

# PARIS JUNIOR COLLEGE

## ASSOCIATE DEGREE NURSING PROGRAM



**The Following Must be Complete Before Interview is Scheduled**

- Application
  - BON eligibility questions completed
    - Official transcripts
  - Current CPR card (American Heart Association ONLY)
    - Immunization records (See details below)
- Verifiable current LVN license in the state of Texas (**Student Must Know License Number**)
  - HESI Mobility Score

**APPLICATION MUST BE REQUESTED NO LATER THAN 05/31/2021, FINAL SUBMISSION DAY JUNE 4, 2021**

Available March–May 31, 2021

PARIS JUNIOR COLLEGE  
LVN to RN Transition Nursing Program  
ADMISSION APPLICATION

2021-2022

Name \_\_\_\_\_  
Last First Middle Maiden  
Address \_\_\_\_\_  
Street/Route/P.O. Box City State Zip County  
Home Phone (\_\_\_\_) Work Phone (\_\_\_\_) Cell Phone (\_\_\_\_)  
E-Mail Address \_\_\_\_\_  
S.S.# \_\_\_\_\_ PJC Student ID Number \_\_\_\_\_

Birth Date: \_\_\_\_\_ (optional) Information is for reporting purposes only and is never used for determining admission.

Have you ever attended this or another school of nursing? \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

If you are enrolled in college courses for this semester, list the name of the schools and courses.

\_\_\_\_\_

**Required before scheduling an interview:**

- Completed Associate Degree Nursing application:
- Texas Success Initiative exemption status or proof that Paris Junior College Success Initiative Criteria has been met.
- Proof of Paris Junior College Acceptance.
- Official college transcripts from all colleges attended.
- HESI LPN to RN Mobility Score (Minimum Score of 850)
- Immunization records.
- Documentation of CPR (American Heart Association Basic Life Support-Health Care Provider) status.
- Evidence of Vocational Nurse licensure for Texas. (Copy must show expiration date.)

Note: If you have not attended PJC in the last year, contact the Admissions Office; PJC Application for Admission is available on request and at [www.parisjc.edu](http://www.parisjc.edu).

List all schools/colleges attended:

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

**References:**

Please list below two references (one work and one personal). If you have not been employed, a reference from your school teacher will suffice. Do not include names of relatives. Please indicate if personal or work reference.

Please request that the persons you selected complete the reference forms and return by mail or fax. You may choose to include the reference forms in your application.

Work Personal

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

I certify that I have read the above statement and the information stated on this application is true and correct to the best of my knowledge. I realize that falsification of any information may jeopardize my ability to enter the school of nursing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completion of the prescribed program and being awarded a degree or certificate does not guarantee that you will be eligible for licensure.

**www.bon.texas.gov BON Eligibility Questions**

1)  No  Yes \*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 or 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 or action?

**Note:** 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 questions related to truthfulness and character of the nurse.

**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 the subject of an order of non- disclosure may become a character and fitness of duty 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)  No  Yes \*Are you currently the target or subject of a grand jury or governmental agency investigation?

3)  No  Yes Has **any** licensing authority ever 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? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial or renewal licensure application)

4)  No  Yes \*In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or dies impair your behavior, judgment, or ability to function to school or work?

- If "YES" indicate the condition:
- schizophrenia and/or psychotic disorders,
  - bipolar disorder,
  - paranoid personality disorder,
  - antisocial personality disorder,
  - borderline personality disorder

5)  No  Yes \*In the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*\*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.*

**I certify that I have read and understand the above statements. The information I have submitted is true and correct to the best of my knowledge. I realize that falsification of any information may jeopardize my ability to enter the school of nursing.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Nursing Program Technical Standards

CATEGORY	STANDARD	EXAMPLES
Critical Thinking	Critical thinking ability sufficient to exercise sound nursing judgment.	Able to perform and interpret patient assessments, and respond with appropriate interventions and treatment plans.
Analytical Thinking	Reasoning skills sufficient to perform deductive/inductive thinking for nursing decisions.	The ability to work alone, deal with abstract and concrete variables, define problems and make correct, independent decisions.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families and groups respecting social, cultural and spiritual diversity.	Ability to accept and carry out responsibilities in high stress situations. Ability to work with patients and families as well as the healthcare team in stressful situations.
Communication	Communication abilities sufficient for interaction with others in oral and written form.	Follows verbal and/or written instructions. Must be able to communicate verbally and in writing patient responses to therapeutic care. Able to consult with other healthcare providers in a professional manner.
Hearing	Auditory ability sufficient for physical monitoring and assessment of client health care needs.	Able to hear by auscultation breath sounds, Bp, heart sounds, bowel sounds, hearing alarms, bells, telephones, and hear normal conversation
Visual	Visual ability sufficient for accurate observation and performance of nursing care.	Must have near and far visual acuity, depth perception, and color vision in order to read and document on patient charts/flow-graphic sheets, reading a thermometer and monitors. Also, the ability to draw up (using syringes), administer medications, and collect data on skin color.
Tactile	Tactile ability sufficient for physical monitoring and assessment of health care needs.	Ability to collect data by performing palpation, administer injections, perform dressing changes, start IV's, perform a urinary catheterization, assist a client with daily activities.
Fine and gross motor skills	Fine and gross motor abilities sufficient to provide a full range of safe and effective nursing care activities, including psychomotor skills.	Perform vital signs, CPR, transportation of patients, physical assessments, manipulation of equipment, and nursing skills necessary to the care of the patient.
Physical strength, endurance and mobility	Physical strength and stamina sufficient to move from place to place and to maneuver to perform nursing activities.	Walking to and from departments, patient rooms, and the ability to care for numerous patients on a team. Assisting in transporting, lifting and transferring patients and equipment. Ability to lift and/or occasionally transfer up to and over 100#.

**Latex Warning:** The use of latex / latex based products may exist in health care standard precautions and in environments such as, but not limited to, Health Science classrooms and training labs, hospitals, nursing care facilities, laboratories, clinical areas, and medical/dental offices. Individuals with latex sensitivity or allergies should seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to latex in the health care field.

# All Must Be Complete to Schedule Interview

To Be Completed By PJC Nursing Faculty

**APPLICATION MUST BE REQUESTED NO LATER THAN 05/31/2021, FINAL  
SUBMISSION DAY JUNE 4, 2021**

- |  |       |          |
|--|-------|----------|
| <input type="checkbox"/> Admission Criteria Worksheet        | _____ | Initials |
| <input type="checkbox"/> BON Eligibility Questions Completed | _____ | Initials |
| <input type="checkbox"/> Transcripts Received                | _____ | Initials |
| <input type="checkbox"/> HESI Mobility Score _____           | _____ | Initials |
| <input type="checkbox"/> CPR (AHA)                           | _____ | Initials |
| <input type="checkbox"/> Immunizations Completed             | _____ | Initials |
| <input type="checkbox"/> Verifiable Texas LVN License        | _____ | Initials |
- Verifiable licenses will not require an additional background check.

A&P I	_____	Calculated GPA _____
A&P II	_____	
Nutrition	_____	
LG&D	_____	
Composition & Rhetoric	_____	
Microbiology	_____	
Introduction to Sociology	_____	
Music/Art Appreciation	_____	
General Psychology	_____	

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

# Paris Junior College

## TRANSCRIPT EVALUATION REQUEST

**Mail to:**  
 Paris Junior College  
 Student Records Office  
 2400 Clarksville St.  
 Paris, TX 75460  
**OR**  
**Fax to:**  
 (903) 782-0309

### 1. Full Legal Nam

\_\_\_\_\_ (Last) (First) (Middle Initial) (Maiden Name or previous others)

### 2. Daytime Phone Number ( ) \_\_\_\_\_

### 3. Social Security Number \_\_\_\_\_

### 4. PJC assigned ID number \_\_\_\_\_

Admission to PJC is required to receive an ID number. Transcripts will not be evaluated without an assigned ID.

### 5. List college(s) to be evaluated. DO NOT USE ABBREVIATIONS

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

*(If additional space is needed, please attach a separate sheet.)*

### 6. Evaluation of Non-Traditional credits (military, CLEP, etc.)

Please attach copies of an AARTS transcript, DD214, certificates of completion, etc.  
 Air Force credits are evaluated by the Community College of the Air Force (CCAF).  
 Questions regarding obtaining a CCAF evaluation or other questions regarding  
 military credit may be directed to the Veteran's Counselor at (903) 782-0426.

### 7. Please indicate where you would like the completed evaluation sent:

- Health Occupations
- Veteran's Counselor
- Other \_\_\_\_\_  
(Please specify)
- Mail to \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

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

I am requesting that the above college transcript(s) and/or military record(s) be evaluated for possible transfer credit to Paris Junior College. I also understand that I may be required to provide an official course description(s), college catalog, and/or course syllabus from my former institution(s).

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

♦An official transcript is required from each college requested for evaluation.  
 ♦Only courses taken at a regionally accredited college or university are transferable to PJC.  
 ♦You must be currently enrolled or have previously been a student at PJC before transfer work will be added to a PJC transcript.  
 ♦Transcripts submitted become the property of PJC and will not be returned.  
 ♦Foreign transcripts must be in English. If they have been translated, it must be by a licensed translation service.

Date received in Records Office \_\_\_\_\_ Evaluation completed \_\_\_\_\_  
 by \_\_\_\_\_  
 Is student enrolled? YES Semester \_\_\_\_\_ NO Does student already have a PJC transcript? YES NO Official transcripts on file? YES  
 NO if no, please

**IT IS YOUR RESPONSIBILITY  
TO ENSURE  
ACADEMIC COURSES THAT COUNT  
TOWARD ADMISSION  
BE COMPLETED BY  
JULY 15<sup>TH</sup>**

*Interviews will be scheduled at the time of your application being reviewed and found to be complete. (Complete: All aspects on page 5 above are included). You will receive a call to schedule from the Health Occupations Secretary*

## LPN to RN Mobility Test Procedures

1. Call PJC testing center (903-782-0446) to schedule an appointment.
2. You may create your Evolve account at home or at the PJC testing center when you come to test. At home, go to [www.HESIinet.com](http://www.HESIinet.com) and create an account. Evolve will issue you a username and you will create a password to use at the Log in screen. Bring this information with you to the testing center.
3. Come to the PJC testing center to pick up a permission to pay slip. This may be done any time before your scheduled appointment.
4. Take the permission to pay slip to the Business office and pay the required fee of \$60.00 for Mobility. Get a receipt to bring to your testing appointment.
5. Arrive at the testing center at your appointed time with a picture ID and receipt.
6. Sign in and complete PJC registration form.
7. Log in to [www.HESIinet.com](http://www.HESIinet.com) with your username and password or create your account. Type in the access code that has been provided to you.
8. Complete test
9. View rationales which explain the correct answers to the test questions that you marked incorrectly. This will be your only opportunity to view them.

Print your score report and add it to your application packet.



## PROMETRIC LPN to RN Mobility TESTING PROCEDURES OPTION

### How to Become Eligible

#### 1. Create Your Evolve Account

To register for your Elsevier I HESI exam, you will need an Evolve student account. If you do not have one you can create it at:

<https://evolve.elsevier.com/cs/Satellite/StudentHome?Audience=Student>.

- A. Click on the Register for *HESI* link located under Quick Links
- B. Click on *REGISTER* button and following the remaining steps to create your Evolve student account.

#### 2. Register For Your Exam

Login to Evolve Student Account

Click on *My Exams & Remediation* at the Evolve homepage

Click on Register For My Exam and do the following:

- (1) Enter your school's or prospective school's Department ID.

**PARIS JUNIOR COLLEGE DEPARTMENT ID: 199365**

- (2) Select the HESI Mobility exam
- (3) Verify your profile information is correct
- (4) Confirm information by selecting the check box at the bottom of the page
- (5) Click on the *Submit* button

**\*IMPORTANT:** The information provided must be the same as it appears on your government issued photo ID. You will not be admitted into the testing lab if there is any discrepancy between what is listed on your Evolve student account and what is presented on your ID.

You will receive an email Confirmation Notice indicating that you may schedule your exam. Please carefully review the information contained in your Confirmation Notice. If any of the information is incorrect, or if the information has changed, please contact Elsevier Review and Testing at [exameligibility@elsevier.com](mailto:exameligibility@elsevier.com). Failure to do so could result in forfeiture of your testing appointment and associated fees.

#### PLEASE NOTE:

You will receive your Eligibility ID within 1-3 business days of our receipt of your eligibility request.

By following the Eligibility Confirmation directions, you will be directed to [www.prometric.com/elsevier](http://www.prometric.com/elsevier). When logging into this site, you will be required to enter your eligibility ID and the first four letters of your last name. The exam will already be associated with your eligibility ID.

**PARIS JUNIOR COLLEGE  
HEALTH OCCUPATIONS DIVISION  
IMMUNIZATION REQUIREMENTS REFERENCE SHEET**

The following immunizations are required by law according to Rule 97.64 of the Texas Administrative Code, revised effective March 5, 2009, for all students enrolled in higher education courses involved in direct patient care contact.

**Upon submitting your completed application packet, please submit a copy of the following immunizations with a validation stamp/signature or lab report indicating serologic confirmation.**

Do not write dates on this form. This form will not be reviewed for information, this is a guide to what is required.

**1. Tdap (TETANUS/DIPHTHERIA and PERTUSSIS) (Immunization)**

All students must have proof of a tetanus/diphtheria/pertussis immunization within the last 10 years.

**2. RUBELLA (Immunization or blood test)**

All students must have proof of one dose of rubella vaccine administered after their 1<sup>st</sup> birthday **or** serologic confirmation of rubella immunity.

**3. MEASLES (Immunization or blood test)**

All students born after January 1, 1957 must have proof of two doses of measles vaccines administered after their 1<sup>st</sup> birthday at least 30 days apart **or** proof of serologic confirmation of measles immunity.

*At least one dose must be completed prior to patient contact.*

(Measles is also known as rubeola.)

**4. MUMPS (Immunization or blood test)**

All students born after January 1, 1957 must have proof of one dose of mumps vaccine administered after their 1<sup>st</sup> birthday **or** proof of serologic confirmation of mumps immunity.

**5. VARICELLA (Immunization or blood test)**

All students must have proof of two doses of varicella vaccine administered on or after their 1<sup>st</sup> birthday at least 30 days apart **or** proof of serologic confirmation of varicella immunity.

(Varicella is also known as chickenpox)

**6. FLU VACCINE**

Students are required to receive a flu vaccine annually while in school. Vaccines must be completed by October 1 each year and documentation submitted to the program coordinator. **The flu vaccine for this application must be the 2020-2021 vaccine to be eligible. Clinicals begin June 2021, and student will not be permitted to attend if this is not complete.**

**7. HEPATITIS B (Immunization or blood test)**

All students must receive a complete series of three (3) hepatitis B vaccines

**or** show serologic confirmation of immunity to hepatitis B prior to the start of direct patient care. **If time is an issue, the Center for Disease Control (CDC) recommends an accelerated schedule with a first dose followed by a second dose in 4 weeks, and followed by the 3<sup>rd</sup> dose at least 4 months from the initial dose and eight weeks from the 2<sup>nd</sup> dose. Do not take the combination Hepatitis A & B immunizations because they cannot be given according to the accelerated schedule. Accelerated schedule options may require a booster at 12 months.**

**8. 2 step PPD TB test**

All students must provide documentation of TB testing. Acceptable documentation includes:

- 2-step PPD test (**Explained: This means two (2) negative PPD tests in a 12-month time frame**), or
- T-spot or quantiFERON TB gold blood test, or
- CXR documenting “no active tuberculin disease”. CXR must be within the last 3 years.

TB testing is required annually and it is the student’s responsibility to maintain a current immunization status. Students that present with CXR documentation must complete the annual screening survey.

*\*\*IF you have had a positive TB test, please provide a copy of your chest x-ray report \*\**

\*\*\*\*\*

Note: A MMR immunization includes one dose each of measles, mumps and rubella vaccine.

\*\*\*\*\*

PREGNANCY – Requirements for hepatitis B, varicella, measles, rubella and mumps vaccines are waived during pregnancy. Pregnancy is not a medical contraindication for administration of tetanus/diphtheria toxoids or the flu vaccine, but it is best to consult your physician.

*\*You will be required to submit a release from your obstetrician prior to beginning your clinical rotations. \**

\*\*\*\*\*

Copies of records from physician’s offices, public health departments, public schools, other colleges and the military are acceptable.

\*\*\*\*\*

Students should provide a **copy** of the immunization records. Please do not turn in the originals.

**APPLICATIONS WILL ONLY BE ACCEPTED IN PERSON OR HARD COPY MAIL-IN DOCUMENTS (NO ELETRONIC SUBMISSIONS), AND MUST BE COMPLETE TO SUBMIT. Please see page 5 for details.**

***Paris Junior College gives equal consideration of all applicants for admission without regard to race, color, religion, creed, national origin, sex, age, marital status, disabilities, or veteran status.***