Amarillo College

Associate Degree Nursing

LVN to ADN Option

Application Orientation

for

Spring 2020 Admission
Welcome to the Amarillo College ADN Program ‘Application Orientation’ session which is designed to assist you in completing the application process for acceptance into the upcoming LVN to ADN Transition class. An Associate Degree Nursing (ADN) graduate will be eligible to take the nursing licensure exam (NCLEX-RN) to become a Registered Nurse (RN). Associate Degree Nursing (ADN) education offers an avenue to a uniquely rewarding career as a Registered Nurse (RN) in a profession that is highly valued and respected. There are many employment opportunities for both men and women who choose a rewarding career as a Professional Nurse. RN’s practice in a variety of specialty areas such as medical, surgical, pediatrics, obstetrics, mental health, intensive care and emergency medicine. Graduates from the Amarillo College ADN Program can continue their education and earn a Bachelor’s, Master’s, or Doctoral degree in Nursing. Graduates can obtain advanced practice status such as Nurse Practitioners, Certified Registered Nurse Anesthetist or as a Nurse Educator. Many of the faculty in the ADN Program started here at Amarillo College Nursing!

Amarillo College (AC) is approved by the Texas Board of Nursing (BON) and accredited by the Accreditation Commission for Education in Nursing (ACEN).

Since 1970, program graduates have experienced success in passing the RN licensure examination and in practicing in the healthcare employment arena. Outstanding nursing faculty members as well as exceptional classroom, lab, testing, and tutoring facilities contribute to the success of students who have been enrolled in the ADN Program at AC.

We understand that the application process is very important to you as you begin this journey to become a Nurse. So, this packet will be a valuable resource during the ‘Application Orientation’ session and afterward as you prepare your application for submission.

Please feel free to call the Nursing Office should you have questions during the application process. We are glad you have chosen Amarillo College as your entry level into Professional Nursing.

Dr. Sandy Brannan PhD, RN
Director- Associate Degree Nursing Program
Associate Degree Nursing Office Information

Location: West Campus Jones Hall Room #251
Phone Number: 806-354-6010 Fax Number: 806-354-6096

Nursing Website: www.actx.edu/nursing
Follow us on Facebook at www.facebook.com/amarillocollegenursing

Any student, who because of a disabling condition, may require some special arrangements in order to meet course requirements, should contact DisAbility Services (Phone 806-371-5436) as soon as possible.
AMARILLO COLLEGE
Associate Degree Nursing Program
LVN to ADN Transition Option

QUALIFICATIONS:
1. Candidates for advanced placement credit in the LVN to ADN Transition Option of the Associate Degree Nursing (ADN) Program include Licensed Vocational Nurses (LVN) with current, unencumbered Texas licensure.
2. Individuals who have been inactive in vocational nursing practice for more than four (4) years or have not been enrolled in a vocational nursing program in the last four (4) years are not eligible for the Transition Option.

ADMISSION CRITERIA:
Applicants must:
1. Meet all requirements for admission to Amarillo College (AC).
2. Meet the admission requirements for the Transition Option of the ADN Program.
   a. Make an appointment with Susan McClure, Nursing Academic Advisor, self-schedule an appointment at http://susanholstunmcclure.youcanbookme.com. Her office is located in Room #251 in Jones Hall on the West Campus of Amarillo College (6222 W. 9th St). This appointment will provide you with TSI assessment results and information about the nursing program of study.
   b. Attend a Transition Orientation Session.
   c. Take the HESI Admission Assessment (A2) Exam. Applicants must score 80 or greater on each of the 3 required content exams during a single test period in order to be eligible to apply for admission to the Transition Option. The A2 Exam may be taken only one time during each admission period.
   d. HESI A2 scores are valid for one year. For example, HESI A2 taken on March 20, 2019 are valid through March 20, 2020. HESI scores from only a single testing period will be used for an application period.
   e. Currently enrolled AC VN Level 2 students who have achieved 80 or above on each section of the HESI A2 from only a single testing period for admission to the AC VN Program may use these scores to apply to the ADN Program Transition Option, if the student has not had any failures or withdrawals in the VN Program. Scores are only valid when the student graduates from the VN Program and begins the Transition Option the following semester. For example, a student would have to repeat the HESI A2 if they graduated from the AC VN Program in spring 2019 and did not make application for admission to the Transition Option until spring 2020. AC VN Level II students not achieving 80 or above in each section of the HESI A2 upon admission to the VN Program, may take the exam one time during a current application period for the Transition Option.
   f. Complete an application for admission to the Transition Option.
   g. Provide two letters of reference from current work supervisors or, if not employed, then provide two letters of reference from current or former vocational nursing (VN) program instructors.
   h. Provide copies of all general education academic transfer course work. Acceptance of general education academic transfer course work will be governed by AC policy.
   i. Complete all academic courses, which are prerequisites to the Transition Option with a grade of “C” or better.
The Transition Option admits students twice per year during fall and spring semesters. Applications for the Transition Option are only accepted during the semester preceding anticipated admission. All pre-requisite general education course work for the Transition Option must be completed by the end of the semester in which application is made.

Grade Point Average (GPA)
Must have minimum overall GPA of 2.5 or equivalent in general education requirements for the ADN Program of Study.

*Selection of students for admission to the Transition Option is determined on the basis of available spaces and, if necessary, the following points system:*

<table>
<thead>
<tr>
<th>HESI A2 Admission Assessment Exam (There is no rounding of HESI A2 Exam Scores)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vocabulary and General Knowledge</strong> (% score x 0.30 = Total Points) for example a score of 84 - 84 x 0.30 = 24.20 points</td>
<td>30 points</td>
</tr>
<tr>
<td><strong>Reading</strong> (% score x 0.30 = Total Points)</td>
<td>30 points</td>
</tr>
<tr>
<td><strong>Math</strong> (% score x 0.25 = Total Points)</td>
<td>25 points</td>
</tr>
<tr>
<td><strong>Four or more of required general education courses completed with a C or better</strong></td>
<td>5 points</td>
</tr>
<tr>
<td><strong>Associates Degree and above</strong></td>
<td>5 points</td>
</tr>
<tr>
<td><strong>Degree in Health Care related Discipline</strong></td>
<td>5 points</td>
</tr>
<tr>
<td><strong>Total possible points</strong></td>
<td><strong>100 points</strong></td>
</tr>
</tbody>
</table>

**PROGRESSION GRADUATION REQUIREMENTS**

* Students must have a grade of “C” or better in all required nursing and general education courses in the program of study in order to progress to the next level in the nursing program.
* Students must have a grade of “C” or better in all general education and nursing courses, in the ADN Degree Plan to graduate.
* Any didactic (classroom/online) nursing course with a required co-requisite clinical course is integrated and inseparable from the clinical course; therefore, a student must pass both courses with a “C” or better in the same semester in order to be eligible to enroll in the next level of courses.
* Students admitted to the Transition Option are ineligible to continue in the program when they have two course failures. A course failure means a grade of “D” or “F”, and when a student withdraws (drops) from a course.

**AWARDING OF CREDIT**

* Credit will be awarded for RNSG 1309, RNSG 1105, RNSG 1331, RNSG 1362, RNSG 1247, and RNSG 1263, following the successful completion of RNSG 1227 and RNSG 1261 and 18 hours in residence at AC.
* A posting fee of $5.00 per credit hour is required and is payable to the Amarillo College Business Office. Payment of the petition for credit fee is required prior to enrollment in any Level IV course: RNSG 2231, RNSG 2262, RNSG 2221, RNSG 2263.
CRIMINAL BACKGROUND CHECKS

All students must submit to a criminal background check (CBC) as part of the acceptance process into the Associate Degree Nursing Program. This policy is based on a standard of The Joint Commission (TJC), which requires healthcare organizations to verify criminal background information on students who provide care, treatment, and services to patients/clients during clinical activities. The cost of the CBC is a student responsibility and is non-waiverable and non-refundable. The CBC will be performed only by an external vendor designated by the ADN Program. Student eligibility for clinical activities is determined by the affiliated clinical agencies based on the CBC. Inability to participate in clinical activities prohibits successful completion of clinical courses and therefore prohibits program progression, since the classroom and clinical courses must be successfully completed in the same semester.

TEXAS BOARD OF NURSING (BON) REQUIREMENTS FOR RN LICENSURE

The Texas BON may deny licensure to any applicant who fails to demonstrate good professional character. A DPS/FBI-level criminal background check (CBC) is required in order for the BON to determine good professional character and therefore eligibility for RN Licensure. This DPS/FBI-level CBC is different and in addition to the CBC required for clinical agency privileges.

- The Texas BON mandates that all nursing programs require their students to submit a DPS/FBI level CBC.
- The ADN Program will submit a roster of all newly admitted students to the Texas BON.
- The Texas BON will then issue a “FAST PASS” originator number to all students listed on the roster. Each student is then responsible for making an appointment with MorphoTrust USA, Inc. using the originator number provided by the Texas BON for fingerprint scans. These fingerprint scans are electronically submitted to the Texas BON and then DPS/FBI.
- When the completed CBC report is received at the Texas BON from the DPS/FBI, the BON will mail a pass card to all students with a clear CBC. (Blue Card)
- If the CBC is positive, then the Texas BON will contact each student and request that the student complete a Declaratory Order (DO) of Eligibility for Licensure petition. The DO petition and instructions can be found on the Texas BON website at www.bon.texas.gov or the Texas BON may be contacted at 512-305-6838 for more information.
- The cost of the DPS/FBI-level CBC and fingerprint scans is the responsibility of the student. The cost for the DO petition review by the Texas BON Enforcement Department, if necessary, is also a student responsibility.

The Texas BON may also deny licensure to any applicant who demonstrates a lack of fitness to practice in regards to certain mental illnesses or addiction to alcohol or drugs. Applicants with a history of reportable mental illnesses and treatment and/or addiction to alcohol or drugs within five years of program admission should also petition the Texas BON for a decision about eligibility for RN licensure. See the DO petition and instructions at the Texas BON website at www.bon.texas.gov. The DO petition contains the list of reportable mental illnesses.

MEDICAL INSURANCE STATEMENT

As of January 2015, the Affordable Care Act (ACA) requires all United States citizens and legal residents to have medical insurance coverage. Students should have a primary insurance source. If accidental injury occurs, students are required to file a claim with their personal insurance company. The Hartford Insurance Policy, currently in place at Amarillo College is an accident policy that provides coverage over and above any other valid and collectible insurance that students have.
PROFESSIONAL LIABILITY INSURANCE

All nursing students are required to carry professional liability insurance. Fees are collected at the time of registration to cover the cost of a blanket college student policy with a major insurance carrier.

IMMUNIZATIONS

All students enrolled in health-related courses, including nursing students, which will involve direct patient contact must meet the following Texas Department of State Health Services (DHS) immunization requirements.

1. One dose of a tetanus-diphtheria toxoid (Td) is required within the last ten years. The booster dose may be in the form of a tetanus-diphtheria-pertussis containing vaccine (Tdap).
2. Students born on or after January 1, 1957, must show acceptable evidence of vaccination of two doses of a measles-containing vaccine administered since January 1, 1968 (preferably MMR vaccine).
3. Students born on or after January 1, 1957, must show acceptable evidence of vaccination of one dose of mumps vaccine.
4. Students must show acceptable evidence of one dose of rubella vaccine.
5. Students are required to receive a complete series of hepatitis B vaccine prior to submitting their application to the ADN Program, or show serologic confirmation of immunity to hepatitis B virus.
6. Students are required to have received two dose of varicella (chickenpox) vaccine or a positive titer test. Documentation of two doses of Varicella vaccine at least 28 days apart or laboratory evidence of immunity to Varicella must be submitted. If titer reflects negative or equivocal result, student should receive 2 doses of varicella-containing vaccine at least 28 days apart.

Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter B, Rule 97.64; effective May 25, 2010

The immunizations and tests required for Texas State Department of Health Services/Clinical Facilities form that is included in your advising packet, must be completed, signed by a Healthcare Provider, and turned in with your nursing application.

BACTERIAL MENINGITIS

All entering students, who are younger 22 years of age, must show evidence of an initial bacterial meningitis vaccination or a booster dose during the five-year period preceding, and at least 10 days prior to, the first day of the first semester in which the student initially enrolls at Amarillo College. See the AC website, www.actx.edu for more information.

INFLUENZA

Nursing students will be required to obtain an influenza vaccination each flu season in order to participate in direct patient care in affiliated healthcare agencies.

TB SKIN TEST

All students must present documentation of a negative tuberculin skin test (PPD) administered within one year of beginning clinical activities involving direct patient care or present evidence of a negative chest x-ray for tuberculosis taken within the last year. Tuberculin skin tests must be repeated yearly while students are enrolled in the nursing program.

CPR CERTIFICATION

All students must be certified in Cardiopulmonary Resuscitation (CPR) for Healthcare Providers in accordance with standards set by the American Heart Association. The expiration date on the card must exceed the expected graduation date.
# AMARILLO COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Transition Option Curriculum - Program of Study and Costs

<table>
<thead>
<tr>
<th>Prerequisite General Education</th>
<th>Semester Hours</th>
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<tbody>
<tr>
<td>BIOL 2401 Human Anatomy &amp; Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>PSYC 2301 General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2402 Human Anatomy &amp; Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 2420 Microbiology</td>
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</table>

Students may enroll in major course requirements after successful completion of all pre-requisite general education courses.

*Language, Philosophy & Culture must be completed concurrently or prior to Semester III nursing courses of the Transition Option.

**Tuition:** Resident of District - $1335.00; Non-Resident of District – $1,980.00; Non-Resident of State - $ 2940.00

## SEMESTER I

<table>
<thead>
<tr>
<th>Course</th>
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<th>Hours</th>
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<tbody>
<tr>
<td>RNSG 1227</td>
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<tr>
<td>RNSG 1261</td>
<td>Clinical- Transition to Professional Nursing</td>
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</tr>
<tr>
<td>RNSG 1151</td>
<td>Care of the Childbearing Family</td>
<td>1</td>
</tr>
<tr>
<td>RNSG 1160</td>
<td>Clinical- Care of Childbearing Family</td>
<td>1</td>
</tr>
<tr>
<td>RNSG 2101</td>
<td>Care of Children and Families</td>
<td>1</td>
</tr>
<tr>
<td>RNSG 2160</td>
<td>Clinical- Care of Children and Families</td>
<td>1</td>
</tr>
</tbody>
</table>

Tuition: Resident of District –$ 712.00; Non-Resident of District –$ 1056.00; Non-Resident of State - $ 1568.00

***Articulated credit will be granted for the following courses upon successful completion of RNSG 1227 and RNSG 1261 and 18 credit hours in residence:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
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<tbody>
<tr>
<td>RNSG 1309</td>
<td>Introduction to Nursing</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 1331</td>
<td>Principles of Clinical Decision Making</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 1362</td>
<td>Clinical – Principles of Clinical Decision Making</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 1247</td>
<td>Concepts of Clinical Decision Making I</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 1263</td>
<td>Clinical-- Concepts of Clinical Decision Making I</td>
<td>2</td>
</tr>
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</table>

## SEMESTER II

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPCH</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ENGL 1301</td>
<td>Composition I</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 1248</td>
<td>Concepts of Clinical Decision Making II</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 2261</td>
<td>Clinical- Concepts of Clinical Decision Making II</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 2213</td>
<td>Mental Health Nursing</td>
<td>2</td>
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<tr>
<td>RNSG 2161</td>
<td>Clinical- Mental Health Nursing</td>
<td>1</td>
</tr>
</tbody>
</table>

**Tuition:** Resident of District –$ 1157.00; Non-Resident of District – $1,716.00; Non-Resident of State- $2,548.00
SEMESTER III

RNSG 2231  Advanced Concepts of Adult Health  2
RNSG 2262  Clinical- Advanced Concepts of Adult Health  2
RNSG 2221  Professional Nursing: Leadership and Management  2
RNSG 2263  Clinical- Professional Nursing: Leadership and Management  2
Language, Philosophy, and Culture from approved list*****  3

Tuition: Resident of District - $979.00; Non-Resident of District – $1,452.00; Non-Resident of State $2156.00

TOTAL SEMESTER HOURS  60

Laboratory fees-
Nursing (Associate Degree)  $ 12.00 - RNSG 1227, 2101,1151, 2213, 2221, 2231
Biology $  18.00 - BIOL 2401 - 2402 - 2420 -
English $  15.00 - ENGL 1301

Nursing (Associate Degree) insurance  $  4.00
RNSG 1160 - 1261 - 2160 - 2161 - 2261 - 2262 - 2263 - 2361

Other fees:
Nursing - (Associate Degree)
Students enrolled in a nursing course(s) in the Associate Degree Nursing Program will be charged a non-refundable fee of $260.33 per semester enrolled for the products and services of Evolve REACH Testing and Remediation.

Students enrolling in Associate Degree Nursing course(s) will be charged a $30.00 per credit hour clinical simulation fee for RNSG 1160, 1261, 2160, 2161, 2261, 2262 and 2263.

LVN articulated credit - $70

<table>
<thead>
<tr>
<th>Biology</th>
<th>$ 20.00</th>
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<tr>
<td>BIOL - 2401 - 2402</td>
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<table>
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<tr>
<th>Special supplies</th>
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<tbody>
<tr>
<td>ADN $350.00 - $800.00</td>
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<tr>
<td>Transition - 39.75</td>
</tr>
<tr>
<td>Mobile device - $100-$300</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Textbooks: Costs may change without notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saunders NCLEX Review $61.50</td>
</tr>
<tr>
<td>Davis’s Lab &amp; Diagnostics - $56.50</td>
</tr>
<tr>
<td>Maternal Child Nursing – 109.25</td>
</tr>
<tr>
<td>Maternal Child Nursing Study Guide - $46</td>
</tr>
<tr>
<td>IV Supply Kit – 18.50</td>
</tr>
<tr>
<td>Transition to Professional Nursing - $39.75</td>
</tr>
<tr>
<td>Nursing Diagnosis Manual - $73.75</td>
</tr>
<tr>
<td>2017 IV Medications - $63.75</td>
</tr>
<tr>
<td>Brunner’s - $176</td>
</tr>
</tbody>
</table>
HESI ADMISSION ASSESSMENT EXAM

Background

A strategy for increasing program graduates is to utilize a standardized admission assessment examination to ensure entry of applicants who are most likely to succeed in a program of professional nursing. Standardized admission assessment exams also provide valuable information to programs of professional nursing about those students who may require additional academic support to be successful in a nursing curriculum and/or who may require particular support services to achieve maximum potential for program success.

The Assessment Exam

The Associate Degree Nursing (ADN) Program at Amarillo College (AC) has selected the HESI Admission Assessment (A2) Exam as the standardized exam to be utilized for program admission. The specific content exams selected for inclusion in the admission assessment exam administered to all prospective program candidates include: 1) Math, 2) Reading Comprehension, and 3) Vocabulary and General Knowledge. In addition, candidates will complete a Learning Styles Inventory and a Personality Profile.

- The Math Exam provides a measure of a candidate’s basic math skills at the eighth and ninth grade levels. The exam contains problems in addition, subtraction, multiplication, division, decimals, fractions, and household measures. The exam focuses on the math skills needed for calculations for medication administration.
- The Reading Comprehension Exam indicates basic reading and comprehension skills at the eighth and ninth grade levels. The reading scenarios presented in the exam are health-related.
- The Vocabulary and General Knowledge Exam is designed to assess a candidate’s vocabulary skills, general knowledge, and critical thinking skills. Vocabulary commonly used in the health care fields is contained in the exam.
- The Learning Styles Inventory and Personality Profile provide information about the candidate’s study habits, learning preferences and dispositions related to academic achievement. These exams are not academically oriented. These exams focus on personal readiness for higher education in nursing.

A total exam score is provided for each of the academic content exams administered, as well as sub-scores on any specific subject area categories on the exam. A composite score is also calculated for the three academic content exams administered, which is the calculated average of these academic exams. The scores on the Learning Styles Inventory and Personality Profile will not be included in the overall exam average or composite score from the three academically-oriented content exams.

The HESI Admission Assessment Exam for the ADN Program at AC is a three-hour computerized exam, which must be scheduled and taken in the West Campus Computing Center. The cost of the assessment exam is $40.00. This is a non-waiverable, non-transferable, non-refundable cost to the applicant.

The HESI Admission Assessment Exam individual scores will be utilized in the points system to select applicants for admission to the ADN Program. A score of 80 or greater must be achieved on each of the three content exams during a single test administration for a student to be eligible to apply for program admission. Selection of students for the ADN Program will be determined on the basis of available spaces and the earlier described points system.
HESI ADMISSION ASSESSMENT EXAM

Process

- All prospective applicants must have attended an Associate Degree Nursing Program Advising Session prior to scheduling and taking the HESI Admission Assessment Exam.
- Prospective applicants may take the HESI Admission Assessment Exam no more than one time during each admission period to the Associate Degree Nursing Program at Amarillo College.
- The HESI Admission Assessment Exam must be scheduled and taken in the West Campus Computing Center on a specified date and time during the specific admission period each semester. There will be no refunds given for a missed test and student will not be able to reschedule. Prior to scheduling your HESI Exam please make sure you have no calendar conflicts. The HESI (A2) test cannot be rescheduled.
- Multiple times and dates (testing blocks) will be identified each semester for applicants to take the HESI Admission Assessment Exam in a proctored environment. Testing blocks will be filled on a first come, first served basis.
- HESI Admission Assessment Exam scores are valid for one calendar year.

The study guide Evolve Reach Admission Assessment Exam Review; third edition for the HESI Admission Assessment Exam is available for purchase at: http://www.us.elsevierhealth.com/product.jsp?isbn=9781416056355 or through various on-line book vendors, such as www.amazon.com. This review book is also available in the Washington Street Campus Bookstore. The current cost of the exam review book is $40.00 plus tax.

HESI ADMISSION ASSESSMENT EXAM

Procedure

- Pay $42.00 for the HESI Admission Assessment Exam online. See flyer in your advising packet with instructions.(pg. 13)
- Once payment has been made, call the Nursing Office at 806.354.6010 to schedule the HESI Admission Assessment Exam.
- Report to the West Campus Computing Center in West Campus Building D at least 15 minutes prior to the scheduled date and time for the admission assessment exam. The admission assessment exam will begin promptly at the scheduled times. Be prepared to provide photo identification in the form of a student identification card or a driver’s license. Applicants will not be admitted to the testing room after the exam begins. No personal belongings including purses, cell phones, books, etc. are allowed in the testing rooms. Also, no food, drinks, and no children are permitted in the testing rooms.
- It is the student’s responsibility to bring their HESI login and password information to the testing center to be able to test.
- Bring the HESI Admission Assessment Exam score sheet to the Nursing Office in Jones Hall Room #251, to obtain an application for admission to the Associate Degree Nursing Program.

The dates and times of HESI Admission Assessment Exams is available through the Nursing Office.
In this portion of your Advising Packet (pages 13-29) you will find information on how to pay for your HESI Exam and forms you will need to read and sign, these forms will need to be turned in with your Nursing Application.

HESI Instructions.........................................................pages 13-17

Statement of Understanding and Agreement
Clinical Agency and FBI-Level Criminal Background Checks.............page 23

Acknowledgement of Understanding
Required TB, CPR, Flu Vaccine........................................page 24

Acknowledgement of Understanding
Medical Insurance Coverage............................................page 25

Agreement of Understanding
Applying to the LVN to RN Associate Degree Nursing Program......page 26

Student Disclosure Statement...........................................page 27

Release and Waiver Liability............................................pages 28, 29
Dear student,

Elsevier HESI Testing and your school have partnered to bring you the best, most reliable testing products available.

The link below will take you directly to the page where you will make the payment by credit card. If you are having any difficulty with the link, just follow the steps below and use the payment ID **15923**

Click on the link below and then create your Evolve account.

https://hesistudentaccess.elsevier.com/payments.html?PaymentID=15923

**THIS PAYMENT CODE WILL NOT OPEN UNTIL October 21st 2019**

**HESI Instructions:**

1. Create an Evolve Account and register for HESI
2. Make the Payment

1) **How To Create an Evolve Account and register for HESI**
Under the box that says HESI Secured Exams, click on the link Register for Results and Remediation

Click on the orange “register” button
Now click on the orange "redeem checkout" button

Fill in your information and click "continue"
New to Evolve? Create an account!

Tell us about you:
- First Name
- Last Name
- Institution
- Email Address
- Phone Number

Tell us about your institution:
- I'm not affiliated with an institution
- Institution Name
- Institution City
- Institution State
- Institution Country
- Institution Website
- Program Type
- Year of Graduation
- Graduation Date

Stay connected! Be the first to know about new publications, products and exclusive offers.
- YES, I wish to receive special offers and promotions from Evolve Inc. about new and existing products or services

Accept the agreement by clicking on the box and then submit

<table>
<thead>
<tr>
<th>MY CART</th>
<th>1. REVIEW &amp; SUBMIT</th>
<th>2. CONFIRMATION</th>
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<tbody>
<tr>
<td>HESI Registration</td>
<td>Quantity</td>
<td>Price</td>
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Enter your promotion code:

Cancel Order
(Your shopping cart will not be saved

Click on the My Evolve link in the green box to go to your HESI Student Access
You are now registered for a student HESI account. You can access your log in credentials by clicking My Account and selecting Account Settings. When you return to My Evolve you will see a HESI Assessment section in your Content List. Click the link for "Student Access" to get started.
3) Now you are ready to place the order. Fill out the information on the Payment form below and click “proceed to checkout.” The payment due date is not important.

**HESI Assessment**

**Make a Payment**  **Payment History**

1. Find your product by entering the Payment ID below.
   - Payment ID: [ ]
   - Search

2. Verify the information below and then click “Proceed to Checkout.”
   - Payment ID: [ ]
   - Program: AMARILLO COLLEGE - AAD ADMISSION - NES
   - Description: RN Admission Assessment (AC) - 1st Time Taker
   - Payment Due By: 08.25.2016
   - Price: [ ]

3. Complete Billing Information.
   - * First Name: [ ] (As it appears on the card)
   - * Last Name: [ ] (As it appears on the card)
   - * Address: [ ]
   - * City: [ ]
   - * State: [ ]
   - * Zip Code: [ ]
   - * Country: [ ]

4. Confirmation Email: (Your payment confirmation will be sent to the e-mail address below)
   - Email: [brazo@how.com]

Fill out the credit card info on the screen below and you will receive a confirmation order receipt.

**Credit Card Information**

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* Required field

Please note that we only support the US-English character set. In order to ensure that your transaction is processed correctly, please refrain from using international characters.

Continue  Reset

![Norton Security Icon]
Amarillo College Nursing Program
Clinical Agency Criminal Background Check Procedure

PURPOSE:
The purpose of these procedures is to ensure that students complete the clinical agency Criminal Background Check as a part of the admission process to the Associate Degree Nursing (ADN) Program or Vocational Nursing (VN) Program at Amarillo College (AC).

SUPPORTIVE INFORMATION:
These procedures require that all students must submit to a criminal background check as part of the acceptance process into either the ADN Program or VN Program. These procedures are based on requirements of The Joint Commission (TJC) Standard H.R. 1.20. This Joint Commission standard requires accredited healthcare organizations to verify criminal background information on hospital staff as well as students who provide care, treatment, and services to patients/clients.

Timing - All criminal background checks will be conducted prior to full acceptance to the respective nursing program. The results will be honored for the duration of the student’s enrollment in either the ADN or VN Program, if the student does not have a break in enrollment at the college and if the student has had no disqualifying convictions while enrolled. A break in enrollment is defined as nonattendance of one full semester or more. Attendance must be verifiable through program attendance records. If a student withdraws from or fails to successfully complete the ADN Program and applies for admission to the VN Program, the criminal background check completed for admission to the ADN Program is valid for one year from the date it was processed. The same length of validity for the criminal background check applies if a student withdraws from or fails to complete the VN Program and applies for admission to the ADN Program.

Cost - The cost of the criminal background check is a student responsibility. This expense is non-waiverable and non-refundable.

Process:
• Criminal background checks will be performed by an external vendor selected by the college and/or ADN Program.
• The name and electronic archive number of any student, that is returned from the external vendor with an “alert” status indicating a potential barrier to clinical eligibility, will be forwarded to a designated official(s) of the affiliated healthcare organizations requiring verification of criminal background information of students.
• This designated official(s) will access these individual student criminal background checks through the protected electronic archive, make a determination as to clinical eligibility in the healthcare organization, and communicate that determination to the appropriate director of the ADN or VN Program or their designated representatives.
• The inability of any student to participate in clinical activities will prohibit successful completion of clinical courses in both nursing programs. Successful completion of clinical courses is necessary for progression in both nursing programs.
• Clinical activities are completed at specific healthcare organizations affiliated with AC. AC will not locate or provide alternative sites for students ineligible to participate in clinical activities at affiliated healthcare organizations.
• Successful completion of a criminal background check does not guarantee registered or vocational licensure or employment after graduation.
• In the event that a student enrolled in either the ADN Program or VN Program is convicted of a criminal offense at any time while enrolled in the program, the program director or department chair may require that the student repeat a criminal background check with the designated external vendor. The results of this repeat criminal background check will be made available to affiliated healthcare organizations or agencies, requiring criminal background check information, for a determination of eligibility for continued clinical privileges. If any affiliated healthcare organization or agency denies clinical privileges based on this repeat criminal background check, the student will not be allowed to continue enrollment in clinical courses. The inability to continue in clinical courses prohibits student progression and successful completion of the nursing program.

• This criminal background check does not meet the Texas Board of Nursing requirements for an FBI criminal background check for initial licensure as a registered or vocational nurse in the state of Texas.

PROCEDURAL STEPS

1. Each student must complete the Nursing Student Disclosure and Release forms at CastleBranch, the current designated external vendor selected by the ADN Program, at the time of conditional acceptance to the ADN Program or VN Program.

2. The student will pay the criminal background check fee directly to CastleBranch.

3. CastleBranch will perform a background check based upon the student’s verified social security number consisting of:
   a. Criminal History County Level (three counties)
   b. Sexual Offender Registry/Predator Registry
   c. Social Security Number Verification
   d. Positive Identification National Locator with Previous Address
   e. Maiden/AKA Name Search
   f. Medicare/Medicaid Sanctioned, Excluded Individuals Report
      1) Office of Research Integrity (ORI) Search
      2) Office of Regulatory Affairs (ORA) Search
      3) FDA Debarment Check

   g. National Warrants & Warrants Submission
   h. Investigative Application Review (by Licensed Investigator)
   i. Adverse Action Letter (to Comply with the Fair Credit Act)
   j. State Mandated Requirements
   k. Misconduct Registry Search
   l. Executive Order 13224 Terrorism Sanctions Regulations
   m. Fiscal Intermediary Personnel Search

4. CastleBranch will produce an individual criminal background report for each student within 72 hours.

5. CastleBranch will maintain the protected criminal background check results on-line for the ADN Program for a period of 10 years.

6. CastleBranch will generate a list of all students with clear backgrounds for submission to clinical facilities each semester.

7. Any questions or concerns about the contents of an individual criminal background check must be directed to CastleBranch by the student involved.

REFERENCES:
Amarillo College Nursing Program
Department of Public Safety and Federal Bureau of Investigation
Criminal Background Check Procedure

PURPOSE:
The purpose of these procedures is to ensure that newly accepted students to the Associate Degree Nursing (ADN) or Vocational Nursing (VN) programs at Amarillo College (AC) complete the Department of Public Safety (DPS) and Federal Bureau of Investigation (FBI) Criminal Background Check (CBC) prior to clinical experiences to be in compliance with the Texas Board of Nursing.

SUPPORTIVE INFORMATION:
Newly accepted students are those who are beginning their first semester of nursing courses at AC. This means students who are enrolled in RNSG 1309: Introduction to Nursing in the ADN Program or VNSG 1400, Nursing in Health and Illness I in the VN Program.

The Texas Board of Nursing (BON) will do the CBC through the DPS and the FBI based on a set of fingerprints that students submit to MorphoTrust, which is a company that provides fingerprinting services for licensing purposes. Procedure must be followed even though it was done in the VN program.

This policy is not to be confused with the Criminal Background process that is required by clinical agencies in accordance with their accrediting standards. This background check is performed by an external vendor called "Pre-Check" and is completed as a part of the program admission process.

PROCEDURAL STEPS:

1) The Program Director will inform potential nursing program students of the BON DPS/FBI CBC during general orientation sessions.

2) The Program Director will conduct a presentation with new applicants or newly accepted students on the eligibility requirements for licensure. This presentation will include verbal and written information about the CBC and Fast Pass.

3) Following the Program Director’s presentation, students will read and sign the Licensure Eligibility Notification Form that they have received verbal and written information. This form will be maintained in the student’s file in the Nursing Office.

4) Each student will complete the BON Roster Information for Potential Nursing Graduates after they have read and signed the CBC Information Verification Form.

5) The Program Director’s Administrative Assistant will use the completed forms (BON Roster Information for Potential Nursing Graduates) to create a roster of students newly accepted to the Nursing Program. Once the roster is verified by the Program Director, the Program Director’s Administrative Assistant will email the roster to Rosemary Riojas at the Texas Board of Nursing (BON). Ms. Riojas’ email address is as follows: (Rosemary.Riojas@bon.texas.gov).

6) After receiving a confirmation email from the BON that the newly accepted student information has been entered into the BON system, students will be notified by the Program Director that they must arrange/complete a finger scanning appointment with MorphoTrust using the originator number (ORI) TX923490Z. The student will pay MorphoTrust for both fingerprint scanning services and the cost of the DPS/FBI background check.

7) Once MorphoTrust has completed the CBC with the DPS, they will transmit the results to the BON. The BON will then do one of the following: (1) Mail a blue postcard to those students who have a clear CBC, (2) Correspond with students who have a positive CBC and request a petition for a Declaratory Order or (3) Correspond with students who have a rejected fingerprint scan and request another fingerprint scan.
8) Students must submit a copy of the front and back of the blue postcard or a copy of the Operations Outcome Letter, Enforcement Outcome Letter or an Eligibility Order postcard to the Nursing Office Staff, which will be maintained in the student’s file. Students must also show the original of these forms to the Office Staff. Students will keep the original. The Nursing Office Staff will document the receipt of these letters and/or forms on a spreadsheet and communicate the receipt of these letters and/or forms with the Program Director and Team Coordinators.

9) Students who do not provide proof of the completed CBC and eligibility for licensure in the State of Texas will: (1) Not be allowed to attend clinical and (2) Will be required to withdraw from the clinical course(s) in which they are enrolled. For example, students must withdraw from RNSG 1362, which is the clinical companion course to RNSG 1331 and VNSG 1260, which is the clinical companion course to VNSG 1400.

10) After receipt of BON blue postcard or Declaratory Order Outcomes Letter, Operations Outcome Letter or Eligibility Order, students who were required to withdraw from nursing course(s) must be approved to re-enroll in nursing course(s) in a subsequent semester by the Program’s Admission and Progression Committee. Students must submit a petition letter to this committee for re-enrollment.

ADDITIONAL INFORMATION:

Any student involved in a situation that may make them ineligible for licensure including criminal behavior, mental illness or chemical dependency after entering the nursing program is required to send a letter notifying the BON of the situation. The letter should include copies of any legal documents and be sent certified mail with return receipt.

REFERENCES:


AMARILLO COLLEGE NURSING PROGRAM

STATEMENT OF UNDERSTANDING AND AGREEMENT:

CLINICAL AGENCY AND FBI-LEVEL CRIMINAL BACKGROUND CHECKS

I, ____________________________, have read and fully understand the Associate Degree Nursing Program and Vocational Nursing Program policies and procedures about two required Criminal Background Checks: (1) A Criminal Background Check through an external vendor at the time of program application by clinical agencies and (2) An FBI-Level Criminal Background Check in all newly accepted students as mandated by the Texas Board of Nursing.

CLINICAL AGENCIES CRIMINAL BACKGROUND CHECK (CBC):

My signature below provides consent for the results of my criminal background history to be released to the ADN or VN Program at Amarillo College and to affiliated JCAHO-accredited healthcare organizations or other affiliated clinical agencies for determination of my eligibility to participate in clinical activities. I acknowledge that if my criminal background history would prohibit me from participating in clinical activities at these affiliated healthcare organizations or agencies, I will not be offered full program admission to either the ADN Program or the VN Program. I am fully aware that the cost of the criminal background check is my responsibility.

Further, I acknowledge that a clear or successful criminal background check does not guarantee registered nurse (RN) or licensed vocational nurse (LVN) licensure or employment after program graduation nor does it substitute for the FBI criminal background check that is required by the Texas Board of Nursing for initial licensure.

I acknowledge that in the event that I am convicted of a criminal offense while enrolled in either the ADN Program or the VN Program, I may be required to repeat the criminal background check with the designated external vendor. I am aware that this repeat criminal background check will be made available to affiliated healthcare organizations or agencies for a determination of my eligibility for continued clinical privileges.

I am also fully aware that denial of clinical privileges by any affiliated healthcare organization or agency based on the repeat criminal background check will prohibit my participation in clinical courses and therefore progression in and completion of either nursing program.

FBI-LEVEL CRIMINAL BACKGROUND CHECK (CBC):

My signature below indicates that I fully understand that I must present a blue postcard, declaratory outcomes letter or eligibility order to attend clinical rotations.

I fully understand that I will have to withdraw from any clinical course(s) in which I am enrolled. I also fully understand that I will have to petition to the Admission and Progression Committee to obtain permission to re-enroll in a subsequent semester after I have been cleared by the Texas BON to attend clinical rotations.

I am fully aware that the cost of the criminal background check is my responsibility.

I have received a copy of the ADN Program Policy for Criminal Background Checks, and I have had the opportunity to ask questions.

_________________________________________       _______________________
Signature                                                  Date

Printed Name
STUDENT ACKNOWLEDGEMENT OF UNDERSTANDING

Required TB Skin Testing, CPR Agreement & Flu Vaccine

The Following TB Skin Testing & CPR Certification

TB Skin Test
All students must present documentation of a negative tuberculin skin test (PPD) administered within one year of beginning clinical activities involving direct patient care or present evidence of a negative chest x-ray for tuberculosis (TB) obtained within one year of beginning clinical activities, if the TB skin test is positive. Tuberculosis skin tests must be repeated yearly while students are enrolled in the nursing program.

CPR Certification
All students in the ADN Program must be certified throughout program enrollment in the Cardiopulmonary Resuscitation (CPR) for Healthcare Providers in accordance with standards set by the American Heart Association.

*I understand that all TB skin testing and CPR certification listed above must be completed before beginning any nursing courses with a clinical component.

_________________________  ____________________________
Printed Name                      Signature

__________________________
Date

Flu Vaccine
All students in the ADN Program will be required to obtain an influenza vaccination each flu season in order to participate in direct patient care in affiliated healthcare agencies.

*I understand that the influenza vaccination listed above must be completed by October 15th each year.

_________________________  ____________________________
Printed Name                      Signature

__________________________
Date

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STUDENT ACKNOWLEDGEMENT OF UNDERSTANDING

Medical Insurance Coverage

As of January 2015, the Affordable Care Act (ACA) requires all United States citizens and legal residents to have medical insurance coverage. Students should have a primary insurance source.

If accidental injury occurs, students are required to file a claim with their personal insurance company.

The Hartford Insurance Policy, currently in place at Amarillo College is an accident policy that provides coverage over and above any other valid and collectible insurance that students have.

“My signature below indicates an understanding that if I am injured during the classroom, clinical or laboratory experience, I should follow the appropriate network procedures for my personal accident policy”.

______________________________  ____________________________
Please Print Name  Signature

______________________________
Date
Agreement of Understanding for Applying to the LVN to RN Associate Degree Nursing Program

I, _________________________________, understand that I must submit the following documents/verification with my application. My application will not be accepted without the required information.

- Signed and dated Immunizations and Tests Required by Texas State Department of Health Services/Clinical Facilities Form (see www.actx.edu/nursing)
- Signed and dated “Statement of Understanding and Agreement” “Clinical Agency and FBI-Level Criminal Background Checks” form (Page 23 of your advising packet)
- Signed and dated “Acknowledgement of Understanding” “Required TB, CPR, Flu Vaccine” (Page 24 of your advising packet)
- Signed and dated “Acknowledgment of Understanding” “Medical Insurance Coverage” (Page 25 of your advising packet)
- Signed and dated “Agreement of Understanding” “For Applying to the LVN to RN Associate Degree Nursing Program” (Page 26 of your advising packet)
- Signed and dated “Student disclosure statement” (page 27 of your advising packet)
- Signed and dated “Release and Waiver Liability” (page 28, 29 of your advising packet)
- If applicable, submit verification of meningitis vaccine to Registrar’s Office
- Provide HESI test scores from Amarillo College West Campus Computing Center during application period
- A Valid Driver’s License or Government Issued ID
- If you have not submitted official transcripts from other colleges/universities (not including Amarillo College) to the Registrar’s Office at Amarillo College, please submit an unofficial copy with application and submit official transcripts to Registrar’s Office
- 2 letters from Current Employer working as an LVN (Letter must be on letterhead format) or
- 2 letters from your LVN Instructor from the VN Program graduated

I, _________________________________, also understand that if I am offered admission and fail to accept the offer by the deadline stated in the acceptance letter, I will not be allowed to start the nursing courses.

The application and all required documents must be submitted by required deadline posted on the Amarillo College Nursing Website https://www.actx.edu/nursing/associate-degree-nursing---about

No late applications will be accepted and there are NO EXCEPTIONS.

______________________________
Printed Name Signature

______________________________
Date
AMARILLO COLLEGE DEPARTMENT OF NURSING
ASSOCIATE DEGREE NURSING

STUDENT DISCLOSURE STATEMENT

The undersigned, a student enrolled in the Amarillo College Associate Degree Nursing Program, hereby represents and acknowledges the following:

- I have read the Criteria for the “General Conduct Requirements” and “Academic Progression and Graduation Requirements” in the Associate Degree Nursing Student Handbook online at https://www.actx.edu/nursing/associate-degree-nursing---about

- I clearly understand that I must have a minimum grade of 75 to earn a grade of C to pass any RNSG course.

- I clearly understand that a student in the ADN Program is ineligible to continue in the Program when they have two course failures. A course failure means a grade below 75 or when a student withdraws from a course.

- I also understand that the ADN Program does not round grades.

- Approved criteria and limitations for enrollment in specific courses may prevent me

  from:  o establishing my own enrollment schedule, and

  o enrolling in specific courses for specific semesters.

- I must accept all nursing client/patient assignments regardless of diagnosis and the assigned clinical hours or I may be expelled from the program.

- I must use Standard Precautions while caring for clients/patients while enrolled in the nursing program.

- I must abide by ADN Program policies at Amarillo College and in the agencies where I may be assigned for clinical experience. All agency affiliation agreements with Amarillo College are available for my review in the Nursing Office.

By execution thereof, the undersigned acknowledges that he/she has read and understands the above and foregoing.

Date ___________________________ Student’s Signature ___________________________

Printed Name (Legibly) ___________________________
AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College") and ___________________________ ("Student").

In consideration of Student being permitted to enroll at Amarillo College in the nursing program and acknowledgement of Student of the following facts:

1. That Student will be required, as part of the normal educational process towards Student’s degree, to be placed in a teaching environment including, but not limited to, local medical practitioners, ambulances, medical laboratories, and other environment (hereinafter called medical affiliates), all of which are affiliated with Amarillo College for these purposes and be transported to and from these medical affiliates and in so doing, Student may be exposed to conditions which could cause bodily injury and/or death and maybe exposed to patients afflicted with fatal or potentially fatal disease processes which may be of a contagious nature; and,

2. That Student will be first provided as part of the normal educational process toward Student’s degree with detailed information about the nature, risks and preventative measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of Student;

3. That Student could be exposed to high-risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to transport Student to and from and place Student in the respective medical affiliates as they deem necessary for the successful completion of Student’s educational program; and

2. Release, waive and covenant not to sue Amarillo College, its officers, agents, employees and persons or entities acting together with Amarillo College in its educational programs (hereinafter collectively called Releasedes) from all liability to Student for any and all loss or damage, and any claims or demands whatsoever on account of injury to the person or property or resulting in death of Student emanating from exposure to said disease processes and toxic substances, or any of these, or while being transported to or from a medical affiliate, whether caused by the negligence of Releases or otherwise while the Student is on or within any of the medical affiliates or being transported to and from said affiliates; and

3. Indemnify and hold harmless Releases from all loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates, or while Student is being transported to or from said affiliates; and

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4. Hereby assumes full responsibility for any and all risks of bodily injury, death or property damage due to negligence of Releasees or otherwise, due to Student participation in the normal educational process in the medical affiliates described above, or being transported to or from said affiliates.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or of contracting fatal or potentially fatal disease processes and exposure to high risk toxic substances.

THE UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by Laws of the State of Texas and if any portion thereof is held in invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and agrees that no oral representation, statements or inducements apart from the foregoing written Agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

I UNDERSTAND I ASSUME ALL RISKS INHERENT IN THE EDUCATIONAL PROCESS AND CLINICAL EXPERIENCE CONDUCTED IN THE MEDICAL AFFILIATES OF AMARILLO COLLEGE (INCLUDING BEING TRANSPORTED TO OR FROM SAID AFFILIATES) AS PART OF MY PROGRESSING TOWARD A DEGREE, ALL AS SET OUT ABOVE.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

DATED this

_____________ day of ______________ 20___

________________________________________
Student’s Signature

________________________________________
Print Name (Legibly)
**Immunizations and Tests**

**Required by Texas State Department of Health Services/Clinical Facilities**

Name: ____________________________  Student ID# _______________________

Date of Birth: ____________________________

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### Measles (Rubeola)*:

- **A. Two doses of measles-containing vaccine on or after January 1, 1968 and at least 30 days apart OR**
  - Date #1: __________ (mm/dd/yy)
  - Date #2: __________ (mm/dd/yy)

- **B. Serologic test positive for measles antibody**
  - Date: __________ (mm/dd/yy)
  - Results: __________

---

### Mumps*:

- **A. One dose of mumps vaccine on or after January 1, 1957 OR**
  - Date #1: __________ (mm/dd/yy)
  - Date #2: __________ (mm/dd/yy)

- **B. Serologic test positive for mumps antibody**
  - Date: __________ (mm/dd/yy)
  - Results: __________

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### Rubella*:

- **A. One dose of rubella vaccine on or after the first birthday OR**
  - Date: __________ (mm/dd/yy)

- **B. Serologic test positive for rubella antibody**
  - Date: __________ (mm/dd/yy)
  - Results: __________

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**Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible**

**Must include date of test collection**

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### Hepatitis B: (3 doses)

- **A. The minimum interval between the first two doses is 4 weeks, and the minimum interval between the second and third doses is 8 weeks. However, the first and third doses should be separated by no less than 16 weeks. It is not necessary to restart the series or add doses because of an extended interval between doses. OR**
  - Date #1: __________ (mm/dd/yy)
  - Date #2: __________ (mm/dd/yy)
  - Date #3: __________ (mm/dd/yy)

- **B. Serologic test positive for Hepatitis B antibody**
  - Date: __________ (mm/dd/yy)
  - Results: __________

---

**Note:** An accelerated dosing schedule with Twinrix vaccine (Hepatitis A and Hepatitis B recombinant) may be an option to meet Texas DSHS requirements for Hepatitis B immunization.
Amarillo College Associate Degree Nursing Program Immunizations and Tests

Name: ___________________________ Student ID#: ___________________________

Date of Birth: ___________________________

Varicella:

A. Two doses of varicella vaccine Doses must be at least 28 days apart.
   Date#1 (mm/dd/yy) Date#2 (mm/dd/yy)
   OR

B. Serologic test positive for varicella antibody
   Date (mm/dd/yy) Results ___________________________
   Must include date of test collection

Td/Tdap:

One dose of a tetanus-diptheria (Td) is required within the last ten (10) years. The booster dose may be in the form of a tetanus-diptheria-pertussis containing vaccine (Tdap).

   Date (mm/dd/yy)

Physician or Approved Licensed Health Professional Information:

Printed Name ___________________________

Address ___________________________

Signature of Primary Care Provider ___________________________
Signature validates all information on this form.

Date ___________________________
Date of signature must be after last immunization or additional immunizations must be signed and dated separately.

Note: All vaccines administered after September 1, 1991 shall include the MM/DD/YY that each vaccine was given.