

Class of 2009

Pre-entrance Process Timeline

Mark your calendars for these important dates

Aug 25	Post Candidates for information sessions
Sept 1 – 5	Office hours will be limited
Sept. 9	Information Sessions
Sept. 15	Interviews begin
Oct 3	Application Deadline
Oct 17	Post Final Selection with alternates
Oct 17 - Nov 4	Accepting 1 st payment – deadline: Nov 4 by 4:00pm
Oct 17 – Dec 15	Pay and start Health Assessment: Dec 15 by 12 noon
Oct 17 – Jan 2	Accepting 2 nd payment –deadline: Jan 2 by 3:00pm
Oct 17 – Nov 8	Pay and order Uniforms – deadline: Nov 8 by 7:00pm
Oct 27 – Nov 3	Payments will only be accepted at Cashier's window
Nov 5	Alternates will be notified
Nov 7	Alternates 1 st payment due by 12:00pm
Nov 10	Class mixer
Dec 15 – 19	Pick-up textbooks and Student Handbook
Dec 19	Health Assessment must be completed
Dec 22 – Jan 1	Office hours will be limited
Jan 2	Orientation Classrooms 3 & 4
Jan 5	First day of class

Note: any deadlines not meet will jeopardize enrollment. Please contact the office 389-1721, if you have any questions related to the timeline.

Valley Baptist Medical Center School of Vocational Nursing - Class of 2009

READ CAREFULLY. **You must comply** with events, deadlines and responsibilities in order to begin. If you decide not to enroll, please call the School Office. (Office hours: Monday-Friday, 8:00 a.m. to 4:30 p.m. Telephone number: 389-1721) or email Stephanie at Stephanie.hamby@valleybaptist.net.

As you were advised in the Pre-entrance test packet, The Texas Board of Nursing and Valley Baptist Medical Center are committed to providing safe care to those individuals in need of health care.

APPLICATION:

- The **Application and ALL required documents** must be submitted to the School Office by **12:00 p.m. Friday, October 3, 2008**, or you are not eligible for enrollment.

Required documents include:

- **Transcripts**
 - The High School transcript or GED scores **must be official**. Other transcripts can be unofficial or official, but must bear the name of the school - include transcripts of all schools attended. You must submit a transcript of High School Grades if you completed 10th grade or higher but did not graduate. In this case, you must submit official GED scores.
- **Proof** of completing **Background Check** process
- Completed **Essay**,
Topic: "Why I want to become a Nurse",
Handwritten or typed, legible, one page
- Completed **Parking Permit** information

INTERNATIONAL APPLICANTS

- All non-U.S. citizens must meet the same admission criteria as domestic applicants. All classes are conducted in English. All students must possess English speaking and writing knowledge.
- If secondary school was completely outside the United States, transcripts must be translated and evaluated by an International Educational Evaluation Agency. An official translated and evaluated transcript must be turned in with application.
- A copy of your permanent visa/resident alien card must be submitted with application.

BACKGROUND CHECK:

- Included in your packet is instructions for completing a Background Check. **This is mandatory for all applicants.**
- This process is completed online and requires a credit card.
- Submit the background check confirmation with your application.

TUITION PAYMENT #1:

- \$1300.00, paid at the School Office beginning 8:00 a.m. Friday, October 17nd until 4:00 p.m. Tuesday November 4th. (except alternates – see below).
***Note:** During the week for Oct. 27th through Nov. 3rd, payment will ONLY BE TAKEN at the EAST Tower Cashier window at Valley Baptist.*
- **Cash** (exact amount) will be accepted. If you choose to pay by credit card, come to the School Office for instructions. **No** personal checks are accepted.
- **NOT REFUNDABLE.**
- Non-payment by deadline will result in non-enrollment.

ALTERNATES:

- You **MUST** call the school office by 10:00 a.m., November 5, 2008 and leave a contact number. You will be notified by 12:00 p.m. regarding acceptance.
- If accepted, payment deadline for Tuition #1 is **12:00 p.m. Friday, November 7, 2008.**
- Non-payment by deadline will result in non-enrollment.

HEALTH ASSESSMENT: (For all accepted applicants)

- You are **required** to complete a health assessment by Valley Baptist Health Management Services. Assessment includes: health history, blood work, drug screen, and TB test. Cost: **\$100.00 plus** Hepatitis B Series-3 doses, **\$100.00, \$38.00** Chest X-Ray (if positive TB test or if you are a positive converter)

NOTE: You must begin the Hepatitis B series in December. This may be obtained at Valley Baptist Health Management (see price above), through the Health Department, or through your Primary Physician

- Positive drug screens are confirmed by another lab. A confirmed positive is referred to the School Director and is handled in a confidential manner. The applicant will be advised of the positive result and ineligibility for current enrollment.

NOTE: 1. *Applicants advised of positive results may request the **ORIGINAL** sample to be tested at another laboratory at applicant's expense and in accordance with VB guidelines. The testing must be completed by scheduled deadline.*

2. *Any conditions found during the pre-enrollment assessment that require a physician consultation, are discussed with the applicant. Before enrollment, the applicant is responsible to provide proof of a physician consultation and recommendations to Health Management.*

- All Payments must be **paid in advance** beginning Friday, October 17th. **Cash** (exact amount) will be accepted. If you choose to pay by credit card, come to the School Office for instructions. No personal checks are accepted. At the time of payment, instructions for the assessment will be given.
- **Cost NOT REFUNDABLE.**
- The **last day to pay for and begin** the Health Assessment is **4:00 p.m. Monday, December 15, 2008.** Assessment must be completed by December 19, 2008.
- Non-payment and/or completion after deadline, will result in non-enrollment.
- For other information, contact Health Management Services at 389-1703.

TEXTBOOKS:

- Textbooks are included in your fees.
- See timeline for pick-up date.

UNIFORMS:

- All uniforms must be ordered and purchased through Uniform World by November 8th.
- See order form included in this packet for store location, hours, and uniform styles.
- Accessories will also be available to view and order.
- The company accepts payment by cash, major credit card, or money order. The cost of uniforms and accessories will be paid directly to Uniform World.
- Any issues regarding uniforms and/or accessories must be directed to Uniform World 440-1449.

GET ACQUAINTED SOCIAL:

- On **Monday, November 10, 2008,** the School will host a social to congratulate the Class of 2008 for their accomplishments and welcome the Class of 2009.

Time: 12:00 p.m. – 2:00 p.m.

Place: Boggus Pavillion

Food and beverages will be served

- Attendance is Mandatory.

ORIENTATION:

- **MANDATORY: 8 a.m. Friday, January 2, 2008 in the Boggus Pavilion Rooms 3 & 4**
- Payments for Tuition Payment #2, and Supply Fee are due.
- **Non-attendance will result in non-enrollment.**
- Complete class schedules and additional information about the Program will be discussed.

SCHOOL HOURS:

- Class hours are 8:00 a.m. - 4:00 p.m. Clinical days vary but typically begin at 6:45 a.m.
- The first day of class is Monday, January 5, 2008.

STUDENT HANDBOOK:

- Pick-up at the School Office the week of Dec. 15-19. (REQUIRED READING)

BASIC LIFE SUPPORT: (required)

- The American Heart Association Basic Life Support (HealthCare Provider) course will be taught on a designated Saturday from 8:00 a.m. – 4:00 p.m. You will receive more information about this course during Orientation.
- If you are currently certified by the American Heart Association and your certification **will not expire** during the school year, you may be excused from this course. You **must** submit a copy of your card with the application.
- If you are required to take the course, you will be required to purchase the Basic Life Support Manual and your certification card. You will receive information about this during Orientation. (See Proposed Fees.)

PAYMENTS:

- All payments will be accepted prior to deadline, unless instructed otherwise.
- Cash (exact amount) payments only at the school office. Credit Cards can be used at the cashier's office with given instructions by the school staff.
- Payment times are Monday – Thursday 8:00 a.m. – 4:00 p.m., and Friday 8:00 – 12: noon.
- **No personal checks are accepted.**



Valley Baptist School of Vocational Nursing

Application for Admission

2101 Pease Street, Harlingen, Texas 78551

Phone (956) 389-1721

Stephanie.hamby@valleybaptist.net

Read all information and instructions prior to completing application.
Print all information in BLACK ink or type.

DATE: _____ Social Security Number: _____

Legal Name – *Must be the exact name that appears on the Social security card.*

Last _____ First _____ Middle _____ Maiden _____
Name(s) previously used: _____ Date of Birth: _____
(month/day/year)

Mailing Address:

_____ No. and Street _____ City _____ State _____ Zip _____
Telephone: (____) _____ (____) _____ (____) _____
Home work cell

Email address: _____

Emergency Contact: _____ (____) _____
Name – Relationship Telephone number

Are you citizen of the U.S.? Yes No

Foreign Applicants: must submit a copy of Permanent Visa/Resident Alien card

Are you a U.S. veteran? Yes No

Have you ever applied/attended any Nursing Programs? Yes No

Program: _____ Dates Attended: _____

Reason for disenrollment: _____

Are you licensed, certified, registered in any area? Yes No

Licensed, certified, registered _____ Renewal Date: _____

Program Attended _____ State Licensure / Number _____

Employer _____ Dates of Employment ____ to ____ or currently
Address _____ Supervisor _____
Job Title _____ Job duties _____

Employer _____ Dates of Employment _____ to _____
Address _____ Supervisor _____
Job Title _____ Job duties _____

Employer _____ Dates of Employment _____ to _____
Address _____ Supervisor _____
Job Title _____ Job duties _____

Employers/Supervisors may be contacted. I, _____ give permission to release any
confidential information regarding my employment. _____

Applicant Signature

This page includes very important disclosure, you must read this carefully as your signature indicates you understand and accept the conditions noted below:

1. Due to strict qualifications for licensure set forth by the Texas Board of Nursing (TBON) and policies on employment by Valley Baptist, you are required to submit to a Criminal Background check by assigned deadline. If the background check reveals any information, the results will be referred to Human Resources to determine eligibility for hire and possibly to the TBON for an opinion on probability for licensure.
2. The TBON, in compliance with the authority granted by the Texas Legislature, may refuse to approve persons to take the licensure examination who have been convicted or plead guilty or no contest (including deferred judgments) to a felony, a misdemeanor involving moral turpitude, or engaged in conduct resulting in the revocation of probation imposed pursuant to such conviction or plea.

If you answer “**YES**” to any of the following questions, you **MUST** talk to the Program Director or designee.

For any criminal offense, including those pending appeal, have you:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilt?
- 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 a 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 to a court-martial; Article 15 violation; or received any form of military judgment/punishment / action?

(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, will at a minimum, subject your license to a disciplinary fine. Nondisclosure of relevant offenses raises questions related to truthfulness and character.

NOTE: Orders of Non-Disclosures: 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 the 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 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 that criminal matter.

-Are you currently the target or subject of a grand jury or governmental agency investigation?

*-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?*

-Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

-Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic behavior, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

*- Have you ever been convicted, placed on community supervision whether or not adjudicated guilty, sentenced to serve jail or prison time or granted pre-trial diversion, or plead guilty to no contest or nolo contendere to any crime in any state, territory or country, or received a court order whether or not a sentence was imposed, including any pending criminal charges or unresolved arrests whether or not on appeal (excluding minor Class C traffic violations)? This includes expunged offenses and deferred adjudications with or without a finding of guilt. **Please note that DUIs, DWIs, and PIs, must be reported and are not considered minor traffic violations. One time minor in possession (MIP) or minor in consumption (MIC) does not need to be disclosed; therefore, you may answer "NO" if you have previously disclosed a criminal matter otherwise responsive to this question in a renewal and/or licensure form.***

The Texas Board of Nursing and Valley Baptist Medical Center are committed to providing safe care to those individuals in need of health care. Due to strict qualifications for licensure set forth by the Texas Board of Nursing (TBON) and policies on employment by Valley Baptist, you are required to submit to a Criminal Background check by assigned deadline. If the background check reveals any information, the results will be referred to Human Resources to determine eligibility for hire and possibly to the TBON for an opinion on probability for licensure.

I understand that as a student of the health care profession I must be able to perform a number of physical activities in the clinical portion of the program. At a minimum, I will be required to lift patients, stand for several hours at a time, and perform bending activities. If I have a chronic illness or condition I must be able to maintain current treatment and be able to implement direct patient care. The health care education experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. I must be able to demonstrate rational and appropriate behavior under such stressful conditions. [Individuals should give careful consideration to the mental and physical demands of the program prior to making the final selection.]

In consideration of processing my Application for Admission, I grant permission and consent to request from any person, any and all information pertinent to my application for admission. I authorize the Valley Baptist Medical Center Vocational School of Nursing and its agents and employees to obtain and acquire any information necessary to process this application, and recognize that Valley Baptist LVN School will rely upon information it obtains. I fully release and discharge Valley Baptist LVN School and its agents and employees for their reliance on any such information obtained (including expenses, court costs, attorney fees, payment of claims and judgments), and hereby release and hold harmless from any liability or loss whatsoever.

I understand falsification of any records or documents submitted in the admission process are grounds for denial of admission to the school. Failure to accurately answer questions may result in my withdrawal from the school.

I have provided true, correct, and complete information on my application. I have read and understand the information presented in the application packet.

Signature _____ Date _____

RECORD OF PREVIOUS EDUCATION AND TRAINING

PLANNED USE OF THE DATA COLLECTION: This form is used by the School in its entirety to provide a record of previous education and training.

INSTRUCTIONS/REQUIREMENTS: Complete each item. If an item is not applicable, write "NA". Submission of transcripts of all schools attended is required. High School transcripts or GED scores must be an official copy. If you completed 10th grade or higher but did not graduate, official high school transcripts and the official GED scores must be submitted. Other transcripts can be unofficial or official, but must bear the name of school.

SECONDARY EDUCATION:

- High School Diploma
 Home Schooled
 GED
 High School/GED

_____ to _____
Name of High School, City, State

Graduate: Yes Year: _____ NO, number of year attended _____

GED: Yes, year _____ No

POST SECONDARY EDUCATION:

Type of school	Name/ Location	Dates Attended				Graduated		Type of		Major Field Study
		From		To		YES	NO	Diploma	Degree	
		MO	YR	MO	YR					
College or University										
Technical or Vocational										
Other										

Previous Training:

Identify previous experience and skills that related to the program:

I certify that all the above information is true and complete.

Signature of Student – In Blue Ink Printed Name of Student Date



Valley Baptist Health System Security Department

Parking Permit Application

Personal Information:

Name: _____ SS#: _____

Home Address _____

City / State / Zip _____

Home Phone _____ Cell Phone _____

Employment Classification:

VBMC Employee Department: _____ Title: _____
Parking Gate Card Number: _____ Extension: _____

Medical Staff
 Allied Health Professional (Physician's staff)
Employer: _____

Student
Program: _____ *LVN STUDENTS* _____

Contract Employee
Company Name: _____

Department Affiliation: _____

Other _____

Vehicle Information:

Permit#

Make: _____ Model: _____

Year: _____ Color: _____

LP: _____ State: _____

Second Vehicle Information (if Applicable):

Permit#

Make: _____ Model: _____

Year: _____ Color: _____

LP: _____ State: _____

Security Department Use Only:

Entered By: _____ Date: _____

Uniform Information and Guidelines

Ordering Uniforms:

(Minimum order required, quantity is your opinion)

- 2 Chocolate Polo shirts (worn on class days)
- 3 Uniform Tops (worn on clinical days)
- 3 Uniform Pants
- 1 Cardigan (lab jacket)

Nursing shoes, Athletic shoes or Clogs must meet the following criteria:

- Must be completely white
Any minimal grey coloration must be approved by a faculty member.
- Must have closed toe and heel backing.
- Must have upper leather or rubber type material.
No mesh or fabric at all.

Other requirements:

- 1 Second-hand watch
- 1 Stethoscope
- 1 Bandage or trauma scissors
- 1 Penlight

Uniforms and accessories purchased through Uniform World. Any problems with your purchase must be addressed with Uniform World, NOT the School.

Uniform World

1418 E. Tyler Ste. 8
Harlingen, Texas 78550
Phone (956) 440-1449

Student Information

Name:	
Phone:	Phone:
Email Address:	

		Style	Color	Description	Shirt Size	Pant Size	Price	QTY	Total
Female	TOPS	4800	Chocolate	Contrast			\$17.50		
		4770	Chocolate	Snap Front Tunic			\$14.75		
		2874	Chocolate	Flex -I-Bles			\$20.50		
		4301	Chocolate	V-neck Cardigan			\$22.50		
				Short Sleeve Tee			\$12.00		
				Long Sleeve Tee			\$13.00		
Male	TOPS	4300	Chocolate	Zip Front Jacket			\$22.50		
		4450	Chocolate	Cardigan			\$22.50		
			Chocolate	Polo			\$24.20		
PANTS		4200	Khaki	UtilityPant			\$12.75		
		4100	Khaki	Unisex Drawstring			\$10.50		
		2074	Khaki	Flex-I-Bles Foldover Waist			\$20.50		
		4101	Khaki	Flare Leg Drawstring			\$12.75		
		4000	Khaki	7 Pocket Delux Male Pant			\$20.50		
Accessories		Basic Dual-Head Sprague Stethoscope					\$15.00		
		Littmann Lightweight Stethoscope					\$60.00		
		Littmann Classic II Stethoscope					\$90.00		
		Trauma Shears					\$8.00		
		LED Penlight (replaceable battery)					\$8.00		
		Stethoscope ID tag					\$6.00		
		Nursing Shoes					\$60.00		
		Clogs (anywear)					\$30.00		
		Clogs (Klogs USA)					\$60.00		
OTHER		Additional \$2.50 charge per garment for 2XL - 5XL sizes.							
		Other:							

Special Instructions:	Subtotal	
	Sales Tax	
	Total	

Credit Card Billing Information						
Name (appears on card)				Credit Card number:		
Address						
City, State, Zip				Expiration Date: MM/YY		
Phone	Mastercard	Visa	Discover	Debit		

Female Tops



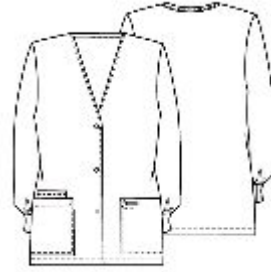
4770 Snap Front Tunic
Size: XS - 5XL



4800 Contrast
Size: XS - 5XL



2874 Flex-I- Bles Solid
Size:



4301 V-Neck Cardigan
Size: XS - 5XL

Male Top

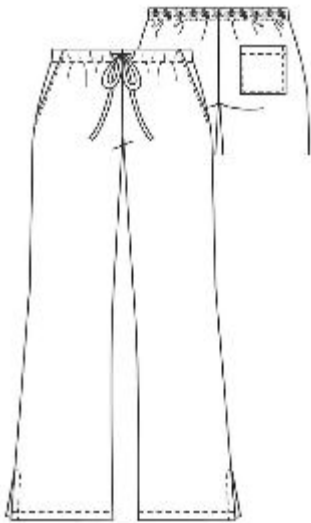


4300 Zip Front
Size: S - 5XL

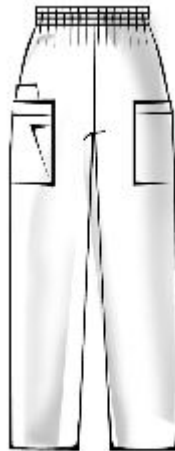


4450 Cardigan
Size: S - 5XL

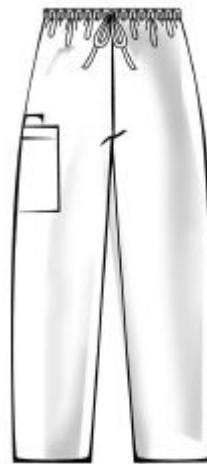
Pants



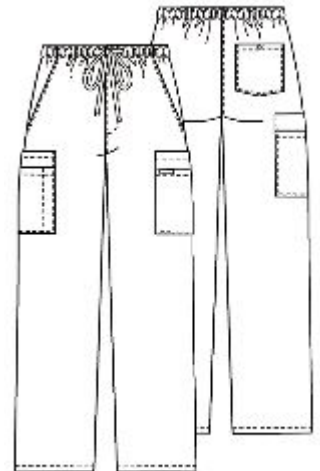
4101 Flare Leg Drawstring
Size: XXS - 3XL
XXS - XL P
XS - 2XL T



4200 Utility Pant
XS - 5XL
XS - 3XL P



4100 Drawstring
XS - 5XL
XS - 3XL S
S - 2XL T



4000 Cargo (Men's Delux)
S - 5XL

