

FOR DEPARTMENT USE ONLY:
DATE RECEIVED: _____
INITIALS: _____

CIRCLE PROGRAM YOU ARE APPLYING FOR READMISSION:
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LAMAR UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
JOANNE GAY DISHMAN DEPARTMENT OF NURSING

APPLICATION FOR *READMISSION*
TO THE NURSING PROGRAM

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE REQUIRED *NON-REFUNDABLE \$25.00 APPLICATION FEE* MADE PAYABLE TO LAMAR UNIVERSITY (MONEY ORDER OR CASHIER'S CHECK ONLY)

NOTE: ALL ADMISSIONS TO THE NURSING PROGRAM ARE CONTINGENT UPON SUCESSFUL COMPLETION OF A CRIMINAL BACKGROUND CHECK.

COMPLETE ALL ITEMS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

IF CONTACT INFORMATION (ADDRESS, TELEPHONE NUMBER OR E-MAIL ADDRESS) CHANGES, PLEASE CONTACT THE ADVISING CENTER AT (409) 880-8868

NAME

_____ (last) _____ (first) _____ (middle) _____ (maiden)

SOCIAL SECURITY # _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____ **NOTE: PLEASE CHECK E-MAIL REGULARLY AFTER SUBMITTING APPLICATION**

MAILING ADDRESS _____

RESIDENCE ADDRESS _____

_____ (number, street) (city) (county) (state) (zip)

TELEPHONE _____
_____ (home) _____ (work) _____ (pager or cell phone)

NAME, ADDRESS AND TELEPHONE OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

LAST NURSING COURSES ENROLLED IN:

SEMESTER	CAMPUS	TITLE/NUMBER	GRADE

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FALL 2009

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LIST ANY COURSES YOU HAVE TAKEN SINCE EXITING THE NURSING PROGRAM

SEMESTER	CAMPUS	TITLE/NUMBER	GRADE

Note: Even if satisfactorily completed, all companion courses must be repeated if readmission is granted. (See Undergraduate Nursing Studies Student Handbook Progression Policy.)

INDICATE THE COURSES INTO WHICH YOUR ARE REQUESTING READMISSION

AS ADDITIONAL COURSE WORK IS COMPLETED, THE STUDENT IS REQUIRED TO UPDATE APPLICATION WITH A COPY OF CURRENT GRADES.

SUBMIT:

1. **COPY OF TRANSCRIPTS FOR ALL COLLEGES/UNIVERSITIES ATTENDED. TRANSCRIPTS NEED TO INCLUDE:**
 - **TEXAS HIGHER EDUCATION ASSESMENT (THEA) STATUS WHICH *MUST* BE ATTACHED TO APPLICATION.**
 - **CURRENT GPA FOR LAMAR UNIVERSITY (BEAUMONT)**
2. **EVALUATION OF TRANSFER CREDITS IF YOU ATTENDED OTHER COLLEGES/UNIVERSITIES.**
3. **CASHIER'S CHECK OR MONEY ORDER FOR \$25 APPLICATION FEE (PAYABLE TO LAMAR UNIVERSITY).**

ALL STUDENTS PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH ARE FROM THE BOARD OF NURSING FOR THE STATE OF TEXAS AND ARE ASKED ON THE RN LICENSURE EXAMINATION FORM.

A.

1. Have you had any licensing authority: 1) refuse to issue you a license; 2) revoke a license; 3) annul a license; 4) cancel a license; 5) accept surrender of a license; 6) suspend a license; 7) place a license on probation; 8) refuse to renew a professional license or certificate held by you now or previously; or 9) ever fine, censure, reprimand, or otherwise discipline a license issued to you?
Yes _____ No _____

2. Have you been arrested in any state, territory, or country, including expunged offenses and deferred adjudication(s) with or without prejudice of guilt or anything other than a minor traffic violation. (DUIs, DWIs, and PIs must be reported and are not considered minor traffic violations)?
Yes _____ No _____

EFFECTIVE 9/1/03, "minor in possession" (MIP) is no longer required to be reported to the Board.

3. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (felony or misdemeanor) whether or not a sentence was imposed (excluding minor traffic violations)?
Yes _____ No _____

4. Do you have any criminal charges pending against you in any court? **Yes _____ No _____**

5. Have you been diagnosed, treated, or hospitalized in the past five (5) years for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?
Yes _____ No _____

6. Have you been addicted to or treated for the use of alcohol or any other drug within the past five (5) years?
Yes _____ No _____

7. Have you been issued an order concerning eligibility for examination or licensure by any Board or ever received a proposal of ineligibility?
Yes _____ No _____

If you answered "**YES**" to any of the questions listed above, attach a letter of explanation that is dated and signed indicating the circumstance you are reporting to the Board.

*(*If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "**No**" to questions #5 and #6.)*

If you answer yes to any of the above questions, in part AA@ please complete and mail the attached request for declaratory order petition packet to the Board of Nurse Examiners.

SEE WWW.BNE.STATE.TX.US/ FOR DETAILS ON THE NURSING PRACTICE ACT IDENTIFIED BELOW:

B. I am able to conform my conduct to the requirements of the nursing practice act (22 Texas administrative code 213.27, 217.11, and 217.12 professional character, standards of practice, and unprofessional conduct).

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

(SIGNATURE OF APPLICANT)

(DATE)

**TO BE CONSIDERED FOR READMISSION TO THE
PROGRAM, THIS FORM MUST BE RECEIVED IN THE
DEPARTMENT OF NURSING BY:**

**MARCH 1 FOR THE FALL SEMESTER
OCTOBER 1 FOR THE SPRING SEMESTER**

**MAIL APPLICATION AND FEE TO:
CHAIRPERSON
ADMISSIONS COMMITTEE
DEPARTMENT OF NURSING
LAMAR UNIVERSITY
P.O. BOX 10081
BEAUMONT, TEXAS 77710**