

ALVIN COMMUNITY COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Your signature will serve as proof that you understand and agree to the policies below.

LAST NAME FIRST NAME
PLEASE PRINT CLEARLY!

SIGNATURE

ACC ID number or Birth Date*

*Birth date is used only for identification purposes and records searches.

Were you ever in a nursing program before? ___Yes ___ No

If "yes", dates attended: start semester/year _____ / _____ end semester/year: _____ / _____

School or college name: _____ school city/state: _____ / _____

Mark which nursing program you were in: BSN___ ADN___ LVN___ (CNA or CMA does not count)

COMMENTS:

I understand and agree to the following Alvin Community College Nursing Programs policy: **Individuals with a felony criminal history (felony conviction, deferred adjudication felony, or pending felony) are not eligible for admission to Alvin Community College nursing programs.** I understand that this policy applies even if I have filed a "Petition for Declaratory Order" with the Texas Board of Nursing (BON), and have been granted permission by the BON to take the NCLEX-RN licensure examination after graduating from an approved nursing program. I understand that if I am accepted into an ACC nursing program, and thereafter it is discovered that I did not disclose a felony criminal history, I will be immediately dismissed from the program. Statutory law (Texas Occupations Code, Chapter 53) requires Alvin Community College nursing programs to notify applicants and future nurses that after you have been licensed, criminal behavior may result in loss of licensure.

RELEASE OF INFORMATION: I understand that the Texas Board of Nursing (BON) requires Alvin Community College nursing programs to share some of my personal information in order to schedule my finger prints, process my DPS/FBI background check, and contact me if there is any issue regarding my background check. This information includes my name, mailing address, personal email address, social security number, and date of birth. Signing this sheet gives my permission to Alvin Community College nursing programs to share the above information with the BON. I understand that the email addresses I put in my nursing application are subject to release to the public by the BON, pursuant to the Texas Public Information Act. **I understand that my nursing application will not be eligible for consideration if I do not give permission to share the above information with the Texas Board of Nursing.**