



Odessa College Vocational Nursing Program Application for Admission

Applicant Information: **TYPE ONLY**

Name *(As it appears on Driver's License):* _____

Last Name *First Name* *Middle Name*

Date of Birth _____ **U.S. Citizen** (yes/no) _____

Address: _____
Street *City* *State* *Zip*

Mailing Address: *if different from above:* _____

OC E-Mail: _____

Home Email: _____

Other Name(s) on Transcript: _____
Last *First* *Middle*

Phone Number *with Area Code*

Home: _____ **Work:** _____ **Cell:** _____

Emergency Contact: _____
Name *Relationship* *Phone Number (s) with Area Code*

Educational Background: High School/GED

Name of School	Location	Dates Attended	Date Conferred

College/University: List most recent first; list ALL attended

Name of School	Location	Dates Attended	Maj. Course of Study	Degree Earned/Date

Have you previously applied to our program (yes/no) dates: _____

Are you currently or have you ever served in the military (yes/no) dates: _____

List any healthcare related work experience, beginning with the most recent: _____

The LVN program is only being taught at the Andrews or Monahans locations. All applications are submitted for both programs. Preference will be given upon geological locations and special considerations.

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Notice:

Completion of the Nursing Program does not guarantee eligibility to take the licensing examination to become a vocational nurse (P.N.). Eligibility is determined by the Board of Nurse Examiners for the State of Texas (BNE). Some events, such as having a felony or misdemeanor conviction, including expunged offenses and deferred adjudication with or without prejudice of guilt, pleading no contest to any crime, having unresolved arrest, having pending criminal charges, having action taken against your health care provider license, having certain mental health disorders or a history of substance abuse **MAY** disqualify a candidate for licensure. The Vocational Nursing Program has selective admission criteria. Not all candidates who apply are accepted. See the Program Fact Sheet, advisory or school catalog for further information on admission criteria. I certify that all the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for program rejection or dismissal.

Date: _____

Signature: _____

Odessa College does not discriminate in regard to race, color, age, ethnic/national origin, religion/creed, marital status, veteran status, or disability.

[Completed applications should be submitted to LVN@odessa.edu](mailto:LVN@odessa.edu)