

# Application Checklist for Vocational Nursing Program

Your application is **NOT COMPLETE** and will **NOT** be considered in the admission process until **ALL** forms and any required documentation is included

Use the checklist below to verify that all information is needed. Sign and date this form. Submit this and the indicated information to the Vocational Nursing Program Director or department secretary. These items may be mailed or delivered to the specific departments listed. All information, current and accurate, is required by the application deadline of **JUNE 15<sup>th</sup>** for fall admission and **OCTOBER 15<sup>th</sup>** for spring admission. **A \$20 application fee is required.** Please attach a copy of the payment receipt to this application.

- MCC Student ID#:** \_\_\_\_\_
- Application for Admission to McLennan Community College.** LVN Applicants must be admitted to MCC before they can be considered for the program.
- Application for the Vocational Nursing program.** Completed application must be sent to the Vocational Nursing Program Director. **Include copy of utility bill or Driver's License that includes your current address.**
- Application Fee Receipt.** A \$20 application fee is required. Pay at the Business Office and **attach a copy of the receipt to the Vocational Nursing Program application.**
- Documentation - Proof of completion** of any **one of the Texas college placement tests** to include test scores in **Reading, Writing, and Mathematics** or **placement test Exemption Status. Must be TSI complete** If not taken yet, indicate date when test will be complete. **If required** (based on TSI or approved alternative test results); Math 0311 (Intermediate Algebra) or the 0137/0138/0139 sequence, or Math 1332 or Math 1342 and Reading INRW 401 & INRW 402 must also be completed. This information must be supplied to **both** the Vocational Nursing Program Director and the Admissions Department.
- Documentation - Transcripts** from all colleges where you have earned credit. This information must be supplied to **both** the Vocational Nursing Program Director and the Admissions Department. **The Admissions Department MUST have Official Transcripts.** *Note: It is the applicant's responsibility* to submit updated transcripts to the Office of Student Admissions as additional courses are completed.
- Documentation - Immunization and CPR Requirements.** If accepted into the LVN program, you must provide proof of immunization against Hepatitis B, varicella (chicken pox), measles, mumps, rubella, diphtheria/tetanus, influenza, and Covid vaccine. You must also provide proof of **Two (2)** negative TB test, proof of current CPR certification (**online CPR certification will not be accepted**) and proof of Health Insurance coverage. **Students will upload all immunizations into the immunization tracker, Complio, AFTER being accepted into the LVN program. Please DO NOT turn in any immunizations with the application.**
- Documentation - HESI A2 Test Score.** Only MCC HESI A2 scores will be accepted. Must score a **minimum** of **75%** in all five categories (Reading, Grammar, Vocabulary, A&P, and Math). Submit your most recent HESI A2 scores with this application, even if you are applying to another nursing program.
- Documentation - HESI A2 Test Score, Critical Thinking scores.**
- All Academic Courses must be completed** with grade of C or higher before entering the program. **BIOL 2404 \***, **SPEECH** (CHOOSE ONE: 1311, 1315, 1318, 1321) **PSYC 2301** - General Psychology, **HPRS 1206** - Medical Terminology.

**NOTE: \* BIOL 2404 Course Substitution:** BIOL 2401 & 2402 (ALL science courses must be LESS than 5 years old)

After you have completed and checked all applicable items above, you are now ready to turn in your application. **Anything checked on the checklist must be included with the application, with the exception of immunizations. It is the student's responsibility to make copies of all documentation.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# Application for Vocational Nursing Program

Application deadline is JUNE 15<sup>th</sup> for the fall semester and OCTOBER 15<sup>st</sup> for the spring semester. This application is effective for **ONLY ONE** review. A new application is required for each admission. Print clearly. A \$20 application fee is required. Please attach a copy of the payment receipt to this application.

- Name: \_\_\_\_\_  
*Last Name First Name Middle Name Other names used on records*
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- High School grad: \_\_\_\_\_ High School location: \_\_\_\_\_ GED completed: \_\_\_\_\_
- Current address (include proof of address):  
\_\_\_\_\_  
*House number, Street, Route or P.O. Box number, Apartment number*  
\_\_\_\_\_  
*City, State, Zip code, County*

- E-mail address: \_\_\_\_\_ (PRINT CLEARLY)
- Telephone number: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_
- Admission requested for: **Fall** class \_\_\_\_\_ **Spring** class \_\_\_\_\_ (select one only)  
*Year Year*
- Are you applying to **other** Health Science Programs? \_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, please check all that apply.**  
\_\_\_\_ ADN \_\_\_\_ RADT \_\_\_\_ RESP \_\_\_\_ SRGT \_\_\_\_ PTA \_\_\_\_ MLT \_\_\_\_ HIT \_\_\_\_ END/PSG \_\_\_\_ EMS/Paramedicine
- Were you previously enrolled in this Vocational Nursing Program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Where and when did you take the HESI A2 Test? \_\_\_\_\_

Attach a copy of your HESI A2 scores to this application. Only MCC HESI A2 scores will be accepted.

- MCC Student ID#: \_\_\_\_\_
- List all colleges and/or vocational-technical schools you have attended, including MCC. **Include unofficial transcripts.**

*Colleges and Dates attended:*

\_\_\_\_\_  
\_\_\_\_\_

Are you currently, or have you ever been, expelled or placed on disciplinary suspension from any college or university? (This does NOT include academic or financial aid suspension.) \_\_\_\_\_ Yes \_\_\_\_\_ No

The steps outlined on the Application Checklist (admission to the college, testing, transcripts, etc.) **must be completed before the application can be considered for admission to the Vocational Nursing Program.** For program information, contact Kim McGee at (254) 299-8370 or [ksales-mcgee@mclennan.edu](mailto:ksales-mcgee@mclennan.edu).

**I certify that the information furnished in this application is complete and correct.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

RETURN THIS FORM TO:

Vocational Nursing / 1400 College Drive Waco, TX 76708

[www.mclennan.edu/departments/hsp](http://www.mclennan.edu/departments/hsp)