



ALLIED HEALTH **STUDENT NAME:** _____
CONTINUING EDUCATION **STUDENT ID/V#:** _____
MEDICATION AIDE FOR NURSE AIDE
ADMISSION REQUIREMENTS
Every item listed must be met and submitted to apply

- Completed Allied Health Continuing Education registration form; which can be located online at www.victoriacollege.edu/healthcareprofessions
- Applicant must provide a valid email address, as this will be how applicant will be contacted
- Financial Aid (FAFSA) completion is **required** prior to turning in application. Payment is **NOT DUE** at time of application – The cost of the course is \$690 which includes tuition and textbook.
- Clear and approved DPS background check (for each legal name ever used) **Must be dated within 30 days of turning in application**
- Notarized copy of High School diploma **or** official high school transcript with graduation date **or** notarized copy of GED
- Applicant must be current Nurse Aide on Texas Health and Human Services State Registry
- Please note: Health and Human Services require students be employed by an approved facility by the first day of class
- Current Basic Life Support CPR certification, from American Heart Association (online course not accepted)
- Application confirmation checklist; initialed and signed

Immunizations

- Hepatitis B- 6 month Series (3 injections) **or** serologic (lab) confirmation of immunity (titer)
- One current TB test with negative results (TB skin test only valid for one year, must be valid thru duration of course end date); or chest x-ray report within the last 5 years clearly indicating no tuberculosis disease is present.

ONLY COPIES WILL BE ACCEPTED. OUR OFFICE WILL NOT MAKE COPIES OF RECORDS FOR APPLICANTS. RECORDS SUBMITTED WITH APPLICATION PACKET WILL NOT BE RELEASED BACK TO APPLICANT AT THEIR REQUEST. IT IS IMPORTANT APPLICANT KEEPS ORIGINAL DOCUMENTATION.

VERY IMPORTANT: Application and registration process has changed. Acceptance of an application does not guarantee student a seat in the course. Admission applications with all requirements must be submitted by semester deadline for consideration. Space is limited; selection processing dates vary per semester. Applicants must notify the Allied Health CE staff of any change in contact information, failure to do so may result in the withdrawal of application. Applications are only valid for semester applied to. Each class has a minimum enrollment and is subject to cancellation if minimum enrollment is not reached.

ALLIED HEALTH CE Contact Numbers: (361) 582-2412; (361) 582-2420 or (361) 572-6443
View current schedule at www.VictoriaCollege.edu/HealthCareProfessions

**For staff use: All required documents reviewed and approved by:

Staff signature: _____ Date Received _____



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***Texas Health and Human Services Medication Aide Permitting Exam is included in this training and will be administered at the end of class. To qualify for this exam, you must provide, in addition to the information submitted for registration:**

- Notarized Employment Verification Form from current employer dated on or after first class date. You must be employed in a facility as a certified nurse aide or licensed direct care staff person.

CRIMINAL BACKGROUND CHECK

- Individual Department of Public Safety (DPS) background check:
<https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>
 - Cost - \$3.58/report
 - An account will need to be set up to complete the process
 - Applicant will be required to submit a report for each legal name ever used (maiden/married)
 - Individuals who are listed as unemployable on the LTC Employee Misconduct Registry and have been convicted of a criminal offense listed in the Texas Health & Safety Code, 250.006 are not eligible for the nurse aide training program. Criminal history clearance through Victoria College does not constitute clearance through potential employers or hiring entities.
- **The following offenses will disqualify an individual from eligibility for admission: (this includes, but is not limited to)**
 1. **Registered sex offenders**
 2. **Listed on Texas Department of Aging and Disability Employee Misconduct Registry**
 3. **Felony convictions**
 4. **Felony deferred adjudications involving crimes against persons (physical or sexual abuse)**
 5. **Known or observed abuse or neglect of patients/clients/customers**
 6. **Observed or proven theft**
 7. **Convictions of violent acts (misdemeanor or felony)**
 8. **Misapplication of fiduciary property or property of a financial institution (Class A misdemeanor or felony)**
 9. **Securing execution of a document by deception (Class A misdemeanor or felony)**
 10. **Violence in the workplace**
 11. **Currently on probation**

TSI ASSESSMENT

The TSI Assessment (TSIA) is part of the Texas Success Initiative program designed to help determine if you are ready for college-level coursework in the general area of reading. Applicants must take the reading portion and receive a minimum score of 351. Test is given at the Testing Center, fee is \$12 for more information please visit <http://www.victoriacollege.edu/Explore/GettingStarted/TSI>

FINANCIAL AID

- To apply for Financial Aid, complete the Free Application for Federal Student Aid (FAFSA) online at <https://fafsa.ed.gov/> or in the Financial Aid office located in the Student Services Building, Room 108. NOTE: You will need your income tax return for the previous year to complete this application.
- One week after FAFSA submission, you will need to contact the Financial Aid office at (361) 572-6415 or FinancialAid@VictoriaCollege.edu to follow-up on the status of your application. If selected for verification, additional documentation may be required.
- Please allow 4-6 weeks for processing. Financial Aid must be approved prior to course registration.



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Requirement Confirmation Check List

No late packets will be accepted

Instructions: Read each item of information, and then place your **initials** next to each item confirming notification. Retain a copy for your records.

___ I have read all of the material contained in the requirement packet and understand the selection process for registration.

___ I understand that I will not be qualified for admission if I submit a requirement packet that is incomplete, or does not meet application/program requirements.

___ I understand that after my application is accepted and verified, it is my responsibility to notify the Victoria College Allied Health CE Office (361) 582-2412 of any changes in my address or telephone number, or status.

___ I understand it is my responsibility to: gather all required information and make copies for my own records. Allied Health CE office does not keep requirement packets after the class has ended and will not give copies of information back to the student.

___ I understand that tuition is **NOT DUE** at time of application, however if I am notified of being admitted into the program, my failure to pay tuition by the noted deadline will result in losing my seat in the program.

___ I understand that my application will be ranked according to specific criteria, using a point system based on all requirements turned in by deadline.

___ I understand that the Allied Health CE program admission policies are based on published college policies; Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations.

___ I understand that The Victoria College reserves the right to make revisions in the Allied Health CE program requirements and/or selection procedures, and I am aware that I am responsible for monitoring the college websites of any changes.

___ I understand if I do not have a clear criminal background that although I may complete the course successfully, I may not be hireable by an agency even though certified.

___ I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the staff of the Allied Health CE department will read the information contained in this application. I have read and understand all information included as part of this application.

___ I understand that if it is my intent to use financial aid as payment, I am required to complete the FAFSA form and submit prior to turning in my application. As proof of submission, I will provide my FAFSA confirmation number here. FAFSA Confirmation Number (**Required**): _____ (If not applying for FAFSA, write "Private Pay.")

Signature _____ Date _____

Staff _____ Date _____



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Allied Health Continuing Education Registration Form

This form may be emailed, mailed through USPS, or delivered in person. (DO NOT FAX)

Allied Health - CE Programs
2200 E. Red River Street
Health Sciences Center, Suite 136
Victoria, TX 77901
Phone: (361) 582-2412
HealthCareers@VictoriaCollege.edu

Office use only – Term/CRN: _____

Student V# _____ Course Title _____ Date of Class(es) _____

Last Name _____ First Name _____ MI _____ Sex _____ Primary Phone # _____ Work Phone # _____

Social Security Number _____ Date of Birth _____ Employer _____

Mailing address _____ City, State, Zip _____ County of Residence _____

Email address (REQUIRED) _____ If HS graduate please provide Year & HS attended _____

Demographic Information (These questions are used by the state to help provide support for VC programs. Not required, but cooperation is appreciated)

1. Please indicate your ethnic origin (check one): African American _____ Alaskan Native/American Indian _____
Asian or Pacific Islander _____ Hispanic _____ White _____ Non-Resident Alien _____ Other (indicate) _____
2. Highest level of education (check one): Not a HS graduate _____ GED _____ HS graduate _____ Some college, no degree _____
State-approved certificate _____ Associate Degree _____ Bachelor's Degree _____ Graduate Degree _____
3. Marital Status (check one): Single never married _____ Separated _____ Divorced _____ Married _____ Widowed _____
4. Are you currently receiving financial assistance (TANF, SNAP, Unemployment): Yes _____ if so what type: _____ No _____
5. Are you currently reported as a dependent for income tax purposes by a parent or guardian? Yes _____ No _____
6. Indicate the number of family members, including yourself, whom your parents or you/your spouse support: _____
7. Please indicate your household income level (check one): Less than \$20,000 _____ \$20,000 - \$39,999 _____ \$40,000 - \$59,999 _____
\$60,000 - \$79,999 _____ Greater than \$80,000 _____
8. Do you have difficulty speaking, reading, or writing English because it is not your native language? Yes _____ No _____
9. Have you devoted yourself to making a home, been left alone because of death, separation/divorce, or an absent spouse and find it necessary to obtain marketable skills? Yes _____ No _____
10. Are you a single parent (divorced, legally separated, widowed, or never married with sole or joint custody of a minor child/children) or a single pregnant female? Yes _____ No _____

11. Please indicate the HIGHEST LEVEL of education attained by (check on in each column):

	Mother	Father
Eight grade education or less		
Some high school but did not graduate		
A high school graduate/GED		
Some college but no degree		
Associate Degree		
Bachelor's Degree		
Master's/Ph.D.		

Payment is to be made through Pirate Portal or in-person in the Payments Office located in the Student Services Building. Information will be emailed to you along with your receipt.