**ASSOCIATE DEGREE NURSING PROGRAM AT METHODIST HEALTH SYSTEM**

**APPLICATION FORM**

**PERSONAL DATA:**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: If no valid social security number, this application will be rejected.)**

**NAME**

**Last First MI Maiden/Other**

**ADDRESS**

**Number and Street Apartment Number**

**City State Zip Code**

**PHONE**  Home  **Cell/Other**

**PERSONAL EMAIL**  **DATE OF BIRTH**

**In compliance with the Title VI Civil Rights Act 1964, please check one in each area.**

**SEX: \_\_\_ M \_\_\_ F RACE: \_\_\_ Asian/Pacific Island \_\_\_ Amer. Indian \_\_\_ Hispanic \_\_\_ White \_\_\_ Black \_\_\_ Other**

**In case of emergency, notify**

Name **Relationship Phone**

**DATE OF HIRE AT YOUR MHS FACILITY**

**HIGH SCHOOL GRADUATE?**  \_\_\_\_\_ **Yes** \_\_\_\_\_ **No GED? Yes** \_\_\_\_\_\_\_

**PREVIOUS COLLEGES/UNIVERSITIES:**

**LIST *ALL* PREVIOUS COLLEGES ATTENDED FOR ACADEMIC CREDIT. Current official transcripts must be submitted electronically to** [**studenttranscripts@dcccd.edu**](mailto:studenttranscripts@dcccd.edu) **or mailed in a sealed envelope to Admissions-Eastfield campus, 3737 Motley Drive, Mesquite, TX 75150. (Transcripts from Dallas College campuses are not required.)**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates attended from: \_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_ Degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attach additional institutions on a separate sheet and include in application packet)

**STATEMENT OF STUDENTS’ RESPONSIBILITY**

**Review and initial each section verifying that you have read and understand this information:**

\_\_\_\_ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.

\_\_\_\_ I have read and understand the admission process for the Dallas College Associate Degree Nursing program at Methodist Health System (MHS) which is a competitive selection process with a limited number of spaces available. I understand that successful completion of prerequisite courses, dosage calculation course, required HESI A2 test sections, and/or submission of complete application packet materials does not guarantee acceptance to the Associate Degree Nursing program.

\_\_\_\_ I understand that I must submit all of my current official transcripts (**printed less than three years ago**) to [studenttranscripts@dcccd.edu](mailto:studenttranscripts@dcccd.edu) or mailed in a sealed envelope to Admissions – Eastfield campus, 3737 Motley Dr., Mesquite, TX 75150 prior to applying to an health sciences program and that failure to do so will void my application.

\_\_\_\_ I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, and BLS – Basic Life Support CPR certification to SurScan prior to the program application deadline and receive notification from them that my records are complete at the application filing deadline for the program. I further understand that if my records are not complete at the application filing deadline, my application to the program will be disqualified.

\_\_\_\_ I accept full responsibility for submitting **a complete Associate Degree Nursing application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application.** I also accept the responsibility of informing the Allied Health Admissions Office of any change in my status, address, telephone number, or other information that would affect my application status.

\_\_\_\_ Although I may qualify as an applicant to the Associate Degree Nursing program at Methodist Health system, I acknowledge that MHS is responsible for making the final selection of those students who will be accepted to the program at MHS and have my permission to review my grades. I acknowledge that Methodist Health System will determine which MHS facility I may be assigned for clinical experience.

\_\_\_\_ I understand that I may apply to both the MHS and traditional Dallas College Associate Degree Nursing program **by submitting separate application materials.** I also understand that should I be verified as a qualified applicant, I would be considered initially for the MHS program; however, if I am not selected for the MHS cohort, I may be still considered in the traditional applicant pool.

\_\_\_\_ I am aware that if I am accepted to the program, I will be required to undergo an FBI criminal background check and fingerprinting prior to registration for nursing courses. I acknowledge that an additional criminal background check and mandatory drug screening is required prior to being allowed to attend a clinical rotation. I understand that the results of these screenings become the property of the School of Health Sciences and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Associate Degree Nursing program.

\_\_\_\_ I understand that the purpose of this program is to prepare me to write the NCLEX-RN licensing examination to become a registered nurse. In order to be eligible to write the exam, I musthold a high school diploma or a General Education Diploma (GED) certificate. Furthermore, I must declare to the Texas Board of Nursing at least eighteen (18) months prior to program completion if I have ever been denied licensure by a licensing authority for nurses; had disciplinary action taken against me by a licensing/certifying authority; been convicted of a crime other than a minor traffic violation; am unable to safely practice professional nursing due to physical or mental disability/illness which may endanger the health and safety of persons under my care; been hospitalized or treated for chemical dependency within the past five years; am currently an intemperate user of drugs or alcohol; been issued a Declaratory Order by the Texas Board of Nursing; or ever taken the State Board Test Pool Examination, National Council Licensure Examination for Registered Nurses, or the Canadian Nurses Association Testing Service Examination. If so, I must petition in writing and provide documentation to the Texas Board of Nursing for permission to take the NCLEX-RN examination, acknowledging that this review may take 12-24 months to complete and I will be assessed a fee by the Texas Board of Nursing.

\_\_\_\_ I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material or facts may result in the disqualification of my application to the Associate Degree Nursing program.

Print Name Signature Date

***Educational opportunities are offered by Dallas College without regard to race, color,***

***age, gender, national origin, religion, sex, disability, sexual orientation, gender identity, or gender expression.***

**Associate Degree Nursing Program at Methodist Health System**

**Profile Form**

***Please print:***

Dallas College Student ID No.: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name:

Last First Middle/Other

Address:

Number & Street Apartment Number

City State Zip Code

Phone: Home Business Cell/Other

Email: Employee Number

***EMPLOYEE/VOLUNTEER/QUALIFYING FAMILY MEMBER HISTORY AT METHODIST HEALTH SYSTEM***

***Check:***

Employee: \_\_\_\_ Volunteer: \_\_\_\_ Family member: \_\_\_\_ Qualifying Family Member Name:

Facility: \_\_\_\_ MDMC \_\_\_\_ MCMC \_\_\_\_ MMC \_\_\_\_MRMC \_\_\_\_ Corporate \_\_\_\_ Outreach \_\_\_\_ Other

Number of Years Employed: \_\_\_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_\_\_\_ months

Employment Status: \_\_\_\_\_\_ FT \_\_\_\_\_\_ PT \_\_\_\_\_\_ PRN Avg. # Hrs worked per pay period

Unit/Area Employed: How long on this unit?

Manager:

***DEADLINES FOR APPLICATION***

***Fall 2022 semester entry: February 28 – March 22, 2022***

***Spring 2023 semester entry: August 1 – August 31, 2022***

Application submitted to Dallas College? \_\_\_\_\_ Yes \_\_\_\_\_ No Date Submitted

**I certify that the information given on this Profile Form is complete and accurate. I have received a copy of the current criteria for acceptance to the Dallas College Associate Degree Nursing Program at Methodist Health System.**

Applicant Signature Date

Send this form to: Kimm Wright, MSN, RNC-OB, C-EFM

Clinical Faculty/Education Specialist II

Methodist Health System

Department of Education

1441 N. Beckley Ave.

Dallas, TX 75203