

BSN Application for Admission to the Nursing Department

*Please include a non-refundable \$50 nursing application fee with your application. (Make checks payable to WTAMU Department of Nursing).

Nursing Application Deadlines: For Spring Admission - September 15th BY 5 PM; for Fall Admission- February 15th BY 5 PM. If these dates fall on a weekend, submit your WTAMU nursing application on the Monday after the 15th by 5 PM. Applications are valid for one year.

Date: _____ WTAMU ID #: _____ Date of Birth: _____

1. _____
Full Name / Preferred Name

2. Permanent Address*: _____
City State Zip

3. Permanent Phone Number: _____ () _____

4. Present Address*: _____
City State Zip

5. Present Phone Number: _____ () _____

***NOTICE:** YOU WILL BE NOTIFIED BY MAIL OF YOUR ACCEPTANCE OR DENIAL INTO THE NURSING PROGRAM. IT IS THE APPLICANT'S RESPONSIBILITY TO ADVISE THE PRE-NURSING ADMISSIONS COORDINATOR IN WRITING OF ANY ADDRESS/ PHONE # CHANGES.

6. E-Mail Address: _____

7. Graduate of _____ High School, located in _____

8. **APPLICATIONS WILL NOT BE CONSIDERED UNTIL TRANSCRIPTS FROM ALL COLLEGES AND/OR UNIVERSITIES ATTENDED ARE SUBMITTED TO THE DEPARTMENT OF NURSING.** List below all colleges and/or universities attended.
Each transcript must be attached and submitted with your application.

A. _____
College/University City State

From _____ to _____
Check highest degree achieved: Associate's Bachelor's Master's In Progress Dual Credit

B. _____
College/University City State

From _____ to _____
Check highest degree achieved: Associate's Bachelor's Master's In Progress Dual Credit

C. _____
College/University City State

From _____ to _____
Check highest degree achieved: Associate's Bachelor's Master's In Progress Dual Credit

D. _____
College/University City State

From _____ to _____
Check highest degree achieved: Associate's Bachelor's Master's In Progress Dual Credit

9. **Are you an LVN?** Yes No If yes, graduation date/ State: _____

10. **I plan to enroll in JUNIOR 1 level nursing courses:** Fall Spring **Year:** _____

I am currently enrolled in these college courses:

At _____ College/University.

I plan to take the following courses next semester:

At _____ College/University.

11. Have you been enrolled in a BSN or ADN nursing program before? Yes No

If yes, give name and location of the institution: _____

Dates enrolled: _____ Reason for leaving: _____

Are you eligible for reinstatement in that nursing program? Yes** No

Nursing courses completed:

Please attach to this application the following items: (1) A letter of recommendation from the dean/director of the nursing school that you previously attended which states that you are in good standing and are eligible for readmission to that nursing program and (2) Detailed descriptions (syllabi) of previously completed nursing courses. **A student who is ineligible to continue in any other program of nursing will not be considered for admission to the WTAMU Nursing Program.

12. Returning Students: Has it been five (5) years or longer since you were enrolled in college courses prior to enrolling at WTAMU? Yes No Not Applicable

13. Do you require any special assistance or equipment to enable you to progress in the nursing program? Yes No Not Applicable

If yes, please explain or make an appointment to discuss your needs:

14. **If admitted to the WTAMU B.S.N. program, a fingerprinting and background check process will be conducted through the Texas Board of Nursing.** If you answer “yes” to any of the following questions, **you may be required to complete the declaratory order process.** For more information concerning this process, go to www.bon.texas.gov/, click on the “Forms” drop-down box, click on “Declaratory Order,” and click on “Download Form: Petition for Declaratory Order.” ***If it is determined that you qualify for the Declaratory Order process, you must obtain a Declaratory Order prior to progressing into the WTAMU Department of Nursing.*** If you need assistance in this matter, please make an appointment with the Department Head for Nursing. Do not start the Declaratory Order process until requested by the TXBON.

- 1) No Yes For any criminal offense, including those pending appeal, have you:
A. Been arrested or 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 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 exclude only 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 the Texas Board of Nursing with the Petition for Declaratory Order form. 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. None-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 other sections of the Gov’t Code chapter 411, the Texas Board of Nursing 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) No Yes Are you currently the target or 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 *Within the past five (5) years, have you been addicted to and/or treated for the use of alcohol or any other drug?
- 5) No Yes *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? If “**YES**,” indicate the condition: schizophrenia and/or psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, borderline personality disorder.

*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.*

I, the undersigned applicant, hereby certify that all of the information and statements contained in this Application for Admission to the Department of Nursing are true and correct in every respect; and I understand that failure to provide truthful information on this application may result in non-acceptance to the program or immediate termination from the program.

Date

Signature of Applicant

Immunization and Documentation Form

West Texas A&M University Department of Nursing

PLEASE PRINT LEGIBLY

Name: _____ Phone: _____

1. Attach copies of all immunization and CPR (optional) documents that verify the dates listed below.
2. **Make sure that your current name is on each document copy.**
3. **Highlight your name and pertinent dates on each immunization document copy.**
4. **KEEP THE ORIGINALS of each of these documents for yourself**—never turn in the original documents. Each semester you will be asked to show your immunizations and CPR documentation to your instructors.

Required Immunization	Date Immunization Acquired
Hepatitis B #1	
Hepatitis B #2 (30 days between #1 and #2)	
Hepatitis B #3 (6 months between #2 and #3)	
MMR #1	
MMR #2 (30 days between #1 and #2)	
Varicella #1	
Varicella #2	
OR	
Documentation by healthcare provider of Varicella Disease	
OR	
Titer showing immunity (attach lab report)	
Tdap (Tetanus-diphtheria-pertussis) (MUST BE WITHIN LAST 7 YEARS)	
Flu vaccine (MUST BE WITHIN LAST 12 MONTHS)	
CPR Documentation - Optional	Recommended Renewal Date
American Heart Assn. Healthcare Provider (Mandatory)	

CHECKLIST

INCLUDE THE CHECKLIST AND ALL REQUIRED ITEMS WITH PAGES 1-4 OF THIS APPLICATION.

CHECKLIST: Please attach the following **REQUIRED** items to your application:

- \$50 non-refundable cash, check, or money order payable to “**WTAMU Department of Nursing.**”
*Please include your driver’s license number on your check
- Transcripts from all colleges and/or universities attended.
The application to the Department of Nursing is a secondary application process. **Even if the applicant’s transcripts are currently on file with the University, the applicant must submit additional copies of ALL transcripts to the Department of Nursing with the application.**
- Completed “Immunization and Documentation Form” **AND** copies of all required documents.
 - Hepatitis B #1, #2, and #3** (30 days between #1 and #2; 6 months between #2 and #3)
 - MMR #1 and #2** (30 days between #1 and #2)
 - Varicella** (chickenpox) #1 and #2, or documentation by healthcare provider of prior varicella illness, *or* titer showing immunity (attach lab report)
 - Tdap** (tetanus-diphtheria-pertussis) - must be within the last 7 years
 - Flu vaccine** - must be within the last 12 months
- A copy of the HESI Elsevier Admission Assessment Exam (A2) Cumulative Report. Scores of 80 or above in math, reading, and vocabulary are required, with these three sections passed in *one sitting*.
- If applicable, the letter of good standing from the nursing school that you previously attended and syllabi of previously completed nursing courses.
- You may attach the following optional item to your application:***
Copy of CPR card - If you have taken the American Heart Association Healthcare Provider CPR course, attach a copy of your CPR card. Otherwise, you will be able to take one of the CPR classes offered by the Department of Nursing at New Nursing Student Orientation or during the first two weeks of classes.
- Make a copy of your complete application for your records.

Applications must be complete when submitted, incomplete applications will not be accepted.

Fill out the application, print it, sign it, and submit your complete application by:

Mail: WTAMU Department of Nursing
ATTENTION: BSN/LVN to BSN Program
WTAMU BOX 60969
Canyon, TX 79016

OR bring it to the Bivins Nursing Learning Center, Room #107

Rev. 06-02-2020