ATI TEAS EXAM INFORMATION

The ATI TEAS Exam for Vocational Nursing will be administered in the TJC Testing Center located on the 2nd floor of the Rogers Student Center. Go to www.tjctesting.setmore.com to schedule your ATI TEAS exam appointment with the testing center.

There is a minimum required Composite Score of 41.3%. Go to atitesting.com to create a log in prior to arriving in the TJC Testing Center, you do not need to log in, and do not pay anything until you get to the testing center. Save the log in, it will be used in the Vocational Nursing Program. Take the log in, ID, and credit card, or Visa or MasterCard gift card with you to test. There will be a $25.00 Testing Center fee and an online fee of $65.00 to ATI. TylerJCAH is the location you will select for ATI in the testing center. Do not pay anything to ATI until you get to the TJC Testing Center. Please be on time for your appointment, or you may forfeit your seat to test.

You must turn in the official copy of your ATI TEAS scores to the Vocational Nursing office, along with the Selective Admission Application form (typed please) and the VN packet found on the Vocational Nursing website: www.tjc.edu/vn.

Applicant Signature

Printed Name

Date
1. Are you enrolled, planning to enroll, or have you graduated from a nursing program?
Name of Nursing Program: ____________________________
Type of Nursing Program: • LVN • RN Starting Date: ___________ Ending Date: ___________

2. For any criminal offense, including those pending appeal, have you:
   • Yes • No
   A. been convicted of a misdemeanor? • Yes • No
   B. been convicted of a felony? • Yes • No
   C. pled nolo contendere, no contest, or guilty? • Yes • No
   D. received deferred adjudication? • Yes • No
   E. been placed on community supervision or court-ordered probation, whether or not guilty? • Yes • No
   F. been sentenced to serve jail or prison time? court ordered confinement? • Yes • No
   G. been granted pre-trial diversion? • Yes • No
   H. been arrested or have any pending criminal charges? • Yes • No
   I. been cited or charged with any violation of the law? • Yes • No
   J. been subject of a court-marital; Article 15 violation; or received any form of military judgment/punishment/action? • Yes • No

3. Are you currently the target or subject of a grand jury or governmental agency investigation?
4. Has any licensing authority refused to issue 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?
5. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
6. 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 YOU ANSWER "YES" TO ANY QUESTION #2-#6, YOU MUST PROVIDE A SIGNED AND DATED LETTER DESCRIBING THE INCIDENCE(S) THAT YOU ARE REPORTING TO THE TEXAS BOARD OF NURSING.**

"You may indicate "NO" if you have completed and/or are in compliance with Texas Peer Assistance Program for Nurses (TPAPN) for substance abuse or mental illness. Rev. 9.2008"

I have read and understand that any of the above conditions could prevent me from becoming licensed in my area of training. If admitted, I consent to drug testing by urinalysis or blood test to determine substance use and/or abuse, if required by a clinical site.

Signature ____________________________ Date ___________

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

All applicants will either be rejected or conditionally accepted subject to a qualifying medical examination.

I hereby certify that the statements made by me in this application are true and correct to the best of my knowledge and belief, and hereby grant Tyler Junior College permission to verify such answers. I understand that any false statements on this application for admission may be considered as sufficient cause for rejection of this application and/or dismissal from the program and/or the College.

Signature ____________________________ Printed Name ____________________________ Date ___________
SCHOOL OF NURSING AND HEALTH SCIENCES
VOCATIONAL NURSING PROGRAM

TECHNICAL STANDARDS AND ESSENTIAL FUNCTIONS REQUIRED

The Vocational Nursing Program at Tyler Junior College has adopted the following as minimum physical competencies for Vocational Nursing Students. These competencies outline reasonable expectations of a student in the Vocational Nursing Program for the performance of common nursing functions. If an applicant or student is unable to meet all of the outlined standards, he/she may be withdrawn from the Vocational Nursing Program. The student must demonstrate the following minimum abilities.

Please read the following statements which outline Clinical Standards/Performance for Vocational Nursing. Answer with a "YES" or "NO" to any of these statements.

The student enrolled in the Vocational Nursing program must independently be able to:

1. Perform complex psychomotor and physical tasks with or without accommodation which include, but are not limited to:
   
   ___ a) Standing for long periods of time (8-12 hours/day)
   ___ b) Lifting up to 30 pounds
   ___ c) Performing one person and two person transfers
   ___ d) Turning and ambulating another person
   ___ e) Visually discriminating incremental readings on syringes, sphygmomanometers and other various medical equipment
   ___ f) Visually discriminating between different colored objects
   ___ g) Manipulating equipment and performing patient care procedures (i.e., starting IVs, dressing changes, IV pumps, etc.)
   ___ h) Discriminating between auditory stimuli

2. ___ Communicate effectively and efficiently in English in both oral and written forms.

3. ___ Utilize intellectual abilities, exercise good judgment and complete tasks within required time limits.

4. ___ Demonstrate the emotional health required for full utilization of intellectual abilities and exercise of good judgment.

5. ___ Show integrity, concern for others, interpersonal skills, interest and motivation.

Comments:

Printed Name: ____________________________ Date: ______________

Student Signature: ____________________________ Date: ______________

VN Admission Guidelines
Clinical Standard Performance
2/18/2019
The Vocational Nursing Education Program at Tyler Junior College has adopted the following as Essential Physical Competencies for Nursing Students. These competencies include:

1. Extended walking and standing daily, ability to grasp, push and/or pull, ability to bend and stoop, moving quickly in response to an emergency, using upper body movements, ability to reach, reaching and/or lifting, carrying and moving equipment:
   a. Students must be physically capable of successfully performing activities in both the practice laboratory and clinical practice area. Sufficient physical health and stamina is needed to carry out all required procedures. It is also necessary for each student to determine their physical capabilities and report to the nursing department any physical limitations that would restrict or interfere with satisfactory clinical performance.
   b. Each student must demonstrate fine motor abilities sufficient to provide safe and effective nursing care.

2. Other essential competencies identified for nursing care include vision that allows detecting physical changes, hearing that allows responding to physical and verbal cues, a sense of touch that allows for assessment and palpitation.
   a. It is necessary, in order to observe, assess and evaluate clients effectively, for each student to have sufficient use of the following senses: vision, hearing, touch, and smell. Sensitivity must be demonstrated in the classroom, laboratory, and the clinical area.

The following policies are related to admission, progression, graduation, and dismissal from the program. Because of their importance, you are required to signify knowledge, understanding and agreement through signature and date of reading. This article will be placed in your program file.

1. An applicant or a student who is denied rotation privileges by any of the clinical affiliate agencies is not eligible for admission to or continuation in the program. The denial of rotation privileges must be in writing from administration of the agency.

2. To maintain satisfactory standing in the Vocational Nursing Education program, a student must maintain a "C" or higher in each course. Signature below denotes understanding of these policies.

   A=100-90
   B=80-90
   C=76-79
   F=<76, Failing

I understand that if I am accepted to the Tyler Junior College Vocational Nursing program, I will be required to:

- Travel to clinical sites other than Tyler as assigned and that I am responsible for my own transportation.
- Participate in various clinical rotations that may include 4, 8, or 12 hour shifts, as well as potential evening or weekend shifts.

Name (Printed) ___________________________ Signature ___________________________

TJC Witness ___________________________ Date ___________________________

PO BOX 9020 | TYLER, TEXAS 75711-9020
903.510.2200 | 800.687.5680 | WWW.TJC.EDU
IMMUNIZATION REQUIREMENTS

Students accepted in the Vocational Nursing program must have the following immunizations prior to the first day of school. The Immunizations required by Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code and Tyler Junior College are:

1. Students must show evidence of one dose of tetanus-diphtheria toxoid (Td or Tdap) within the last ten years.

2. Students are required to have Measles AB IgG, Mumps Virus IgG, Rubella Antibody Screen titers drawn. If titers do not indicate an immunity, the two shot Immunization series must be started and the 2nd dose completed prior to the start of class.

3. Students are required to have a Hepatitis B Surface Antibody titer drawn. If the titer does not indicate an immunity, the three shot Immunization series must be completed within four months. The second shot must be completed prior to the start of class.

4. Students are required to have a Varicella Zoster IgG titer drawn. If the titer does not indicate an immunity, the two shot Varicella series must be completed prior to the start of class.

5. Students must have a negative TB test every year, or a negative Chest X-Ray every two years.

6. Each flu season, students will receive one dose of flu vaccine according to clinical facility policy.

*Please contact your program/department chair if you need clarification or additional information. Immunization records are to be returned to the VN office prior to the first day of class. You will not be allowed to attend class if not done. Signature below denotes understanding of these policies.

Signature below denotes understanding of these policies.

_________________________________________  ________________
Signature                                      Date

_________________________________________
TJC Witness

11/28/17
Immunization Requirements
VN Application Packet
2018
Bacterial Meningitis Vaccination Requirement

State of Texas SB 1107
Bacterial Meningitis Required Vaccination Prior to Enrollment
Tyler Junior College

All new students and re-entry students must provide either:

1. Evidence the student has received the vaccination or booster dose during the five year proceeding and at least 10 days prior to enrollment. This evidence must be submitted in one of the following three formats:

   - A document bearing the signature or stamp of the physician of his/designee, or public health personnel (must include the month, day and year the vaccination was administered.) OR
   - An official Immunization record generated from a state or local health authority (must include the month, day and year the vaccination was administered). OR
   - An official record received from school officials, including a record from another state (must include the month, day and year the vaccination was administered.)

2. Evidence the student is declining the vaccination must be submitted in one of the following two formats:

   - An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician’s opinion, the vaccination required would be injurious to the health and well-being of the student. OR
   - An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used. (This may take up to 30 days.) [https://webds.dshs.state.tx.us/immco/affidavit.shtml](https://webds.dshs.state.tx.us/immco/affidavit.shtml)

3. A student is not required to submit evidence of receiving the vaccination against bacterial meningitis or evidence of receiving a booster dose:

   - If the student is 22 years of age or older by the first class day of the semester in which they intend to enroll. OR
   - If the student is enrolled in on-line or other distance education courses only.

Vaccinations may be available at a discounted price at the following locations:

Dallas County HHS Immunization Clinic
2377 N. Stemmons FWY, Rm 159
Dallas, TX 75207
(214) 819-2163

East Texas Community Health Center
1309 S. University
Nacogdoches, TX 75961
(936) 560-5413

Angellina County Health District
503 Hill St.
Lufkin, TX 75904
(936) 632-1139

Houston HCPES
Antoine Health Clinic
5815 Antoine, Suite A
Houston, TX 77091
(713) 602-3300

Austin - ST. John
7500 Blessing Ave
Austin, TX 78752
(512) 872-5520

North East Texas Public Health District
815 N. Broadway
Tyler, TX 75702
(903) 510-5604

Arlington Public Health Center
536 W. Randol Mill Road
Arlington, TX 76011
(817) 548-3990

HCHPES Humble Health Clinic
1730 Humble Place Drive
Humble, TX 77338
(281) 446-4222

Call for information on costs and required documentation. Must call for appointment

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<tr>
<th>Signature</th>
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<tr>
<td>Tyler Junior College</td>
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<tr>
<td>2019-2020</td>
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CNA/MA, CMA, or PCA EMPLOYMENT DOCUMENTATION FORM

Please check one:

_____ Yes, I have been employed in a healthcare setting for at least 6 months. Information is below.

_____ No, I have not been employed in a healthcare setting.

This form will need to be completed and submitted as part of the application process.

Applicant Name: ________________________________________________________________

To be considered for points for admission to the Vocational Nursing Program, employment must meet the following criteria:

1) Employment must have been for a minimum of 6 continuous months in the same location.

2) Employment must have been within two years of application to the VN Program.

3) Employment must have been in a healthcare setting and involved direct patient contact.

4) Employment must be verifiable.

5) Employee must have left in good standing and be considered eligible for rehire.

Employment location: _____________________________________________________________

Dates of employment: _____________________________________________________________

Position held: _________________________________________________________________

Contact Information of Supervisor: ________________________________________________

Phone: ___________________ Email: ________________________________________________

Supervisor Signature: ___________________________________________________________