



## Radiologic Technology Program

### APPLICATION INSTRUCTIONS AND CHECKLIST

Each of the following items **MUST** be included in your application packet and returned to the Radiologic Technology program prior to the application deadline **(JUNE 15, 2015)**.

**INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.**

- \_\_\_\_\_ Completed “Radiologic Technology Program Application” with a 2 x 3 photo attached.
- \_\_\_\_\_ Additional pages (if required) to further explain any of the questions on the application.
- \_\_\_\_\_ Copies of any professional licenses, certifications, or registrations.
- \_\_\_\_\_ Health Care Related Experience form, if any (included in packet).
- \_\_\_\_\_ Technical Standards and Essential Functions form (included in packet).
- \_\_\_\_\_ Clinic Travel Acknowledgement form (included in packet).
- \_\_\_\_\_ Three completed Statement of Recommendation forms. At least one must be from a current or former employer. One must be from a current or former teacher/professor/guidance counselor. The remaining one may be from a personal acquaintance (co-worker, pastor, etc.) (Included in packet, make copies as needed).
- \_\_\_\_\_ A typed, minimum of two pages, double spaced, number 12 font essay describing why you have chosen the field of Radiologic Technology and why you would be a good candidate for the program at SWTJC.



Attach 2 x 3,  
headshot only,  
photo here

## Radiologic Technology Program Application

Directions: PRINT or TYPE the information requested below. Be sure to complete ALL sections. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** Be sure to sign and date the application and affix a 2 x 3, headshot only, photo in the upper right corner.

1.	Name (Last, First, Middle)	
2.	Social security number	
3.	Mailing address	Street:
		City:
		State: Zip:
4.	Primary Contact number (with area code)	
5.	SWTJC Email address	
6.	Are you currently a citizen of the United States?	_____ Yes _____ No (If no, what is your current alien status in the US?) _____
7.	Have you ever been convicted of a misdemeanor or felony? Charges or convictions resulting in any of the following must be reported: plea of guilty, no contest, withheld or deferred adjudication, suspended or stay of sentence, pre-trial diversion, military court-martial.	_____ No _____ Yes (If yes, please explain fully, attaching additional pages as necessary. Although a conviction may not preclude you from completing the educational component of the program, it may prevent you from being eligible for national certification and/or state licensure.) _____ _____ _____ _____ _____ _____
8.	Have you been charged with a crime, either a felony or misdemeanor, which has yet to be resolved?	_____ No _____ Yes (If yes, please explain fully, attaching additional pages as necessary.) _____ _____ _____ _____

9.	Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT (American Registry of Radiologic Technologists) certification requirements?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain fully, attaching additional pages as necessary.) _____ _____ _____ _____ _____			
10.	Do you currently possess any professional licenses, certifications, or registrations? (include copies with application)	Name of license, certification, or registration	Number	Year Issued	Exp Date
11.	Have you ever had any license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board, other than the ARRT?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain fully, attaching additional pages as necessary.) _____ _____ _____ _____ _____			
12.	Have you completed or are currently enrolled in the program's prerequisite courses? NOTE: You MUST have received a grade of "C" or higher in these courses to be considered for the program.	Course name	Completed (include grade)	Currently enrolled	Where completed or currently enrolled.
		A&P I			
		A&P II			
		New student orientation			

I agree that the information contained on this application is true and correct. I understand that the omission, misrepresentation, or falsification of any information is grounds for withdrawal or dismissal, at any time, from the Radiologic Technology program at SWTJC.

I further understand if accepted into the SWTJC Radiologic Technology program, I will be required to submit to a criminal background check, drug screening, and physical examination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Return application and all other required documentation by application deadline**

**(JUNE 15, 2015) to:**

**SWTJC Radiologic Technology Program-Witt Building**

**Bonnie Clinebell or Denise Vanderlick**

**2401 Garner Field Rd**

**Uvalde, TX 78801**



## Radiologic Technology Program

### HEALTH CARE RELATED EXPERIENCE

Please list previous HEALTH CARE related experience you have had. This may include: nursing, medical technologist, nurse assistant, patient transporter, etc. Please list any employment or volunteer service you have.

Name of Facility:

Job title:

Dates of service:

Job responsibilities:

Supervisor's name and phone number:

Name of Facility:

Job title:

Dates of service:

Job responsibilities:

Supervisor's name and phone number:

Name of Facility:

Job title:

Dates of service:

Job responsibilities:

Supervisor's name and phone number:

Your signature below indicates that the information provided on this form is true and correct to the best of your knowledge, and that you grant permission to contact the supervisor listed for verification of job responsibilities.

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Print name

Signature

Date



# Radiologic Technology Program

## TECHNICAL STANDARDS AND ESSENTIAL FUNCTIONS

The profession of Radiologic Technology is physically, mentally, and emotionally demanding. Certain skills and abilities will be required of you in the clinic setting during your time in the program and subsequently, in the workplace. The following list, although not all-inclusive, are some of the skills and abilities you must possess to meet the technical standards and perform the essential functions associated with being a Radiologic Technologist.

1. Reading, writing, and verbal/nonverbal skills to effectively, properly, and expeditiously communicate with patients, staff, and other members of the health care team.
2. Read and comprehend requisitions, orders, charts, directions, and other printed materials.
3. Physical stamina to stand for long periods of time and walk various distances, using stairs as necessary, for 8 or more hours at a time.
4. Lift, move, and/or assist patients from beds, wheelchairs, and stretchers to the radiographic table and vice versa.
5. Sufficient physical strength, mobility, and stamina to reach, lift, move, and operate imaging equipment and accessories, some of which may be located overhead and be very heavy; to perform CPR if necessary.
6. Fine motor skills and hand/eye coordination to reach, adjust, and manipulate radiographic equipment to include various levers, switches, buttons, and other controls; to perform venipuncture/inject contrast media.
7. Sufficient hearing to assess patients needs, follow instructions, communicate with patients and other members of the health care team (some of whom may be wearing a mask); respond to audible sounds and alarms of radiographic equipment.
8. Sufficient visual acuity to assess patients needs (posture, facial expression, skin hue, etc.), observe controls and monitors of radiographic equipment and computers, and assess radiographic images. These tasks are frequently performed from a distance and/or in subdued lighting.
9. Mental, emotional, and intellectual maturity to provide for patients needs, interact professionally and effectively with others, convey sensitivity/respect/tact/empathy, function safely and effectively in high stress situations.

I have read and understand the physical, mental, and emotional skills and abilities required for a Radiologic Technologist. I understand this list is not all-inclusive however, I believe I possess the necessary physical, mental, and emotional skills and abilities to perform the requirements for clinical education.

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Print name

Signature

Date



# Radiologic Technology Program

## Clinic Travel Acknowledgement

If accepted in the SWTJC Radiologic Technology Program I understand:

- Clinic experience is a critical component of the Radiologic Technology Program.
- I will be required to travel to fulfill my clinic education requirements.
- Traveling to and from clinic **IS FULLY MY RESPONSIBILITY** and that it is possible the distance to a particular site could be 50 miles or more (one way) from my residence.
- **SWTJC IS NOT responsible for any expenses incurred** as a result of my traveling to and from clinic.
- **NO MODE of transportation will be provided to me** to travel to my clinic education setting.
- There is no guarantee I will be assigned to the clinic site(s) nearest to my residence or of my choice.

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Print name

Signature

Date



# Radiologic Technology Program

## STATEMENT OF RECOMMENDATION

Name of applicant: \_\_\_\_\_  
   Last  First  Middle

**To the applicant:** Fill in your name above. Give this form and a stamped envelope, addressed to: SWTJC Radiologic Technology Program, 2401 Garner Field Rd, Uvalde, TX 78801, to a person who knows your capabilities and can attest to your ability to be successful in the Radiologic Technology program. One recommendation must be from a current or former employer. One must be from a current or former teacher/professor/guidance counselor. The remaining one may be from a personal acquaintance (co-worker, pastor, etc.). Recommendations may NOT be from a family member or relative. **Recommendations must be returned to the Rad Tech program in a sealed envelope from the individual filling out the recommendation!** Recommendations delivered by the applicant will NOT be accepted.

**To the individual recommending this applicant:** The person whose name appears above is an applicant for the Radiologic Technology program at SWTJC. Please respond to the questions asked as honestly as possible. The information will be used to gauge the person’s ability to be successful in the program and as a medical professional. **Please return the recommendation in the stamped, addressed envelope provided by the individual as soon as possible.** Your responses will be held in strict confidence.

1. How long have you know the individual? \_\_\_\_\_
2. In what capacity have you known the individual? \_\_\_\_\_
3. Please rate the individual on the following qualities and characteristics. Place an “x” in the column you believe most closely applies to the individual.

Quality or Characteristic	Outstanding	Exceeds expectations	Satisfactory	Below expectations	Unsatisfactory
Motivation					
Initiative					
Responsibility					
Reliability					
Integrity					
Personality					
Attitude					
Maturity					
Cooperation with others					
Ability to deal with conflict					
Attendance/punctuality					
Ability to accept constructive criticism					
Demonstration of good judgment					
Attitude toward work					
Uses time efficiently					

Quality or Characteristic	Outstanding	Exceeds expectations	Satisfactory	Below expectations	Unsatisfactory
Produces high quality work					
Attire and grooming					
Follows policies, procedures, and rules					
Sensitivity to others needs					

4. Please elaborate on any of the qualities and characteristics of this individual that you feel are outstanding or exceeding expectations: \_\_\_\_\_

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5. Please elaborate on any of the qualities and characteristics of this individual that you feel are unsatisfactory or below expectations: \_\_\_\_\_

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6. What is your overall recommendation for this individual?

Very enthusiastic	Strong	Neutral	Uncertain	Negative

7. Please provide any additional information you feel would be helpful in evaluating this individual:

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Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

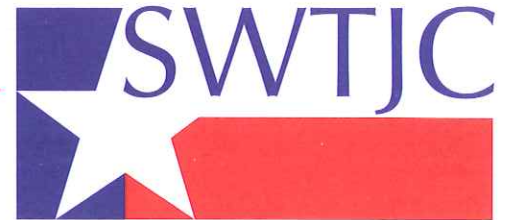
Date: \_\_\_\_\_



# Southwest Texas Junior College • Uvalde

2401 Garner Field Road • Uvalde, Texas 78801-6221  
Main phone: (830) 278-4401 • Fax: (830) 591-7354  
[www.swtjc.net](http://www.swtjc.net)

Uvalde • Del Rio • Eagle Pass • Crystal City



January 21, 2014

Dear Prospective Nursing Student:

Thank you for your interest in the Associate Degree Registered Nursing Program at Southwest Texas Junior College. We are pleased to expand the nursing curriculum to a two-year generic program where Licensed Vocational Nurses and non-Licensed Vocational Nurses can attend. This program will begin in August, 2014. Southwest Texas Junior College is pleased that you have chosen our college to develop and extend your professional goals. We have worked diligently with our Board of Trustees and Advisory Board to develop a program that has full approval from the Texas Department of Higher Education Coordinating Board and the Texas Board of Nursing.

The new program is a concept-based, integrated curriculum that builds on the developmental, biological, social, and psychological knowledge that you have acquired through general education courses. Sequential courses for the nursing program will take you from simple to complex knowledge and skill required for a registered nurse. All classroom, clinical, and simulation activities are coordinated to prepare you to pass the licensing examination and to practice in an ever changing, complex professional field. Due to the changes occurring in the employment requirements for registered nurses, we have designed our curriculum to facilitate progression to baccalaureate level education.

Our administrative staff, nursing staff, and student services, including financial aid, are prepared to answer questions you may have as you complete the on-line admission process.

We look forward to having you as a nursing student on our campuses.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hector Gonzalez', is written over a printed name.

Hector Gonzalez, Ph.D.

President, Southwest Texas Junior College

January 21, 2014

Dear Applicant:

Thank you for your interest in the Associate Degree Nursing (ADN) Program at Southwest Texas Junior College. The desire to advance your personal educational knowledge and skill in the nursing profession is commendable. The nursing profession needs individuals with specific goals and the ability to meet such goals through extensive education, clinical experience, and personal dedication. Each of these competencies plus additional attributes such as caring are required to meet the increasing needs for nursing practice.

This program has full approval from the Texas Higher Education Coordinating Board and the Texas Board of Nursing. Following graduation of the first class from the new curriculum, approval will be sought for national accreditation through the National League for Nursing Accrediting Commission (NLNAC), currently referred to as Accreditation Commission for Education in Nursing (ACEN).

Fall of 2014 will be the first offering of the Generic Associate Degree Nursing Program where Licensed Vocational Nurses and non-Licensed Vocational Nurses can progress through the two-year preparation requirements for the NCLEX-RN. The new curriculum that will be implemented includes a concept-based, integrated approach to nursing education. This same curriculum is currently implemented in other community colleges in the state of Texas. We anticipate that many of you plan to continue your education toward a Bachelor of Nursing or beyond, and this program is the first step toward meeting your professional goals. Since the new curriculum includes a new approach to nursing education and the incorporation of recent state regulations, we will be happy to answer any questions that arise as you progress through the on-line application packet. Please feel free to contact the two resources listed below.

Dr. Geraldine M. Goosen, ADN Director: 830-591-4163 or [gngoosen@swtjc.edu](mailto:gngoosen@swtjc.edu)  
Chassity Dean, ADN Administrative Assistant: 830-591-7386 or [cddean@swtjc.edu](mailto:cddean@swtjc.edu)

Again, the Administration, Faculty and Staff thank you for your interest in Southwest Texas Junior College and the Associate Degree Nursing Program.

Sincerely,



The image shows a handwritten signature in cursive script that reads 'Geraldine M. Goosen'.

Geraldine M. Goosen, RN, PhD, CCRN  
Southwest Texas Junior College  
Director of Associate Degree Nursing Program  
830-591-4163 Phone  
830-591-2909 Fax  
[gngoosen@swtjc.edu](mailto:gngoosen@swtjc.edu)

**SOUTHWEST TEXAS JUNIOR COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM  
ASSOCIATE OF APPLIED SCIENCE IN NURSING DEGREE**

**ADMISSION POLICIES AND PROCEDURES**

This on-line admission packet is for the two-year Associate Degree Nursing Program. All criteria must be completed as directed prior to the beginning of classes in August. This program is designed to prepare graduates to practice in a complex and ever-changing health care environment. In addition, the integrated concept based curriculum provides the graduate with foundational potential to progress forward to a Bachelor of Science in Nursing Degree.

Preparation for practice as a professional nurse will be concept-based theoretical knowledge associated with concept based clinical activities provided in a structured, supervised clinical practice environment. The program is designed to provide dynamic, interactive classroom information; simulation experiences to enhance clinical capabilities; concept-based simulation scenarios to test clinical expertise; and supervised clinical experiences to complete Associate Degree Nursing requirements necessary to become a Registered Nurse (RN). This educational process will develop the student as an active participant and through the use of innovative teaching approaches, foster a safe, collaborative, and interactive educational environment.

Differentiated Essential Competencies from the Texas Board of Nursing (BON) and Professional Clinical Standards of care in nursing will provide the guidelines for the development of physical skills, clinical reasoning, clinical judgment, ethical reasoning, and therapeutic communication skills. These essentials contribute to the knowledge and skill activities that direct graduates to become active members of the Profession, provide patient-centered care, serve as a patient advocate and become a member of the health care team. Designated curriculum, integrated with global issues and pathophysiological concepts, will ensure that graduates will be able to actively participate in society as educated, culturally astute and socially responsible individuals. Functioning within a multidisciplinary health care team requires diversity and compassion in traditional and/or non-traditional health care environments serving clients across the life span.

This program leads to an Associate of Applied Science in Nursing Degree and can be completed in two calendar years. Upon successful completion of the program, the graduate is eligible to apply to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

**SOUTHWEST TEXAS JUNIOR COLLEGE**  
**2401 Garner Field Road**  
**Uvalde, TX 78801-6221**  
**ASSOCIATE DEGREE NURSING PROGRAM**  
**ASSOCIATE OF APPLIED SCIENCE IN NURSING DEGREE**  
**2014 APPLICATION FOR ADMISSION**

Date of Application \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Current No./Street City State Zip

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing, if different from above City State Zip

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ (Required)

Desired Entry Date by Year: \_\_\_\_\_

Information regarding race or ethnicity is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.

Ethnicity (Please Circle One)      Caucasian  
   African-American  
   Hispanic  
   Asian  
   Pacific Islander  
   Native American Indian/Alaskan  
   Non-Resident Alien/Foreign National  
   Unknown

Are you a first generation college student?    Yes \_\_\_\_\_    No \_\_\_\_\_  
(Are you the first one in your family to attend college?)

Is English the primary language spoken in your home?    Yes \_\_\_\_\_    No \_\_\_\_\_

If no, what is your primary language? \_\_\_\_\_

Name & phone number of person/persons to notify in case of an emergency:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship Phone Number

ADMISSION TO SOUTHWEST TEXAS JUNIOR COLLEGE MUST BE COMPLETED BEFORE ENROLLMENT STATUS WILL BE PROCESSED FOR THE NURSING DEPARTMENT. Please provide a copy (unofficial) of all high school and college/university transcript(s) along with the Application for Admission to Southwest Texas Junior College Associate Degree Nursing Program. Upon acceptance, all official transcripts **MUST** be on file at the Southwest Texas Junior College Admissions and Records Office prior to enrollment into the program. It is the student's responsibility to forward such transcripts.

List all Colleges/Universities previously attended:

1.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended
2.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended
3.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended
4.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended
5.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended
6.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended
7.	_____	_____
	Name of College	
	_____	_____
	Address of College	Dates Attended

If additional space is need, please submit a separate sheet of paper listing additional colleges attended.

List three references (not relatives), addresses, and phone numbers. One must be your current/last employer. Submit a copy of the reference sheets with addressed envelope to each of your selected references. Student Reference forms are provided in the application packet.

1. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Institution Name Phone Number  
\_\_\_\_\_  
Address City/State/Zip

2. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Institution Name Phone Number  
\_\_\_\_\_  
Address City/State/Zip

3. \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Institution Name Phone Number  
\_\_\_\_\_  
Address City/State/Zip



Please answer the following questions:

Are you currently enrolled in college? ( ) Yes ( ) No

Institution \_\_\_\_\_ Location \_\_\_\_\_

Have you met Southwest Texas Junior College admission requirements? ( ) Yes ( ) No

Have you been admitted into Southwest Texas Junior College? ( ) Yes ( ) No

Have you met the TSI requirements as outlined in the SWTJC Catalog? ( ) Yes ( ) No

Have you taken the ACT, SAT, THEA, or Accuplacer test? ( ) Yes ( ) No

Date \_\_\_\_\_ Place \_\_\_\_\_

Did you take the ATI-TEAS V exam with SWTJC? ( ) Yes ( ) No

If yes, date it was taken \_\_\_\_\_ Overall Score: \_\_\_\_\_

If no, date and name of institution where you took the ATI-TEAS V exam:

\_\_\_\_\_ Overall Score: \_\_\_\_\_

Did you take the Weaver Instructional Systems assessment at? ( ) Yes ( ) No

Date assessed: \_\_\_\_\_ Placement Level: \_\_\_\_\_

It is the student's responsibility to:

1. Return this application by E-mail ([Cddean@swtjc.edu](mailto:Cddean@swtjc.edu)), U.S. Postal Service (Southwest Texas Junior College, Attn: Chassity Dean, 2401 Garner Field Road, Uvalde, TX 78801-6221), or in person to Chassity Dean at the Associate Degree Nursing Program, Witt Building, Office 304. If further assistance is needed, contact the Associate Degree Nursing Program at the Uvalde Campus by calling 830-591-4163 or 830-591-7386.
2. Verify application was received, if submitted by E-mail, or by U.S. Postal Service.
3. Inform both the Associate Degree Nursing Program and Southwest Texas Junior College Admissions and Records Office of any changes in phone number, mailing, or E-mail address.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from SWTJC. I understand that the information contained in this application will be read by the faculty and staff of SWTJC, as is appropriate.

I have read and understand the following: (1) selections for admission are competitive and based on the criteria listed, and (2) upon each review; my ranking calculation will be updated with appropriate review points and applicable grade changes. This may result in my moving up or down the review list based on calculations of all applicants.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Certified Licensed Vocational Nurse applicants, please submit the following page with Application for Admission**



**Certified LVN Applicants must complete this page and submit with Application for Admission**

Licensed Vocational Program you attended: \_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Location of Institution Date of Graduation

Date you passed LVN Boards \_\_\_\_\_

Did you pass the NCLEX-VN boards on the first examination? ( ) Yes ( ) No

If you did not pass on the first examination, how many examinations were taken before you were successful? \_\_\_\_\_

List your Professional License/Board Certification state (in good standing): \_\_\_\_\_

Current Status: Active ( ) Inactive ( )

Expiration Date: \_\_\_\_\_

Have you previously attended a school of nursing other than the LVN program? ( ) Yes ( ) No

\_\_\_\_\_  
Name Location

Reason for Withdrawal: \_\_\_\_\_

List any nursing related or health care experience since your graduation from the LVN program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOUTHWEST TEXAS JUNIOR COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM  
ASSOCIATE OF APPLIED SCIENCE IN NURSING DEGREE  
Licensure Eligibility**

**Application will not be accepted without signature**

**Please read the following information.** If you have any questions or concerns, or need additional clarification, contact the Associate Degree Nursing Program Director @ 830-591-4163. After you read this information, sign and date this form, indicating your knowledge of these requirements.

**Please note that to be compliant with clinical facility requirements a mandatory criminal background check will be required prior to admission (only after acceptance and from the vendor specified by the ADN (AASN) Program).**

**Licensure Eligibility**

The Texas Board of Nurses determines eligibility requirements for applicants for the initial licensure by examination. All candidates for licensure will be required to answer the following questions:

Y   N

1. Have you ever been cited or charged with any violation of the law?
2. Do you have any criminal charges pending, including unresolved arrests?
3. Have you been convicted; placed on community supervision, whether or not adjudged guilty; sentenced to serve jail or prison time or granted pre-trial diversion; or plead guilty, 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 arrest whether or not on appeal (excluding minor Class C traffic violation)? This includes expunged offenses and deferred adjudications with or without a finding of guilt. **Please note that DUI's (driving under the influence), DWI's (driving while intoxicated), and PI's (public intoxication) 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 two or more MIPs or MICs, you must answer "Yes."**
4. Have you been the subject of a court-martial; Article 15 violation, or received any form of military judgment/punishment/action?
5. 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 or certificate held by you now previously, or ever fined, censured, reprimanded or otherwise disciplined you?
6. In the past five (5) years, have you been addicted to or treated for the use of alcohol or any other drug.
7. In the past five (5) years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If your response is **yes** to any of these questions, you are strongly encouraged to submit a petition for "Declaratory Order" to the Texas Board of Nurses prior to acceptance or within the first notification of acceptance. For information or guidance in this process to determine eligibility for licensure by examination, contact the Texas Board of Nurses at 512-305-7400 or go to the web site: [www.bon.state.tx.us](http://www.bon.state.tx.us). The "Declaratory Order" form can be accessed at <http://www.bon.texas.gov/olv/pdfs/DOapp.pdf>.

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Student's Signature

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Date

# Texas Board of Nursing Criminal Background Check

## Southwest Texas Junior College – ADN

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. Your name will be submitted for a background check upon acceptance of application into the Southwest Texas Junior College Associate Degree Nursing Program. The information you provide below will be submitted to the Texas Board of Nursing to perform the Criminal Background Check. Within ten business days of your information being submitted, you will receive a FAST PASS from the Texas Board of Nursing. If the Texas Board of Nursing does not have your fingerprint on file, you will be required to arrange a fingerprint scanning appointment with L1 Identity Solutions. Further instructions will be given to those required to arrange a fingerprint scanning. The student is responsible for the fees of both the fingerprint scanning services and the cost of the DPS/FBI background check. The cost for the DPS/FBI check is approximately \$35.00 and \$10.00 for the L1 service. The Texas Board of Nursing will not be accepting fingerprint cards.

Once the DPS/FBI Criminal background check is complete, the Texas Board of Nursing will do the following:

1. Mail a blue postcard directly to the student if they have cleared the background check; or
2. Correspond with the student if they have a positive background check and request a petition for a declaratory order (DO); or
3. Correspond with the student who has a rejected fingerprint scan and request another fingerprint scan.

All communication received by the Texas Board of Nursing must be submitted to Ms. Chassity Dean or Dr. Geraldine M. Goosen at the Associate Degree Nursing office to be filed in your student record.

The following information is required in order to submit for your DPS/FBI Background Check:

Name as appears on Drivers License: \_\_\_\_\_

Name as appears on LVN License (if applicable): \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

**Southwest Texas Junior College  
Associate Degree Nursing Program**

**Technical Standards  
(Functional Abilities Essential for Nursing Practice)**

The purpose of the Nursing Program is to educate students to meet the program outcomes and to ensure that no graduate will pose a danger to the patient. Nursing students will receive both classroom and clinical instruction in multiple nursing specialty areas (Medical/Surgical, Maternal/Child, Pediatric, Mental Health, etc.) and will be required to demonstrate competency in each area.

In order to provide safe and effective patient care in the Nursing Program, the student must be able to demonstrate, with or without reasonable accommodation, physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the program curriculum and clinical agency requirements. Any applicant who has met the necessary academic prerequisites and can, with or without reasonable accommodation, meet and/or perform the Nursing Program Technical Standards will be accepted for admission.

Students admitted to the Nursing Program gain experience in many settings that can be physically demanding, e.g., hospitals, long term care facilities, public health and community agencies, school settings and clinics. During each clinical experience, the nursing student is assigned clinical care which may include medication administration and direct patient care. Students will be expected to adhere to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which safeguards patient confidentiality.

Transportation to and from health care facilities is the responsibility of the student.

**Please carefully read the Nursing Program Technical Standards**

<b>Functional Ability</b>	<b>Standard</b>	<b>Examples of Required Activities</b>
Observation	Ability to actively participate in all demonstrations, laboratory exercises, and clinical experiences in the professional program component and to assess him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations.	<ul style="list-style-type: none"><li>• Visually discriminating incremental reading on syringes</li><li>• Sphygmomanometers and other various medical equipment</li><li>• Visually discriminating between different colored objects</li><li>• Discriminating between auditory stimuli</li><li>• Perform a comprehensive assessment on patients</li></ul>
Gross Motor Skills	Gross motor skills sufficient to provide the full range of safe and effective patient care activities	<ul style="list-style-type: none"><li>• Move within confined spaces such as treatment room or operating suite</li><li>• Assist with turning and lifting patients</li><li>• Administer CPR</li></ul>

<b>Functional Ability</b>	<b>Standard</b>	<b>Examples of Required Activities</b>
Fine Motor Skills	Fine motor skills sufficient to perform manual psychomotor skills	<ul style="list-style-type: none"> <li>• Pick up and grasp small objects with fingers such as insulin syringe, pills</li> <li>• Perform tracheotomy suctioning, insert urinary catheter</li> </ul>
Physical Endurance	Physical stamina sufficient to remain continuously on task for up to a 12- hour clinical shift while standing, sitting, moving, lifting, and bending to perform patient care activities	<ul style="list-style-type: none"> <li>• Walk/stand for extended periods of time; turn, position, and transfer patients.</li> <li>• Manually resuscitate patients in emergency situations</li> </ul>
Physical Strength	Physical strength sufficient to perform full range of required patient care activities	<ul style="list-style-type: none"> <li>• Push and pull 250 pounds</li> <li>• Lift/move heavy objects from 35 – 50 pounds</li> </ul>
Mobility	Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend, stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform nursing activities	<ul style="list-style-type: none"> <li>• Move around in work area and treatment areas. Position oneself in the environment to render care without obstructing the position of other team members or equipment</li> </ul>
Hearing	Auditory ability sufficient for physical monitoring and assessment of patient health care needs	<ul style="list-style-type: none"> <li>• Hear normal speaking level sounds</li> <li>• Hear auscultatory sounds</li> <li>• Hear auditory alarms (monitors, fire alarms, call, bells)</li> <li>• Hear cries for help</li> </ul>
Visual	Normal or corrected visual ability sufficient for accurate observation and performance of nursing care	<ul style="list-style-type: none"> <li>• See objects up to 20 feet away</li> <li>• Visual acuity to read calibrations on 1 ml syringe</li> <li>• Assess skin color (cyanosis, pallor)</li> </ul>
Tactile	Tactile ability sufficient for physical monitoring and assessment of health care needs	<ul style="list-style-type: none"> <li>• Feel vibrations (pulses)</li> <li>• Detect temperature changes</li> <li>• Palpate veins for cannulation</li> </ul>

Functional Ability	Standard	Examples of Required Activities
Smell	Olfactory ability sufficient to detect significant environmental and patient odors	<ul style="list-style-type: none"> <li>• Detect odors from patient (foul smelling drainage, alcohol breath)</li> <li>• Detect smoke</li> </ul>
Emotional/ Behavioral Professional Attitudes and Interpersonal Skills	<p>Emotional stability and appropriate behavior sufficient to assume responsibility / accountability for actions</p> <p>Present professional appearance and demeanor; demonstrate ability to communicate with patients, supervisors, co- workers to achieve a positive and safe work environment. Follow instructions and safety protocols</p> <p>Honesty and integrity beyond reproach</p>	<ul style="list-style-type: none"> <li>• Establish rapport with patients, instructors and colleagues.</li> <li>• Respect and care for persons whose appearance, condition, beliefs and values may be in conflict with their own</li> <li>• Deliver nursing care regardless of patient's race, ethnicity, age, gender, religion, sexual orientation or diagnosis</li> <li>• Conduct themselves in a composed, respectful manner in all situations and with all persons</li> <li>• Work with teams and workgroups</li> <li>• Establish and maintain therapeutic boundaries</li> <li>• Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation</li> <li>• Demonstrate prompt and safe completion of all patient care responsibilities</li> <li>• Adapt rapidly to changing environment/stress</li> <li>• Exhibit ethical behaviors and exercise good judgment</li> </ul>
Communication	Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team, including non-verbal communication, such as interpretation of facial expressions, affect and body language	<ul style="list-style-type: none"> <li>• Give verbal directions to or follows verbal directions from other members of the healthcare team and participate in health care team discussions of patient care</li> <li>• Elicit and record information about health history, current health state and responses to treatment from patients or family members</li> <li>• Convey information to patients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner</li> <li>• Recognize and report critical patient information to other caregivers</li> </ul>
Cognitive/ Quantitative Abilities	Reading comprehension skills and mathematical ability sufficient to understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis	<ul style="list-style-type: none"> <li>• Calculate appropriate medication dosage given specific patient parameters</li> <li>• Analyze and synthesize data and develop an appropriate plan of care</li> <li>• Collect data, prioritize needs and anticipate reactions</li> <li>• Transfer knowledge from one situation to another</li> <li>• Accurately process information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals</li> </ul>

Functional Ability	Standard	Examples of Required Activities
Conceptual/Spatial Abilities	Conceptual/spatial ability sufficient to comprehend three-dimensional and spatial relationships	<ul style="list-style-type: none"> <li>• Comprehend spatial relationships in order to properly administer injections, start intravenous lines, assess wounds of varying depths etc.</li> </ul>
Clinical Reasoning	Ability to reason across time about a patient's changing condition and/or changes in the clinician's understanding	<ul style="list-style-type: none"> <li>• Evaluate patient or instrument responses, synthesize data, draw sound conclusions</li> </ul>
Flexibility	Adapt to Nursing Department course scheduling policy	<ul style="list-style-type: none"> <li>• Available to work the hours of an assigned schedule which could include any shift and day of the week</li> </ul>

After admission to the Nursing Program, the student is responsible for notifying their nursing instructor of conditions that impact the student's ability to meet the Nursing program Technical Standards. Any change in the student's ability to meet and/or perform the Nursing Program Technical Standards would require the student to provide appropriate documentation (as identified by the Nursing Program) that they once again meet Technical Standards.

If an accommodation is necessary to participate in the Nursing Program, participation is dependent on the identification of a reasonable accommodation. Reasonableness is determined by the Disabled Student Services (DSR) Office and the Nursing Program on a case-by-case basis utilizing the Nursing Program Technical Standards. The accommodation needs to be in place prior to the start of the program or it may delay your ability to start the program. Pima Community College provides reasonable accommodations to those students who qualify under the Americans with Disability Act, as amended (ADA). Appropriate documentation will be required to determine eligibility to receive accommodations. It is the student's responsibility to contact the DSR Office and request accommodations in a timely manner.

In general, successful applicants possess qualities such as:

- Interest and aptitude for math and science
- A strong motivation to learn
- Well-developed study skills
- Good problem-solving and decision-making skills
- An ability to work with people with diverse backgrounds

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Applicant Signature

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Date

**SOUTHWEST TEXAS JUNIOR COLLEGE  
ASSOCIATE OF APPLIED SCIENCE IN NURSING  
2401 Garner Field Road  
Uvalde, TX, 78801-6221**

**STUDENT REFERENCE FORM**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**To The Applicant:** After you have filled out the above, give this form and a stamped, self-addressed envelope to a total of three persons who know your capabilities well, through recent contact. This could be an employer/supervisor, professor, advisor or school guidance counselor, principal, teacher, minister or religious education director, etc. **References from family members will not be considered.**

**Address the envelope as follows:**  
Geraldine M. Goosen, Director of ADN Program  
Southwest Texas Junior College  
2401 Garner Field Road  
Uvalde, TX. 78801-6221

**To The Individual Completing this Form:** The person whose name appears above is applying to the Associate Degree Nursing Program at Southwest Texas Junior College. We have a number of applicants and need your assistance in selecting students that will be able to complete the program, become an exemplary Registered Nurse and successfully complete NCLEX-RN. In our changing world, the role of the Registered Nurse has changed significantly and requires individuals with potential to continue to learn and develop knowledge and skills required to meet the needs of complex patient situations.

Please respond to the questions on the following pages and specifically address the applicant's work ethic, potential to be a positive role model for peers, sense of social and professional responsibility and ability to deliver comprehensive care to patients. Your responses will be held in strict confidence. Please complete, sign, and return this form no later than April 1<sup>st</sup>. **References received by applicant will not be accepted.** Thank you for assisting us in this most important selection process.

**Date form completed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_



**I recommend the applicant for a student position:**

With no reservations    With some reservations    Don't recommend

**If you have reservations, please explain.**

**Please comment on the applicant's:**

- Chief strengths:**
  
  
  
- Areas for personal growth/improvement:**
  
  
  
- Maturity:**
  
  
  
- Ability to work as an advanced health professional:**

**In your opinion, would the applicant be able to act quickly and make good judgments in the face of a potentially life-threatening emergency?**

**How many years/months have you known the applicant and in what capacity?**

**Is there any additional information that might be helpful in evaluating the applicant?**

Please rate the applicant on the following scale: Place a Check (✓) in the column that most closely applies to the applicant:

Personal Qualities And Characteristics	Clearly Outstanding	Exceeding Expectations	Satisfactory	Below Expectations	Unsatisfactory
Motivation					
Shows Initiative					
Responsibility					
Reliability					
Cooperates with Co-workers					
Ability to Work with Groups					
Ability to Deal with Conflict					
Shows Positive Attitude					
Regular Attendance/ Punctual					
Accepts Constructive Criticism					
Demonstrates Good Judgment					
Attitude Toward Work					
Uses Time Effectively					
Produces High Quality Work					
Dress & Grooming Appropriate					
Follows Policies and Rules					
Sensitivity					
Advocate for Multiculturalism					
Patient Advocate					

Information given above is based on (Please check (✓) which apply):

- A co-worker
- Worked under my supervision
- Personal acquaintance
- Other

Thank you for providing reference information! We appreciate the time and effort you have taken to share your knowledge regarding the applicant!

# Southwest Texas Junior College

## School of Vocational Nursing Admission Requirements

All application requirements must be completed and filed **by April 1<sup>st</sup>**. All requirements for admission, including successful background check with the Texas Board of Nursing, must be met in order to be considered for admission to the nursing program. The students will receive written notification of acceptance to the SWTJC School of Vocational Nursing.

### **Pre-Admission:**

1. Minimum 2.5 cumulative GPA for specific pre-requisites that include **BIOL 2401** Anatomy & Physiology I, **BIOL 2402** Anatomy & Physiology II, **PSYC 2301** General Psychology, and **PSYC 2314** Lifespan Growth and Development. Acquired grades below a C on prerequisites will not be accepted.

**Note:** If any Anatomy & Physiology courses are over 5 years old, at the time of applying, the course **MUST** be repeated. Meeting the application process does not guarantee admission into the program.

2. Application for admission to SWTJC and the VN Program.
3. Official High School Transcript or GED certificate.
4. Official transcript from all colleges/universities attended **other than** SWTJC.
5. Meet TSI College-Readiness requirements.  
If exempt due to an alternate test, you must provide documentation of acceptable scores.  
This applies to ACT, SAT, TAKS, COMPASS, Accuplacer, ASSET, STAAR, TASP, THEA, TAAS, etc.
6. Take the **TEAS V** examination and meet the Vocational Nursing Program requirements.  
Please call in spring for scheduled dates.
7. Three letters of reference that speak to your character and work ethic (from instructors, co-workers, or employers).
8. A background investigation is required for all SWTJC Vocational Nursing Students prior to admission into the nursing program.

**(Approximately May 30th; do NOT go online until you have been notified by our office)**

After the student applies for admission, the SWTJC School of Vocational Nursing will submit the student's name to the Texas Board of Nursing. The school will notify the student as to when the student can make arrangements to have a fingerprint scanning appointment with **IdentoGo** using the originator number **(ORI) TX923490Z**. The student will pay IdentoGo for both fingerprint scanning services (\$9.95) and the cost of the DPS/FBI background check (\$34.25). To make an appointment with IdentoGo, go to <http://www.identogo.com>. The Texas Board of Nursing will send the results of the DPS/FBI criminal background check to the student (clear background check, positive background check or request a petition for declaratory order, or correspond with any student who has a rejected fingerprint scan and request another scan). As a condition of admission, SWTJC School of Vocational Nursing will **require the student to provide the School of Nursing with copies of ALL communications** regarding the student's status received from the Texas Board of Nursing.

9. The following are the requirements set out by the Texas Board of Nursing:  
The Texas Board of Nursing requires the following questions to be asked of each applicant prior to licensure:  
(1.) 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 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.)

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

# Southwest Texas Junior College

## School of Vocational Nursing Admission Requirements

**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 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 any conduct that raises issues of character.

- (2.) Are you currently the target or subject of a grand jury or governmental agency investigation?
- (3.) 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 license, certificate or multi-state privilege held by you now or previously or ever fined, censured, reprimanded or otherwise disciplined you?
- (4.) Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?\*
- (5.) Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?\*

If "Yes" indicate the condition:

- Paranoid personality disorder
- Schizophrenia and/or psychotic disorder
- Antisocial personality disorder
- Bipolar disorder
- Borderline personality disorder

\*\*\*If you answer "Yes" to any questions #1 - #5, you must provide signed and dated letter describing the incidence(s) that you are reporting to the Board.

\*You may indicate "No" if you have completed and/or are in compliance with Texas Peer Assistance Program for Nurses (TPAPN).

**All students are required to comply with Texas Board of Nursing rules and regulations in order to become licensed.**

### **Post Admission:**

**Students who have received a letter of acceptance require the following documentation:**

10. **A drug screening test** is required for all SWTJC Vocational Nursing Students.

The results of the drug test will be sent directly to the School. The School of Nursing will schedule the date of the drug screening test. The student is responsible for payment at the time of the drug screening test.

11. **A physical exam** conducted by a licensed physician, nurse practitioner, or physician's assistant that demonstrates evidence of good physical and mental health (received within the last 6 months). The student is responsible for paying for the cost of the physical exam.

The exam must include the following documentation:

- Tuberculin Test (PPD) or Chest X-ray
- Hepatitis B Vaccine Series (series of three)
- MMR (measles, mumps, and rubella vaccine)
- Td Booster (administered within 10 years prior to start of nursing school)
- Varicella-2 doses (history of disease not accepted)
- Tdap (Tetanus, Diphtheria, Pertussis)

12. **Proof of current CPR** certificate for health care providers (CPR & AED program) from American Heart Association only.
13. **Proof of personal Health Insurance Coverage.**
14. **Proof of liability insurance**, which the student must enroll in through SWTJC. The student is responsible for the cost and is paid in their tuition.

**Students must maintain a minimum grade of 80 in all nursing courses in order to remain in the program.**

#### **For further information contact:**

Southwest Texas Junior College  
2401 Garner Field Road  
Uvalde, Texas 78801  
830-591-7320

#### **Admission Decisions are Based On:**

TEAS V Score (Proficient Level)  
Cumulative GPA (2.5 or greater)  
Pre-requisite Grades (A or B)  
Letters of reference (3)  
Interview (Admissions Committee)

Revised: 01-20-15



## Vocational Nursing Program Admission Application

**Instructions: Submit this admission form to the Vocational Nursing Department during the spring semester prior to the fall semester you want to enter the Vocational Nursing program.**

Date \_\_\_\_\_ (mm/dd/yyyy)

Applying for Fall 20\_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

SS# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Pager/cell \_\_\_\_\_

Email Address \_\_\_\_\_

*The following questions regarding sex, age, and ethnicity are designed to demonstrate compliance with various federal and state statutes, regulations, and guidelines. These questions are to be answered on a voluntary basis, and your answers will be used for statistical purposes only.*

- |        |                                   |                                  |   |
|--------|-----------------------------------|----------------------------------|---|
| GENDER | <input type="radio"/> Female      | ETHNICITY                        | <input type="radio"/> White, not of Hispanic origin |
|        | <input type="radio"/> Male        |                                  | <input type="radio"/> Black, not of Hispanic origin |
|        |                                   |                                  | <input type="radio"/> Hispanic                      |
| AGE    | <input type="radio"/> 18 or under |                                  | <input type="radio"/> Asian/Pacific Islander        |
|        | <input type="radio"/> 19 - 25     | <input type="radio"/> 36 - 45    | <input type="radio"/> Native American               |
|        | <input type="radio"/> 26 - 35     | <input type="radio"/> 46 - 59    | <input type="radio"/> International                 |
|        |                                   | <input type="radio"/> 60 or over |   |

Indicate the SWTJC location you want to attend in order of preference (1st, 2nd, 3rd).

\_\_\_\_\_ Uvalde

\_\_\_\_\_ Eagle Pass

\_\_\_\_\_ Del Rio



**VOCATIONAL NURSING EDUCATION  
DEL RIO CAMPUS  
Personal Reference**

The SWTJC School of Vocational Nursing values your comments on the suitability of this applicant to attend the Nursing Program and will hold your comments in confidence of the applicant. In making your assessment, compare the applicant to other individuals you have known who have similar levels of aptitude for nursing. Please carefully assess the applicant in the following areas:

Directions: Please complete the following form and return to Charlotte Yeldell at Southwest Texas Junior College, 207 Wildcat Drive, Del Rio, Texas 78840

\_\_\_\_\_  
*Applicant's Name (Print)*

\_\_\_\_\_  
*Date*

*How long have you known the applicant and in what capacity?*

\_\_\_\_\_/\_\_\_\_\_

*Characteristics of the applicant that would be compatible with the role of the nurse (i.e., intellectual ability, leadership, motivation, self-discipline, cooperativeness, communication skills, reliability, integrity, professional aptitude and behavior):*

\_\_\_\_\_  
\_\_\_\_\_

*Characteristics of the applicant that may conflict with the role of the nurse:*

\_\_\_\_\_  
\_\_\_\_\_

*If I or a member of my immediate family were ill and required the services of a vocational nurse, I would have enough confidence in this applicant to employ her/him after graduation from this school.*

Yes \_\_\_\_\_ No \_\_\_\_\_

*Please state why or why not:* \_\_\_\_\_

\_\_\_\_\_

*Please use the following space to provide additional comments; we are very interested in obtaining an accurate profile of the applicant's capabilities and ability to complete the program:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Name of Reference (Please Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone Number*



VOCATIONAL NURSING EDUCATION
EAGLE PASS CAMPUS
Personal Reference

The SWTJC School of Vocational Nursing values your comments on the suitability of this applicant to attend the Nursing Program and will hold your comments in confidence of the applicant.

Directions: Please complete the following form and return to Norma Diaz at Southwest Texas Junior College, 3101 Bob Rogers Dr., Eagle Pass, Texas 78852

Applicant's Name (Print) Date

How long have you known the applicant and in what capacity? /

Characteristics of the applicant that would be compatible with the role of the nurse (i.e., intellectual ability, leadership, motivation, self-discipline, cooperativeness, communication skills, reliability, integrity, professional aptitude and behavior):

Characteristics of the applicant that may conflict with the role of the nurse:

If I or a member of my immediate family were ill and required the services of a vocational nurse, I would have enough confidence in this applicant to employ her/him after graduation from this school.

Yes No

Please state why or why not:

Please use the following space to provide additional comments; we are very interested in obtaining an accurate profile of the applicant's capabilities and ability to complete the program:

Name of Reference (Please Print)

Signature

Address

Date

City State Zip

Telephone Number



**VOCATIONAL NURSING EDUCATION  
UVALDE CAMPUS  
Personal Reference**

The SWTJC School of Vocational Nursing values your comments on the suitability of this applicant to attend the Nursing Program and will hold your comments in confidence of the applicant. In making your assessment, compare the applicant to other individuals you have known who have similar levels of aptitude for nursing. Please carefully assess the applicant in the following areas:

Directions: Please complete the following form and return to Veronica Valerio at  
Southwest Texas Junior College, 2401 Garner Field Rd, Uvalde, Texas 78801

\_\_\_\_\_  
*Applicant's Name (Print)*

\_\_\_\_\_  
*Date*

*How long have you known the applicant and in what capacity?*

\_\_\_\_\_/\_\_\_\_\_

*Characteristics of the applicant that would be compatible with the role of the nurse (i.e., intellectual ability, leadership, motivation, self-discipline, cooperativeness, communication skills, reliability, integrity, professional aptitude and behavior):*

\_\_\_\_\_  
\_\_\_\_\_

*Characteristics of the applicant that may conflict with the role of the nurse:*

\_\_\_\_\_  
\_\_\_\_\_

*If I or a member of my immediate family were ill and required the services of a vocational nurse, I would have enough confidence in this applicant to employ her/him after graduation from this school.*

Yes \_\_\_\_\_ No \_\_\_\_\_

*Please state why or why not:* \_\_\_\_\_  
\_\_\_\_\_

*Please use the following space to provide additional comments; we are very interested in obtaining an accurate profile of the applicant's capabilities and ability to complete the program:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Name of Reference (Please Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone Number*