

**Odessa College
Vocational Nursing Program
Application for Admission**

____ **Andrews**
____ **Monahans**

Applicant Information: TYPE ONLY

Name (As it appears on Driver's License):

Last Name First Name Middle Name
 Last 4 of S.S. _____ Date of Birth _____ U.S. Citizen (yes/no) _____

Address: _____
Street City State Zip

Mailing Address *if different from above*: _____

OC E-Mail: _____ Home Email: _____

Other Name(s) on Transcript: _____
Last First Middle

Phone Number *with Area Code* Home: _____ Work: _____ Cell: _____

Emergency Notify: _____
Name Relationship Phone Number (s) with Area Code

Educational Background: High School/GED

Name of School	Location	Dates Attended	Date Conferred

College/University: List most recent first; list ALL attended

Name of School	Location	Dates Attended	Maj. Course of Study	Degree Earned/Date

List any health related work experience, beginning with the most recent: _____

Certified as or Successfully Completed course for CNA (yes/no): _____

Notice:

Completion of the Nursing Program does not guarantee eligibility to take the licensing examination to become a vocational nurse (P.N.). Eligibility is determined by the Board of Nurse Examiners for the State of Texas (BNE). Some events, such as having a felony or misdemeanor conviction, including expunged offenses and deferred adjudication with or without prejudice of guilt, pleading no contest to any crime, having unresolved arrest, having pending criminal charges, having action taken against your health care provider license, having certain mental health disorders or a history of substance abuse **MAY** disqualify a candidate for licensure. The Vocational Nursing Program has selective admission criteria. Not all candidates who apply are accepted. See the Program Fact Sheet, advisory or school catalog for further information on admission criteria.

I certify that all 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 program rejection or dismissal.

Date: _____ Signature: _____

Odessa College does not discriminate in regard to race, color, age, ethnic/national origin, religion/creed, marital status, veteran status, or disability.

Completed applications may be mailed to:

- Andrews Extension: 201 NW Ave D, Andrews Texas 79714
- Odessa Dual Credit: 201 W. University Texas 79764
- Monahans Extension: 806 S Dwight Monahans, Texas 79756

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Immunization Record:

Immunizations or screenings required by the State of Texas, Odessa College and/or clinical affiliates. Please return immunization records with completed application.

Immunization	Date	Comments
Tetanus/Diphtheria (TD)		Must have had one dose within 10 years
Tetanus/Diphtheria/Pertussis (TDAP)		Must have had one dose within 10 years
Rubella (German Measles)		One dose or screening titer
Mumps		One dose or screening titer
Rubeola (Measles) MMR		If born on or after Jan 1, 1957, proof of two doses at least 30 days apart is required after first birthday if born before Jan. 1, 1957; proof of one does administered after first birthday. Titer may demonstrate immunity.
Polio		Not required, but all students are encouraged to ascertain immunity. Vaccine recommended if immunity does not exist.
Hepatitis B	1. 2. 3.	Series of three does required over a 4 to 6 month span. Titer may demonstrate Immunity.
Varicella (Chicken Pox) One dose is sufficient. If given prior to age 13 year.		In lieu of vaccines, a titer may document immunity.
Meningitis		Must have vaccine if under 22 years of age and have never attended another Texas University or College. Must have had vaccine or booster within 5 years.
Tuberculosis Skin Test (PPD) if exempt form skin testing, CXR results on file recent in 12months prior to program admission		Not required until student is admitted and in the LVN program.

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Applicant Questionnaire:

Please respond to the following statements and return with your application form. You may add additional pages if needed.

1. Describe your motivation for becoming a licensed vocational nurse.

2. Please state why you selected Odessa College School of Vocational Nursing.

3. Describe the role of the nurse in society.

4. Describe the types of experiences you have had with nursing professionals.

5. Describe your professional plan five years after completion of the vocational nursing program.

6. Describe the particular field of nursing that interests you.

7. Describe your personal strengths that will make you an effective nurse.

8. Describe your personal weaknesses that you will need to overcome to be an effective nurse.

9. Describe the manner in which you learn best.

10. Describe how well you work with others.

Signature

Date

