730 - \$3530

- Tuition: 13 hours
** Tuition costs vary for In-district, Out-of-district or Non-resident.
- Lab Kits and Fees, Testing Fees = \$840
- Required Textbooks Used approx. \$700 New approx. \$1000

THIRD SEMESTER: \$2375 - \$3175

- Tuition = 8 hours
** Tuition costs vary for In-district, Out-of-district or Non-resident.
- Lab and Testing Fees = \$615
- Required Textbooks Used approx. \$550 New approx. \$750
- Renew student membership in the nursing student association \$45

Prior to graduation, you will have these estimated additional costs:

- State Board fee \$75
- NCLEX Exam fee \$200
- Nursing pin \$45 - \$500

Prices are subject to change. NOTE: for specific program costs go to:

<http://www.southplainscollege.edu/admission-aid/paying-for-school/tuitionfees.php>