

THE VOCATIONAL NURSING INSTITUTE, INC.

ENROLLMENT PACKAGE

VOCATIONAL NURSING

PROGRAM

EVENING

September 2017

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The Vocational Nursing Institute
Texas Proprietary School Administrative Policies
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THE VOCATIONAL NURSING INSTITUTE, INC.

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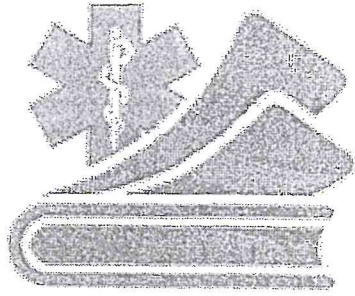
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THE VOCATIONAL
NURSING
INSTITUTE, INC.

11201 Steeple Park Drive Houston Texas 77065

Tour of School Affidavit

I _____ have toured the school prior to enrollment and have found everything to be to my satisfaction.

Student Signature

Date

Authorized Signature

Date

Date to be enrolled: _____ to _____

THE VOCATIONAL NURSING INSTITUTE, INC.

How to Enroll in the VN Program:

1. Obtain an academic calendar (www.vocationalnursinginstitute.com or call the school).
2. Select course cycle you wish to apply for (i.e. 2017, 2019, 2021). The school offers one cohort of 30 students per annum.
3. Gather required documents to apply which includes:
 - a. Provide evidence of successful completion of public, private, or home schooling at the high school level or obtainment of a recognized high school equivalency credential; or
 - b. Provide evidence of successful completion of the equivalent of one full-time academic semester (12 academic semester hours) or academic quarter (18 academic quarter hours) at an accredited college, university, or other postsecondary school.
 - c. Provide evidence you are at least 18 years of age;
 - d. Provide evidence you are able to read, write, and speak English; (High school Diploma and Health and Environmental Sciences Institute (HESI) Test) or other preadmission testing as designated by the school.
 - e. Be in good health and able to bend, twist, lift at least 50 pounds, and be free from communicable disease (Physician Statement and/or Immunizations) and signature on Student Meets Physical Requirements form.
 - f. Provide basic physical from the physician indicating you are in good health and can meet the physical requirements of the Licensed Vocational Nurse Job position. Provide all documentation as outlined in the Health Packet. Health Packets are available at the school.
 - g. Provide copy of current immunizations.
 - h. Provide evidence that the student has taken the Hepatitis B series or sign school form of declination of this series. (See Health Packet for forms)
 - i. Complete successfully the new and accepted student process by the Texas Board of Nursing (TBON). Obtain finger printing once accepted by the school for enrollment. All students must comply with the TBON rules and procedures.
 - j. Have a background check performed per the school and TBON procedures.

If a student had a criminal history done by the TBON since 2006 they do not have to do it again.

- k. Provide evidence for:

Prerequisite courses that must have a grade of "C" or better and be no greater than 7 years old prior to application to the VN program includes:

1. Anatomy and Physiology within last 7 years (3 credit hours or 54 clock hours required).

THE VOCATIONAL NURSING INSTITUTE, INC.

These courses can be taken at any accredited college with a passing grade of a "C".

1. *All students must pass the Hesi/preadmission test with a score of 80% or better. (Fee for this is \$49.99 payable by the student upon registration for the Hesi/ preadmission test and subject to change) To register for the HESI/ preadmission test please call the school office.

*The school uses a scoring calculation to assist the school in determining who to accept for enrollment, see Admission and Enrollment policies and scoring form. Meeting all of the program application guidelines does NOT guarantee admittance to the program.

4. Complete application to the school office. Attach the essay with the application.
5. Fees are due at time of registration of the HESI test.
6. Submit all documents together at one time (items 3-5).
7. The school will notify you of the status of your application in writing. If you need to meet with our career advisor to discuss your academic plans please make an appointment by calling (832) 237- 2525.

THE VOCATIONAL NURSING INSTITUTE, INC.

VOCATIONAL NURSING PROGRAM
STUDENT ACKNOWLEDGMENT FORM

I acknowledge that I received the following information from The Vocational Nursing Institute, Inc.

- Student Catalog
- Tour of the School
- Copy of the Health Policies
- Declaratory Order instructions and information from the Texas State Board of Nursing
- Petition for Declaratory Order Texas Board of Nursing and Frequently asked questions
- Student Clinical Handbook
- Orientation to Alcohol and Drug Abuse Program and Education
- Orientation to Clery Crime Report
- Orientation to Disaster and Emergency Preparedness & Fire Plan
- Dress Code
- Sleeping in Class Policy
- Orientation package

Proposed Student Name Printed

Proposed Student SignatureDate

Program Director Signature/Date

Record of Previous Education and Training

Texas Workforce Commission – Career Schools and Colleges

School Name: The Vocational Nursing Institute, Inc.

Authority for Data Collection: *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

Planned Use of the Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

Instructions: Complete each item on front and back. If an item is not applicable, write "NA." If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form is to be maintained in each student's file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

Student Information

Name: _____ SSN: _____ Date of Birth (mm/dd/yy): _____

Name of Program: _____

Secondary Education: High School Diploma Home Schooled GED

Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From MO	YR	To MO	YR	YES	NO		
College or University						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

FOR SCHOOL USE ONLY

Entrance Test: _____ (Score)
_____ (Name and Version)

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Course Time * Hours of Credit	Justification of Credit

Credit / Price Adjustments

			Tuition	Other	Total
Original Program Length:	_____ Hrs*	Original Cost	\$ _____	\$ _____	\$ _____
Less Credit Granted	_____ Hrs*	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length	_____ Hrs*	Adjusted Cost	\$ _____	\$ _____	\$ _____

*Course Time

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

(Signature of Authorized School Official)

(Printed Name)

Date (mm/dd/yy)

Student Acknowledgment *Do not sign below unless the information above is complete and signed by the school official.*

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will receive the above stated credit, or
- I will not receive credit.

(Signature of Student)

(Printed Name of Student)

Date (mm/dd/yy)

* **Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school.

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

THE VOCATIONAL NURSING INSTITUTE, INC.

STUDENT CONFIDENTIALITY STATEMENT

AGREEMENT OF CONFIDENTIALITY

I _____ understand that in the performance of my duties as a student of The Vocational Nursing Institute, Inc., I may have contact with sensitive and confidential information about patients receiving services from the Clinical Externships we work with. I will respect each patient's right to privacy and will hold in confidence any private or medical information of which I may become knowledgeable of in carrying out my assigned duties.

I further understand that should I fail to honor confidential information about patients, other employees, or the school's Client(s), Clinical Affiliations, or other such relationships, such breach of confidentiality may be cause for my termination of enrollment in the program with the School or expelling of my status as a student and potentially, expose me to fines and other sanctions defined in the enforcement section of the HIPAA regulations.

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION AND CLIENT'S MEDICAL RECORDS

The School will respect the patient's rights to confidentiality of personal and medical information in accordance with applicable state, federal and HIPAA regulations. All employees/ students will be provided with information during orientation regarding respect for the patient's privacy and confidentiality of information obtained by the employee / student during the provision of services and through contact with the client's medical record. All employees/ students will maintain confidentiality of medical information and records. Access to medical records will be limited to the minimum amount necessary to accomplish the stated purpose according to professional judgment during clinical rotations.

Student Signature: _____ Date: _____

Witness: _____ Date: _____

The Vocational Nursing Institute, Inc. Enrollment Agreement

This is an enrollment agreement between

The Vocational Nursing Institute, Inc. and _____
(Student Name)

Date: _____

The Vocational Nursing Institute, Inc.
11201 Steeple Park Drive
Houston, Texas 77065

www.vocationalnursinginstitute.com
832 237 2525 Office
832 237 2505 Fax
kim@vocationalnursinginstitute.com
(School Director)

Vocational Nursing Training

Training to begin on 09-11-2017

Program Length: 9-11-17 to 4-18-19 Down payment of \$2500 due by June 9, 2017 _____
Student initials

(Workforce not available for down payment)

Down payment types: Cash, Credit card, Cashier check, and Personal check

No federal funds will be available to apply toward the down payment.

Program Length: 80 weeks not including holidays, faculty development days, or other non-school days. _____
Student initials

Student Name Address City/State/Zip

Home Phone Cell Phone Email Address

TUITION & FEES

Tuition and fees are as follows. Course text is included.

There is no Registration Fee. No interest is charged.

* Vocational Nurse / Training Course Fee \$25, 500.00

Payment Types: Students are encouraged to pay the full tuition upon enrollment. Payment methods accepted are Federal Student Loan, Pell Grants, Workforce Solution grant up to \$6000 towards tuition, personal check, cashier's check, MasterCard, American Express, or Visa. No interest is charged.

Monthly Payments: If the student opts to make monthly payments, \$2,500.00 is due upon enrollment, and \$575.00 is due bi weekly on the 1st and 15th of each month or \$1150.00 is due monthly by the 10th of each month for 19 months. If the student fails to make their payment by the due date they will be terminated from the program. Exceptions will not be made. If a student opts to use Federal Financial Aid, the minimum monthly payment due is \$400.00/month due on the 10th of each month unless otherwise arranged to cover any gap in uncovered tuition not paid for by Federal Financial Aid. _____ (Student initials)

*INCLUDED IN THE TUITION:

1. Text books***

The Vocational Nursing Institute, Inc. Enrollment Agreement

2. Companion CD's on select courses
3. CPR training***
4. Lab fees
5. Clinical Rotations
6. Classroom Instruction
7. All final exams at our testing site
8. 2 day NCLEX review program and preparation for NCLEX exam
9. Mini NCLEX reviews after each course
10. E-books on select courses as provided by Elsevier/Evolve
11. Background Check*** (all students must have a clear criminal background check prior to being admitted to the program. Conviction of a crime as outlined by the TBON may prevent admittance to the school. Vocational Nursing students must be fingerprinted for the Board of Nursing in the State of Texas. This is at their expense.
12. Remediation
13. Case Studies for remediation

*** VA does NOT pay for these items _____ (Student Initials)

NOTE: Vocational Nursing students must be fingerprinted for the Board of Nursing in the State of Texas. This is at their own cost upon enrollment to the school. The school will provide TBON with the enrollment list by July so students have time to get fingerprinting done and blue card applications completed prior to the start of the cohort!

SUPPLIES NOT INCLUDED IN COURSE FEES

**Required Preadmission HESI test* \$49.99/student
(Note: You must achieve a cumulative score of 80% on this test in order to qualify for admission.)

<i>*Required Supplies</i>	<i>Estimated Cost:</i>
1. White Duty Shoes – no open toe, clogs, or canvas	\$29.00
2. Watch with a second hand	\$30.00
3. White pantyhose or white ankle length socks	\$ 3.00
4. 3-ring 2” or 3” loose leaf notebook	\$ 3.00
5. Notebook paper	\$ 3.00
6. #2 pencil	\$.99
7. Pens (black only)	\$ 1.99
8. Highlighter	\$ 2.50
9. Blood pressure cuff and stethoscope	\$39.99
10. Scrubs Hunter Green Top and bottom	\$22.50

Total Estimated Cost:
\$135.97 + \$49.99 for *HESI test + \$25, 500 = \$25,685.96 _____ (Student Initials)

Optional Supplies

1. Bandage Scissors
2. Nursing Bag

**Items are subject to cost change.*

"Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder."

The Vocational Nursing Institute, Inc. Enrollment Agreement

CANCELLATION & REFUNDS

CANCELLATION POLICY

A full refund will be made to any student who cancels the enrollment contract within 72 hours (until midnight of the third day excluding Saturdays, Sundays and legal holidays) after the enrollment contract is signed. A full refund will also be made to any student who cancels enrollment within the student's first three scheduled class days, except that the school may retain not more than \$100 in any administrative fees charged, as well as items of extra expense that are necessary for the portion of the program attended and stated separately on the enrollment agreement.

REFUND POLICY

1. Refund computations will be based on scheduled course time of class attendance through the last date of attendance. Leaves of absence, suspensions and school holidays will not be counted as part of the scheduled class attendance.
2. The effective date of termination for refund purposes will be the earliest of the following:
 - (a) The last day of attendance, if the student is terminated by the school;
 - (b) The date of receipt of written notice from the student; or
 - (c) Ten school days following the last date of attendance.
3. If tuition and fees are collected in advance of entrance, and if after expiration of the 72 hour cancellation privilege the student does not enter school, not more than \$100 in any administrative fees charged shall be retained by the school for the entire residence program or synchronous distance education course.
4. If a student enters a residence or synchronous distance education program and withdraws or is otherwise terminated after the cancellation period, the school or college may retain not more than \$100 in any administrative fees charged for the entire program. The minimum refund of the remaining tuition and fees will be the pro rata portion of tuition, fees, and other charges that the number of hours remaining in the portion of the course or program for which the student has been charged after the effective date of termination bears to the total number of hours in the portion of the course or program for which the student has been charged, except that a student may not collect a refund if the student has completed 75 percent or more of the total number of hours in the portion of the program for which the student has been charged on the effective date of termination.¹
5. Refunds for items of extra expense to the student, such as books, tools, or other supplies are to be handled separately from refund of tuition and other academic fees. The student will not be required to purchase instructional supplies, books and tools until such time as these materials are required. Once these materials are purchased, no refund will be made. For full refunds, the school can withhold costs for these types of items from the refund as long as they were necessary for the portion of the program attended and separately stated in the enrollment agreement. Any such items not required for the portion of the program attended must be included in the refund.
6. A student who withdraws for a reason unrelated to the student's academic status after the 75 percent completion mark and requests a grade at the time of withdrawal shall be given a grade of "incomplete" and permitted to re-enroll in the course or program during the 12-month period following the date the student withdrew without payment of additional tuition for that portion of the course or program.
7. A full refund of all tuition and fees is due and refundable in each of the following cases:
 - (a) An enrollee is not accepted by the school;

¹ More simply, the refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination, up to the 75% completion mark, after which no refund is due. Form PS-1040R provides the precise calculation.

The Vocational Nursing Institute, Inc. Enrollment Agreement

- (b) If the course of instruction is discontinued by the school and this prevents the student from completing the course; or
- (c) If the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school, or representations by the owner or representatives of the school.

A full or partial refund may also be due in other circumstances of program deficiencies or violations of requirements for career schools and colleges.

8. REFUND POLICY FOR STUDENTS CALLED TO ACTIVE MILITARY SERVICE.

A student of the school or college who withdraws from the school or college as a result of the student being called to active duty in a military service of the United States or the Texas National Guard may elect one of the following options for each program in which the student is enrolled:

- (a) If tuition and fees are collected in advance of the withdrawal, a pro rata refund of any tuition, fees, or other charges paid by the student for the program and a cancellation of any unpaid tuition, fees, or other charges owed by the student for the portion of the program the student does not complete following withdrawal;
- (b) A grade of incomplete with the designation "withdrawn-military" for the courses in the program, other than courses for which the student has previously received a grade on the student's transcript, and the right to re-enroll in the program, or a substantially equivalent program if that program is no longer available, not later than the first anniversary of the date the student is discharged from active military duty without payment of additional tuition, fees, or other charges for the program other than any previously unpaid balance of the original tuition, fees, and charges for books for the program; or
- (c) The assignment of an appropriate final grade or credit for the courses in the program, but only if the instructor or instructors of the program determine that the student has:
 - (1) satisfactorily completed at least 90 percent of the required coursework for the program; and
 - (2) demonstrated sufficient mastery of the program material to receive credit for completing the program.

9. The payment of refunds will be totally completed such that the refund instrument has been negotiated or credited into the proper account(s), within 45 days after the effective date of termination.

This school provides equal employment, admission and educational opportunities without regard to race, color, religion, handicap, sex, age, or national origin.

This school is "**APPROVED AND REGULATED BY THE TEXAS WORKFORCE COMMISSION, CAREER SCHOOLS, AND COLLEGES AUSTIN, TEXAS.**" This school is "**APPROVED AND REGULATED BY THE TEXAS BOARD OF NURSING.**"

I have read, understand, and will comply with this enrollment agreement and school catalog. I have had a tour of the school prior to enrollment. I acknowledge that I have received, as the student a copy of the school enrollment agreement and catalog.

Director or Authorized School Official

Date

Student or Guardian

Date

The Vocational Nursing Institute, Inc. Enrollment Agreement

ADMISSIONS & ENROLLMENT APPLICATION Vocational Nurse Program

This school provides equal employment, admission, and education opportunities without regard to race, color, religion, handicap, sex, age, or national origin.

For Office Use Only

Enrollment Date: _____

Tuition Amount: _____

Down Payment \$2500.00 scheduled to be received by June 8, 2017 _____ Check _____ Credit Card _____ Cash

Type of Payment: :: CASH :: CHECK # _____ :: MONEY ORDER # _____ Other _____

Monthly Payments: _____ (amount) Title IV funds: _____

Status: :: ENROLLED :: ON HOLD :: OTHER _____

Processed by: _____ Date: _____

ESSAY

Instructions: Please write an essay response to each of the following questions. For each question you may use up to 1,000 words in answer to each question. This portion must be typed. or handwritten in legible writing.

Question #1: Define the word "Nurse", what does "Nurse" mean to you?

Question #2: Describe what has brought you to this point in your life where you want to be a nurse.

Question #3: What part of the world would you choose to travel to as a Nurse to volunteer your services if able to do so and why?

Receipt of Enrollment Policies
Texas Workforce Commission – Career Schools and Colleges

The Vocational Nursing Institute Inc.

(Name of School)

Authority for Data Collection: *Texas Education Code, Section 132.055 & Texas Administrative Code, Section 807.193.*

Planned Use of the Data: To provide evidence of receipt of that information which is required by law to be provided the student prior to enrollment.

Instructions: This form is to be completed by the student prior to enrollment and the completed form maintained by the school in each student's file. A copy of the completed form will be given to the student. If additional clarification is needed, contact Career Schools and Colleges at (512) 936-3100.

This information is provided for the student's protection. Ensure each item of information is given to the student, fully explained and all questions answered prior to signing an enrollment agreement or contract.

*The prospective student must acknowledge receipt by initialing
in the space provided on the bottom of the first page and signing at the end of the form.*

A:

I have received prior to enrollment: a copy of the school catalog and a program/course outline for

- the program(s) in which I wish to enroll. a schedule of the tuition, fees, and other charges.
- a copy of the cancellation and refund policy.
- the attendance, progress and grievance policies.
- rules of operation and conduct. regulations
- pertaining to incomplete grades.
- written and verbal explanations of the difference between a LOAN and a GRANT. *(Complete this item only if the school participates in a loan or grant program.)
- an invitation to tour the school's facilities and inspect equipment related to my planned program of instruction. (As an enrolling student, you will be asked to sign and date a receipt on the day you receive your required tour of the school.) **notice of all policies related to program interruption prior to completion. If printed in the school catalog, the policies are on page(s):**

B:

- If the school awards credit hours, I understand that transferability of any credit hours earned at this school may be limited. I have also been provided a list of all known Texas institutions of higher learning and state technical institutes that will accept any or all of the credit hours earned at this school.

(Student Initials)

C.

C:

- I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in my program/course length being shortened and the cost being reduced.
- I further realize that any grievances not resolved by the school may be forwarded to the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- A comparison of the cost to me for a similar course or program at other schools is available by contacting the Texas Workforce Commission, Career Schools and Colleges, Room 226T, 101 East 15th Street, Austin, Texas 78778-0001, (512) 936-3100.
- Employment in this career field (*does*) (*does not*) require state or national licensing, certification, or registration.

LVN-Texas Board of Nursing

(Name of State or National License, Certificate, or Registration, if required)

PROGRAM: <u>VN Program</u>		REPORT YEAR: 2015-16 (9/1/15-8/31/16)
NUMBER ENROLLED:	5	NUMBER OF JOB OPENINGS FOR THE LAST 12 MONTHS: _____
NUMBER OF GRADUATES: 0 still in class at time of reporting		(if data is available)
COMPLETION RATE: <u>0%</u>		AVERAGE YEARLY STARTING SALARY: _____
Still in class during time of reporting period		(if data is available) \$44,900.00
NUMBER OF GRADUATES EMPLOYED: <u>0</u>		US Dpt Labor 2016
(Graduates that found a job related to training)		YEARLY STARTING SALARY RANGE: _____
EMPLOYMENT RATE: 0%		(if data is available) (Low)
Still in class during time of reporting period		(High)
NUMBER OF GRADUATES PLACED:		EXAM PASSAGE RATE: 100 % 2016
(Graduates that found a job related to training, with the school's assistance) 0 still in VN program		(for programs that prepare for state licensing, certification, or registration exams)
PLACEMENT RATE: _____ %		

D: I understand that my certificate of completion and my transcript may be withheld if I have not fulfilled my financial obligations to this institution at the time of my graduation.

I certify that I have been provided all of the information above prior to my enrollment.

I understand that it is my responsibility to notify the school if I withdraw prior to completion.

I will receive a copy of this completed form and a copy of my enrollment agreement when signed.

(Signature of Student)

Date (mm/dd/yyyy)

Sample Refund Worksheet

Refund Worksheet - Vocational Programs

Texas Workforce Commission – Career Schools and Colleges

Instructions: Use this worksheet with all refunds for programs approved by TWC to demonstrate that each refund meets the state's minimum cancellation and refund requirement, even if your school's policy exceeds minimum requirements. Include the completed worksheet in the student's file. You must have all supportive documentation listed on page 2 readily available upon TWC request; we encourage you to attach copies of that documentation to this worksheet in the student's file. Use a separate worksheet for each program.

Date of this Refund Calculation _____

School #S _____ School Name _____

Student's Name _____ Student's SSN # _____

Student's Address _____

Student's Phone # _____ Refund Computed By _____

Type of funding (Check all applicable) LOAN, GRANT CASH, SPONSORED (by _____)

Program Name _____
(Full name as it appears on the List of Approved Courses of Instruction)

➔ Did the student drop from the program within 72 hours (until midnight of the third day, excluding Saturdays, Sundays and legal holidays) after the enrollment contract was signed? Yes No

➔ ➔ If the answer is Yes the student is due a full refund. ⚡⚡

➔ Did the student drop within the first 3 scheduled class days? Yes No

Note: If the student dropped during the first 3 scheduled class days, the school may retain not more than \$100 in administrative fees and items of extra expense that are necessary for the portion of the program attended. Anything retained must be stated separately on the enrollment agreement.

Total Course Time in the whole program (1a) _____ Tuition and included fees for the whole program (1b) \$ _____

Total Course Time in the portion charged (2a) _____ Tuition and included fees for the portion charged (2b) \$ _____

- (1) Program hours and costs should reflect totals adjusted for credit given for previous education and training, if applicable.
 (2) Course Time and Tuition for the current portion charged. The current portion charged may be the whole program.

Administrative fee for the whole program (May not exceed \$100): \$ _____ Other charges for the whole program \$ _____

Date of enrollment in the program _____ Date of termination from the program _____

For the Current Portion Charged: (Use these four items to check against the calculation for #4 below).

First Day of Attendance (Date) _____ Last Day of Attendance (Date) _____

Hours Scheduled Per Day _____ Days Scheduled Per Week _____

1. What portion of the program is the current portion for which the student has been charged?

The whole program → Calculate items below for the entire program.

A part of the program → Into how many portions is the program divided? _____

For which portion is the student charged? Portion #: _____ Calculate items below for this portion.

For the current portion of the program for which the student is charged:

Use whole hours, rounding to the nearest hour if necessary.

2. How many hours did the student attend? _____

3. For how many hours was the student absent? + _____

4. Calculate the total hours the student was scheduled for: = _____ (through the last date of attendance)

5. What is the Total Course Time in this portion of program? _____ (must match Total Course Time (2a) above)

6. Calculate the percentage of the program's Total Course Time for which the student was scheduled: _____ (#4 ÷ #5) Will be a decimal.

Refund Worksheet - Vocational Programs
Texas Workforce Commission – Career Schools and Colleges

Calculate to three decimal places (example: .452 (45.2%).

Use #6 to calculate #7. If .75 or greater (75% of this portion of the program), use 1.0 (100%) in the calculation.

7. Calculate tuition and included fees earned by the school for the current portion charged:

Tuition and included fees for current portion charged	\$		<i>(2b from previous page)</i>
#6 (From previous page)	×	.	
		=	\$

8. Total of tuition and fees earned from prior (How many?) portions charged \$

Earned fees and supplies for the whole program:

9. Administrative fees earned, but not included in tuition (not to exceed \$100.00) \$

10. Chargeable* books not included in tuition (*receipts required*): \$

11. Chargeable* supplies and other fees not included in tuition (*receipts required*): + \$

**Must be necessary for portion of program attended & separately stated in enrollment agreement*

12. Total earned by school for the whole program (items 7 + 8 + 9 + 10 + 11) = \$

13. Total amount paid towards #12 on behalf of student (*Fees, Tuition, Books, Supplies*) \$

14. Refund due (if #13 is greater than Item #12) = \$

15. Balance due school (if #13 is less than Item #12) \$

Documentation:

The following documents must be readily available, preferably attached to this Refund Worksheet in the Student's file:

1. Enrollment Agreement
2. Record of Previous Education & Training (CSC-010)
3. Complete attendance record
4. Complete progress record w/status changes
5. LOA/make-up requests (if applicable)
6. Ledger
7. Book & supply receipts (if applicable)
8. Proof of consummation of refund

For questions concerning Texas Workforce Commission Career Schools and Colleges Cancellation and Refund Policy, please consult the form series CSC-023; law governing Career Schools and Colleges, Title 3, Texas Education Code, Section 132.061 and 132.0611; and the Texas Career Schools and Colleges Rules, Title 40, Texas Administrative Code, Sections 807.261 through 807.264.

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

Cancellation and Refund Policy for Residence Schools - Vocational Programs

Texas Workforce Commission – Career Schools and Colleges

CANCELLATION POLICY

A full refund will be made to any student who cancels the enrollment contract within 72 hours (until midnight of the third day excluding Saturdays, Sundays and legal holidays) after the enrollment contract is signed. A full refund will also be made to any student who cancels enrollment within the student's first three scheduled class days, except that the school may retain not more than \$100 in any administrative fees charged, as well as items of extra expense that are necessary for the portion of the program attended and stated separately on the enrollment agreement.

REFUND POLICY

1. Refund computations will be based on scheduled course time of class attendance through the last date of attendance. Leaves of absence, suspensions and school holidays will not be counted as part of the scheduled class attendance.
2. The effective date of termination for refund purposes will be the earliest of the following:
 - (a) The last day of attendance, if the student is terminated by the school;
 - (b) The date of receipt of written notice from the student; or
 - (c) Ten school days following the last date of attendance.
3. If tuition and fees are collected in advance of entrance, and if after expiration of the 72 hour cancellation privilege the student does not enter school, not more than \$100 in any administrative fees charged shall be retained by the school for the entire residence program or synchronous distance education course.
4. If a student enters a residence or synchronous distance education program and withdraws or is otherwise terminated after the cancellation period, the school or college may retain not more than \$100 in any administrative fees charged for the entire program. The minimum refund of the remaining tuition and fees will be the pro rata portion of tuition, fees, and other charges that the number of hours remaining in the portion of the course or program for which the student has been charged after the effective date of termination bears to the total number of hours in the portion of the course or program for which the student has been charged, except that a student may not collect a refund if the student has completed 75 percent or more of the total number of hours in the portion of the program for which the student has been charged on the effective date of termination.¹
5. Refunds for items of extra expense to the student, such as books, tools, or other supplies are to be handled separately from refund of tuition and other academic fees. The student will not be required to purchase instructional supplies, books and tools until such time as these materials are required.

Once these materials are purchased, no refund will be made. For full refunds, the school can withhold costs for these types of items from the refund as long as they were necessary for the portion of the program attended and separately stated in the enrollment agreement. Any such items not required for the portion of the program attended must be included in the refund.

¹ More simply, the refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination, up to the 75% completion mark, after which no refund is due. Form CSC-1040R provides the precise calculation.

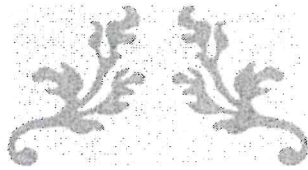
6. A student who withdraws for a reason unrelated to the student's academic status after the 75 percent completion mark and requests a grade at the time of withdrawal shall be given a grade of "incomplete" and permitted to re-enroll in the course or program during the 12-month period following the date the student withdrew without payment of additional tuition for that portion of the course or program.
7. A full refund of all tuition and fees is due and refundable in each of the following cases:
 - (a) An enrollee is not accepted by the school;
 - (b) If the course of instruction is discontinued by the school and this prevents the student from completing the course; or
 - (c) If the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school, or representations by the owner or representatives of the school.

A full or partial refund may also be due in other circumstances of program deficiencies or violations of requirements for career schools and colleges.

REFUND POLICY FOR STUDENTS CALLED TO ACTIVE MILITARY SERVICE

8. A student of the school or college who withdraws from the school or college as a result of the student being called to active duty in a military service of the United States or the Texas National Guard may elect one of the following options for each program in which the student is enrolled:
 - (a) If tuition and fees are collected in advance of the withdrawal, a pro rata refund of any tuition, fees, or other charges paid by the student for the program and a cancellation of any unpaid tuition, fees, or other charges owed by the student for the portion of the program the student does not complete following withdrawal;
 - (b) A grade of incomplete with the designation "withdrawn-military" for the courses in the program, other than courses for which the student has previously received a grade on the student's transcript, and the right to re-enroll in the program, or a substantially equivalent program if that program is no longer available, not later than the first anniversary of the date the student is discharged from active military duty without payment of additional tuition, fees, or other charges for the program other than any previously unpaid balance of the original tuition, fees, and charges for books for the program; or
 - (c) The assignment of an appropriate final grade or credit for the courses in the program, but only if the instructor or instructors of the program determine that the student has:
 - (1) satisfactorily completed at least 90 percent of the required coursework for the program; and
 - (2) demonstrated sufficient mastery of the program material to receive credit for completing the program.
9. The payment of refunds will be totally completed such that the refund instrument has been negotiated or credited into the proper account(s), within 60 days after the effective date of termination.

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.



THE VOCATIONAL NURSING INSTITUTE, INC.

HEALTH DOCUMENTS



The Vocational Nursing Institute, Inc.

Policy and Procedure Manual Student Health Clearance

POLICY: It is the policy of The Vocational Nursing Institute, Inc. upon admission to the Vocational Nursing (VN) Program and/or Nurse Aide (NA) Program that each student provides evidence of immunity and health status. Each student is required to show proof from their primary care physician that they are cleared to work with patients in a nursing student/nursing assistant capacity. All health information is kept confidential per HIPAA regulations. (see HIPAA policy and procedure manual).

Prior to the first day of class each student must furnish the school with the following documents:

- 1) **VN Annual History and Physical** – letter from the physician stating the student passed a physical. If the student is pregnant, or becomes pregnant or ill during the semester, then a release must be obtained from the physician releasing the school of all liability and that the student may attend school including lifting patients and caring for sick patients while pregnant.
- 2) **VN Hepatitis B Series (HBV) (or waived form)** – copy of 3 shot series or waived form
- 3) **VN TB test or chest x ray within the past 12 months** – Provide proof of TB Testing date. See infection control policies
- 4) **VN Measles, Mumps, and Rubella and/or rubella titer** – need proof of positive titer (lab test) for Measles, Mumps, and Rubella initialed by the health care provider for the student.
- 5) **VN Varicella (chicken pox)** – titer values initialed by the health care provider are acceptable (lab report) if original evidence of immunity is not available.
- 6) **VN/NA Tetanus and Diphtheria (Td or TdAP)** – must present evidence of exact date of vaccination within the last 10 years. If no documentation is available, then it must be done.

The school will offer and include AHA CPR to each student prior to their start date.

The school recommends that you take an influenza vaccine including H1N1.

PURPOSE: The nursing and nursing assistant students will have learning experiences that involve patient contact. The students will be at risk for both exposure and transmission of communicable diseases and blood borne pathogens. Therefore, the school policy is to decrease the health risks to patients and students alike and to protect the students and patients as much as possible by following the school's policies relating to infection control, OSHA, and the CDC (Centers for Disease Control).

Note: All clinical sites the school is working with have requirements for health clearance that the school must adhere to. It is mandatory that all health clearance documents be submitted within 5 days of starting the program and prior to the 1st day of clinical learning experiences. If not submitted, the student risks not participating in clinical rotations. All Clinical hours must be completed to graduate course.

If a student becomes ill or is hospitalized during the school year and becomes contagious or unable to perform his/her nursing student duties; an updated health clearance must be submitted from the health

The Vocational Nursing Institute, Inc.

Policy and Procedure Manual Student Health Clearance

care provider who was providing treatment to the student prior to the student returning to the clinical environment. The statement from the health care provider must be dated and state the student is able to return to their nursing student responsibilities as well as be free from any health impairment which is a potential risk for them or for the patients. Once a student is cleared by the Senior Clinical Instructor, the student must see the School Director to coordinate clinical make-up time. Make up sessions for clinical rotations are very difficult to arrange especially with the hospital systems. The school does not guarantee clinical rotation make up, which can delay graduation.

Some of the clinical sites may require additional information such as background checks, state child abuse registry checks, drug testing, as applicable. We will notify you if this is the case.

The Vocational Nursing Institute, Inc.

Policy and Procedure Manual Student Health Clearance

Nursing Student & Nurse Aide Student

Student Name: _____

- Proof of Negative TB test or chest x-ray
- CPR card
- Annual History and Physical Documentation
- Vaccination for Measles, Mumps, Rubella Documentation
- Rubella Titer as applicable
- Tetanus (Td or TdAP) with exact date in last 10 years Documentation
- Varicella Titer Documentation
- Hepatitis B evidence of 3 shot series or waived form
- Pregnancy clearance as applicable
- Flu vaccine Documentation (not mandatory)
- Authorization of student to share records with clinical sites Documentation

Students should submit this information to Kim Kelly RN BSN MSN LNC (School Director) or designee no later than the fifth day of class. We encourage you to submit this information as soon as possible after being notified of your acceptance into the program.

Completed by (First Name / Last Name)

(Title)

(date)

The Vocational Nursing Institute, Inc.

Policy and Procedure Manual Student Health Clearance

IMMUNIZATION DOCUMENTATION FORM

I _____ hereby release the following health information
Print First, Middle, Last Name

to The Vocational Nursing Institute, Inc. (VNI). I understand that additional information may be required and authorize VNI to release my health clearance information. All other documents associated may be required for my participation as a nursing student with clinical experience.

Student Signature

Date

PLEASE MAKE SURE ALL LAB REPORTS ARE ATTACHED AND INITIALED BY THE NURSE PRACTITIONER, PHYSICIAN ASSISTANT OR PHYSICIAN.

PRIOR VACCINATION HISTORY MUST BE ATTACHED FOR NEGATIVE TITERS.

Type of Immunization	Date Titer Drawn	Numerical Value	Pos. / Neg	Revaccination Date as applicable
Measles				
Mumps				
Rubella				
Varicella				
Hepatitis B				
Diphtheria/ Tetanus Toxoid (Td or TdAP) in last 10 years				

Signature of Certified Nurse Practitioner/Physician Assistant/Physician Title

Date

Print Name Certified NP/PA/Physician

Physician Address:

Number

Street

City

State

Zip

The Vocational Nursing Institute, Inc.

Policy and Procedure Manual Student Health Clearance

STUDENT AUTHORIZATION TO RELEASE MEDICAL RECORDS AND EDUCATION RECORDS TO CLINICAL ROTATION SITES

I understand that copies of my health records, performance records, status in the program, criminal history, competency and skills level(s), initiative and professional behavior, interactions with teachers, students, and patients, may be shared by the faculty of The Vocational Nursing Institute, Inc. and the staff of the rotation sites as applicable.

I _____ give The Vocational Nursing Institute, Inc.
Student name (first, middle, last)

program faculty and staff permission to disclose my relevant education and/or health records to
the clinical rotation sites for the year _____, only to the extent necessary for
i.e. 2011-2012

my progression in and completion of my program.

Student Signature

Printed Name

Date

The Vocational Nursing Institute, Inc.

Policy and Procedure Manual Student Health Clearance

HEPATITIS B VACCINE CONSENT FORM

Hepatitis B infection is caused by the Hepatitis B virus, which causes death in 1% to 2% of patients. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. The healthcare provider is at an increased risk for acquiring this infection. Hepatitis B vaccine (recombinant) is available and requires three injections for adequate response, although some persons may not develop immunity even after three doses. The duration of immunity is unknown at this time. The vaccine has been tested extensively for safety and efficiency in large-scale clinical trials with human subjects.

Engirex-B is a non-infectious recombinant DNA Hepatitis B vaccine. It contains purified surface antigen of the virus obtained by culturing a genetically engineered yeast cell, which carries the surface antigen gene of the Hepatitis B virus. The product contains no more than a 5% yeast protein. The vaccine side effects are very low. Tenderness and redness of the injection site and low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. I should not take this vaccine if pregnant or nursing because effects at this time are unknown. I further understand that I should not take this vaccine if active infection is present, an allergy to this compound is known, or if hypersensitive to yeast.

I have read the above statement, and have had the opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccine. I understand I must have three doses of the vaccine to confer immunity, however as with all medical treatment there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

I REALIZE IT IS MY RESPONSIBILITY TO RETURN IN ONE (1) AND SIX (6) MONTHS AFTER MY FIRST DOSE TO COMPLETE MY VACCINATION SERIES.

<u>DATE VACCINATED</u>	<u>LOT #</u>	<u>SITE</u>	<u>INITIALS</u>	<u>NEXT DOSE DUE</u>	<u>SIGNATURE OF</u>
				<u>WEEK OF</u>	<u>RECIPIENT</u>

1.

2.

3.

SCHOOL:
SEMESTER:

PROGRAM PARTICIPANT AND INSTRUCTOR ATTESTATION FORM

REQUIREMENTS	PARTICIPANT NAME	PARTICIPANT NAME	PARTICIPANT NAME	PARTICIPANT NAME	PARTICIPANT NAME	PARTICIPANT NAME	PARTICIPANT NAME
Health Information							
1. TB skin test results in mm and date If +, CXR within 12 months							
Documentation of vaccinations/Titers							
2. MMR (2) dates Titer results and date							
3. Varicella (2) dates Titer results and date							
4. Hepatitis B (3) dates Titer results and date							
5. Tdap within 10 years							
6. Seasonal Flu							
7. 10 Panel Drug Screen within 90 days							
Background Investigation **							
1. Criminal Search							
2. HHS/OI & GS list of excluded individuals							
3. Texas HHS list of excluded Individuals							
4. Violent Sexual Offender & Predator registry search							
As a designated representative of the School named below, I attest that the above information is present in the student's file and that the above named students have been determined to be competent for the field of study and assigned area. I further attest that the above information is present in the faculty member's file. I further attest that the background investigation report does not include any information about prior or pending investigations, reviews, sanctions or peer review proceedings; or limitations of any licenses. This attestation is provided in lieu of providing a copy of the background investigation report for each student and faculty/staff member.							
School Representative and Title:							
Signature:							

To Be Completed by the Hospital:	
1. Facility Orientation	
2. HIPAA	
3. Code of Conduct	
** Up to 7 years or up to 5 searches	

The Vocational Nursing Institute, Inc.

Clinical Performance Requirements Vocational Nursing Students

Clinical is a critical component of learning in the School of Nursing. In clinical the student represents the nursing profession and the The Vocational Nursing Institute, Inc. Students are expected to be professional and provide safe client care. In order to do this students are expected to be prepared for clinical. This means that all required study guides and clinical preparation tools must be completed before the time you are expected to be at clinical. Students who are unprepared for clinical will be removed from the clinical site and sent home from clinical. Consistently being unprepared for clinical will result in failure of the clinical portion of the course, hence failure in the course. If a student misses any clinical experience it will put them at risk not to graduate on time!

Provide safe client care. Clinical is a learning experience where students apply what is learned in class and through preparation provide safe client care. Therefore students are evaluated on their ability to consistently perform safe client care, which is clearly detailed in the clinical evaluation tool. Students who are unsafe in clinical practice will fail clinical, hence will fail the course.

Each clinical experience across the program of study builds on each other in complexity and performance expectations. Even though the focus of who is the client changes, such as pediatric, community, or complex care of the adult, the behaviors and knowledge of what is expected for the student to pass clinical respectively increases as their ability to perform more independent complex client care increases. Expected student performance for the clinical is clearly detailed by program outcome in the clinical evaluation tool with specific exemplars. Students must complete the clinical reflection journal at a passing level in order to pass the clinical portion of the course. Consistently late or minimal reflection journal entries will be considered inadequate and result in

Students will be formally evaluated by faculty at mid-clinical and at the end of the clinical experience. Students will complete a detailed clinical self-evaluation at the end of clinical, which is to be turned in and discussed with their clinical faculty at the end of clinical evaluation.

At times students become ill or have an emergency and are not able to attend clinical. Students are expected to contact The Vocational Nursing Institute, Inc. clinical faculty and the clinical site before or at the time clinical starts to get an excused clinical absence and discuss make-up requirements. Students who need to make up clinical are expected to do so at their own expense. Reference School of Nursing Student Handbook for details.

Students are expected to be on time for clinical and to be dressed in appropriate professional Clinical attire. Students who are inappropriately dressed for clinical will be sent home. Reference School of Nursing Student Handbook for details.

(Student) Print Name

(Student) Signature

(Date)

(Clinical Faculty) Signature

(Date)

THE VOCATIONAL NURSING INSTITUTE, INC.

ADMINISTRATIVE POLICY & PROCEDURE MANUAL

Policy Number: 1

Page 1 of 1

TITLE: STUDENTS MUST MEET PHYSICAL REQUIREMENTS AND DUTIES FOR NURSING POSITION

Effective Date: 12-11-09

Revised Date:

PURPOSE: To identify that all students accepted into the Vocational Nursing Institute, Inc. must be able to meet the physical demands and duties of the licensed nurse position.

POLICY: It is the policy of this school to admit students who are able to meet the job duties and tasks of the licensed vocational nurse and who can lift, and perform all duties to successfully graduate from the licensed vocational nurse program.

PROCEDURE:

1. All applicants will be presented with the physical requirements that most employers will require for the position of licensed vocational nurse. This will be outlined in the school catalog as an additional handout.
2. All applicants must verify that they can meet the physical requirements for the licensed vocational nurse position prior to acceptance to the college.
3. The Board will review all of the applicants information prior to accepting them to the school and ensure that this verification has been completed. In the event an applicant is unable to meet the physical demands of the licensed vocational nurse position, they will not be accepted into the school.

The specific physical demands as defined by the school are:

1. Dexterity of hands and fingers to operate specialized medical equipment
2. Seeing to read a variety of materials and monitor health conditions
3. Hearing and speaking to exchange information and operate equipment
4. Reaching over head, above the shoulders and horizontally
5. Sitting or standing for extended periods of time
6. Lift at least 40 pounds
7. Two person lift over 40 pounds
8. Significant lifting, carrying, pushing, and/or pulling; frequent climbing and balancing; frequent stooping, kneeling, crouching, and/or crawling. Generally job requires 20% sitting, 40% walking, 40% standing. The job is performed in hazardous conditions and in a clean atmosphere.

I, _____ applicant of the Vocational Nursing Institute, Inc. acknowledge that I have read the specific physical demands of the LVN position and am able to meet those requirements.

Name of Applicant

Signature

Date

Location:TX

THE VOCATIONAL NURSING INSTITUTE, INC.

ADMINISTRATIVE POLICY & PROCEDURE MANUAL

Policy Number:

TITLE: **CRIMINAL HISTORY, EMPLOYEE MISCONDUCT, NURSE AIDE REGISTRY CHECKS**

Effective Date: 8/1/2011

Revised Date:

Page 1 of 2

PURPOSE:

To assure that the school follows the State laws and requests of the clinical sites in regards to criminal history checks and ensures that persons caring for patients have no criminal history.

POLICY:

A criminal history check will be required for all nurse aide applicants who have direct patient contact or access to patient record and/or with any patient, patient's family, patient's visitors or the property of such persons, in accordance with Health & Safety Code Chapters 250,142.

PROCEDURE:

- A. The School will inform each applicant that applies for the nurse aide program that the school is required to conduct a criminal history check before an offer of admission can be made on all students providing direct contact with a consumer of the school or who have access to patient records.
- B. The prospective student applicant must complete a criminal history form. The criminal history check must be completed PRIOR to admittance of the student. The School must search the Nurse Aide Registry and Employee Misconduct Registry at the DADS website: <http://www.dads.state.tx.us/providers/employability/eseach.cfm> to determine if the person is listed with any violations, and file the report in the student file. Please note that some of our clinical sites will request a copy of such check.
- C. The criminal history check may be repeated PRN.
- D. No person shall be admitted to the school with any positive history check in the items which bar employment or if they are listed in the registry as having a finding of misconduct.
- E. If the criminal history check is positive then a conference will be conducted between the School Director and/or Clinical Instructor and the student applicant will be notified they are not eligible for admittance to the school.
- F. The School will review any criminal conviction listed on the DPS report to determine if the conviction(s) meets the criteria as an automatic bar for admittance to the School and bars the individual from employment as a nurse aide.
- G. If the School believes a conviction may bar a person from employment in the community, the School will notify the student applicant. The notification will include a statement informing the person he/she may contact DPS to request an opportunity to be heard concerning the accuracy of the criminal history record information.

Location: TX

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ADMINISTRATIVE POLICY & PROCEDURE MANUAL

Policy Number:

TITLE:

CRIMINAL HISTORY, EMPLOYEE
MISCONDUCT, NURSE AIDE REGISTRY
CHECKS

Effective Date: 8/1/2011

Revised Date:

Page 2 of 2

H. The School will not admit an applicant for nurse aide program and will immediately discharge a student if the School:

- (1) determines, as a result of a criminal history check, a person has been convicted of the automatic bars to employment;
- (2) becomes informed of a person's conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of the automatic bars to employment;
- (3) determines that a person is listed in the nurse aide registry (established under the Omnibus Reconciliation Act of 1987) as unemployable due to findings of abuse, neglect, or mistreatment of a consumer of any agency or facility licensed under Health and Safety Code, or misappropriation of a consumer's property; or
- (4) determines a person is listed in the employee misconduct registry (established under Health and Safety Code, Chapter 253), as unemployable due to a finding the person has committed an act constituting "reportable conduct."

I. The School may request a criminal history conviction check on unlicensed employees at any time the School determines appropriate.

J. The criminal history records and the information they contain will not be released or otherwise disclosed to any person or entity other than the student of faculty on a need to know basis, except on court order or by written consent.

Location: TX

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THE VOCATIONAL NURSING INSTITUTE, INC.

NURSE AIDE REGISTRY (NAR) AND EMPLOYEE MISCONDUCT REGISTRY (EMR) DOCUMENTATION

Applicant Name: _____

The School must search the nurse aide registry (NAR) and the employee misconduct registry (EMR) when screening applicants for admission to the nurse aide program who have direct patient contact or access to patient records. The School must use the **DADS' Employability Status Search website listed below:** <http://www.dads.state.tx.us/providers/employability/esearch.cfm>, to verify the applicant is not listed with a finding concerning abuse, neglect, or exploitation or mistreatment of a client of an agency or a facility, or misappropriation of a client's property as required by Texas Health and Safety Code §253.008.

A person listed in the EMR will not be offered admission to this school.

As required by Texas Health and Safety Code §250.003, the agency shall immediately terminate a student if the School becomes aware a student is designated in the NAR or the EMR with:

- a finding concerning abuse, neglect, or exploitation or mistreatment of a client of an agency or a facility, or misappropriation of a client's property; or
- whose criminal history check reveals conviction of a crime that bars employment or that the agency determines is a contraindication to employment as a nurse aide in the community. There would be no point in becoming a nursing assistant, if the individual could not work in the community served.

The NAR and the EMR report was verified by using **DADS' Employability Status Search website at:** <http://www.dads.state.tx.us/providers/employability/esearch.cfm>

Prior to admission to the school

Date of search: _____

No reports were on file.

See attached reports

Comments: _____

Employee Signature

Date

Supervisor Signature

Date

THE VOCATIONAL NURSING INSTITUTE, INC.

DISCLOSURE AND AUTHORIZATION

In connection with my application for employment (including volunteer and/or contract services, etc.), I UNDERSTAND THAT CONSUMER REPORTS, WHICH MAY CONTAIN PUBLIC RECORD INFORMATION, MAY BE REQUESTED BY THE EMPLOYER FROM ASSOCIATED SERVICES EMPLOYMENT CHECK (ASEC). ASEC is a division of Associated Background Check, Inc.

These reports, which ASEC may provide to the employer, may include the following types of investigative information: names and dates of previous employers, reason for termination of employment, work experience, education, references, etc. I FURTHER UNDERSTAND that such reports may contain public record information concerning my driving record, credit history, bankruptcy proceedings, criminal records, civil filings, etc., from county, federal, state, and other agencies which maintain such records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY ASSOCIATED SERVICES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to ASEC upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ASEC has previously furnished within the two year period preceding my request.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to obtain consumer reports at any time during my employment (or contract) period.

*PLEASE SIGN/DATE HERE, AND THEN FILL OUT THE IDENTIFICATION INFORMATION IN BOX BELOW:

*APPLICANT'S SIGNATURE

*DATE

The information below is required for identification and background screening purposes only:

SOCIAL SECURITY NUMBER

COUNTY OF RESIDENCE

DATE OF BIRTH (mm/dd/yyyy)

OTHER LAST NAMES (INDICATE IF MAIDEN)

CURRENT ADDRESS

PREVIOUS ADDRESS

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

PRINT NAME (First / Middle / Last)

DRIVERS LICENSE NUMBER & STATE

ADDITIONAL FORMER RESIDENCES FOR LAST SEVEN (7) YEARS IF APPLICABLE:

(1) _____
CITY / STATE / ZIP

(2) _____
CITY / STATE / ZIP

Applicants in CA, MN, OK, ME, NY: You have the right to receive a copy of the consumer report.
Please indicate if you would like to be furnished with one: Yes No

**CONTACT ASEC: PHONE (713) 461-7381 or (800) 290-1826 / FAX 713.895.8432 or 800.852.0407
E-MAIL: backgroundcheck@assocserve.com / WEBSITE: www.assocserve.com**