

Prairie View A&M University

College of Nursing – Graduate Program



APPLICATION PACKET



Masters Degree & Post Masters Certificate Program Offerings

Masters Degree Offerings

MSN – Family Nurse Practitioner
MSN – Nurse Administration
MSN – Nurse Education

Post Certificate Offerings

Family Nurse Practitioner
Nurse Administration
Nurse Education

Office of Admissions – Graduate Program: 6436 Fannin Street Houston, Texas 77030
Office: (713) 797-7000 • Fax: (713) 797-7092 • Email: graduatenuresing@pvamu.edu • Website: www.pvamu.edu

REV. 9/16/15



Prairie View A&M University
College of Nursing - Graduate Program

CRITERIA FOR ADMISSIONS

The general policies relating to admission of graduate students to the College of Nursing are consistent with those of the Graduate School. Applicants applying for admission to graduate study in the Prairie View A&M University College of Nursing must hold a baccalaureate degree in nursing from a program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE), hold a current license as a registered nurse in the State of Texas or have an application for licensure in progress and be employed as a professional nurse for at least one year.

The applicant must also meet the following criteria for admission for graduate study in the College of Nursing:

1. An application for admission and official transcripts covering all periods of enrollment in institutions of higher education to the Graduate School and the College of Nursing.
2. Satisfactory completion of a basic statistics course and a health assessment course (no more than 10 years old if not included in BSN curriculum).
3. Possess a GPA of 2.75 on a 4.0 scale in the last 60 hours of coursework toward the undergraduate nursing degree and a minimum GPA of 3.0 (B average) in all prior graduate course work.
4. Graduate Record Examination (GRE) scores that are within ten (10) years.
5. Three (3) letters of recommendation from professional nurses, one of which must be from a former nursing faculty.
6. A current resume' or curriculum vita.
7. Official documentation of a negative criminal background check and drug screening tests.
8. Completion of an individual interview with graduate faculty/committee.

Prairie View A&M University - Graduate Program

3-STEP APPLICATION PROCESS

1. Complete Texas Online Application for admission to Prairie View A&M University at www.applytexas.org. Then, print and retain a copy of the completed application, which should be submitted with your application packet to the College of Nursing
 - *The online application goes directly to the Graduate School at the Main Campus and instantly generates a temporary student ID number that becomes permanent based on acceptance to the graduate program.*
2. Pay the non-refundable \$50.00 application fee (at www.pvamu.edu, click on Online Services, then Panthers Marketplace), and a retain copy of the receipt of payment.
3. Submit a Complete Application Packet with all items listed on the application checklist to the College of Nursing – Houston Site:

ATTN: Graduate Admissions
Prairie View A&M University – College of Nursing
6436 Fannin Street
Houston, Texas 77030

Application packets must be complete and received by the initial deadline to be considered for the designated semester in which the application is submitted.



Prairie View A&M University
College of Nursing - Graduate Program

ADMISSION CHECKLIST

Name: _____ Semester & Year Applying: _____
Major Pursuing: _____ Full-Time/Part-Time: _____

The application items mentioned below must be completed and submitted together as one complete packet. Use the checklist to make sure all items are included.

- Application
- Copy of Online Application Payment (\$50.00)
- Resume or Curriculum Vitae
- 2 +Year Experience as an RN
- GRE Scores
(Note: GRE scores must be submitted with the application. Application packets without GRE Scores will not be reviewed.)
- Transcripts from all Colleges & Universities Attended*
- GPA 2.75
- 3 Recommendations:
 - Reference – Former Nursing Faculty
 - Reference – Professional Nurse
 - Reference – Professional Nurse
- Negative Background Check (from Harris County District Office)
- Negative Drug Screen (from Lab Corp) – **Submit copy of receipt or carbon copy of triplicate form**
- CPR Card (copy of front & back)
- Completed Physical Exam & TB skin Test/Chest X-ray
- Completed immunization form or attached records
- Health Insurance

*International Transcripts must be evaluated by a recognized Foreign Credentials Evaluation Service. This should be sent in an official sealed envelope, **no copies are accepted**. An official international transcript is not needed along with the evaluated transcript.

College of Nursing Deadlines for Applications is the following:

- Fall Admission: June 1st
- Spring Admission: October 1st

****Priority will be given to application packets that are submitted before and on the deadline.**
(i.e. June 1st and October 1st).

ADMISSION APPLICATION

Prairie View A&M University
6436 Fannin Street
Prairie View, Texas 77030



THE COLLEGE OF NURSING

Phone: (713) 797-7000

Fax: (713) 797-7092

THE GRADUATE SCHOOL

Phone: (936) 261-3500

Fax: (936) 261-3529

Website: www.pvamu.edu

Email: graduatenursing@pvamu.edu

WHEN TO APPLY

For admission to a master's program, at least 2 months should be allowed for processing. International applicants should allow more time for the application process. Applicants interested in assistantships should apply even earlier and contact the respective departments for information. The deadlines for admission are:

Deadline/\$50 Fee

Fall	June 1
Spring	October 1

Send application and information to:

Graduate Nursing Admissions
Prairie View A&M University
6436 Fannin Street
Houston, Texas 77030

APPLICATION

Applicants for admission must hold a **Bachelor's Degree** from an accredited institution, or must expect to receive the degree, before matriculating in the Prairie View A&M University Graduate School. An applicant to a degree program will be evaluated for admission only when the following are submitted to the Graduate School: (1) the Application for Admission; (2) the \$50.00 (**non-refundable**) application fee; (3) **The Graduate Records Examination (GRE) scores (GRE scores must be submitted with the application packet)**; (4) Three letters of recommendation; (5) official transcripts from EACH institution attended, which must be **forwarded directly from the institution(s). Transcripts "Issued to Student" will ONLY be accepted in a sealed envelope.** Applicants **must** include **ALL** institutions attended regardless of the number or type of credits taken, terms attended, or whether transfer credits are reflected on another transcript; The Test of English as a Foreign Language (TOEFL) for all non-native speakers of English must be taken before you can be admitted to the University. International students must have their transcripts evaluated by a **recognized Foreign Credentials Evaluation Service** (form should be requested from the Office of the Graduate School). A notarized "Affidavit of Support" is required for all International students. International students must submit **ALL** admission materials before admission.

STANDARDIZED TESTS

GRADUATE RECORD EXAMINATIONS (GRE)

All applicants for admission to a graduate degree program (other than business) must submit valid scores (scores obtained within the last 10 years) from the GRE General Test to the Graduate School. The GRE is administered by the Educational Testing Service. If a copy of the current *GRE Information & Registration Bulletin* is unavailable at a nearby institution, write to: Graduate Record Examinations, Educational Testing Service, Box 6000, Princeton, NJ 08541-6000, USA, or online via the World Wide Web at: <http://www.gre.org>.

Note: The GMAT is not accepted as a substitute for the GRE exam to the Graduate Nursing Program.

TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)

Valid TOEFL scores (scores obtained within the last 10 years) are required of all non-native speakers of English applying for admission to the Graduate School. If a copy of the current bulletin of *Information for TOEFL* is unavailable at a nearby institution, write to: TOEFL Services, P.O. Box 6151, Princeton, NJ 08541-6151, USA, or online via the World Wide Web at: <http://webl.toefl.org>.

REGISTRATION

Formal admission to the Graduate School must be initiated before registration for graduate courses can be honored. Once accepted into the Graduate Nursing Program, please contact the Academic Advisor assigned. For current registration dates visit our website at www.pvamu.edu and select the calendar link on the main web page.

Note: It is the applicant's responsibility to ensure that a complete application package is received in the Graduate School on or before the deadline. An incomplete application package will remain on file for one year.

Application for Admission
Prairie View A&M University – Graduate Nursing Programs
6436 Fannin Street
Houston, Texas 77030

FOR OFFICE USE ONLY

- Application Fee _____
- 2nd Master's Degree
- Readmit
- Other _____

Please print or type all information. Where a date is indicated, please use the month number (MM), day number (DD), and two positions for the year (YY). For example, "May 8, 2011" should be "05/08/11."

1. _____	_____
↑ NAME (Last, First)	↑ OTHER LEGAL NAME(s)

2. GENDER M F 3. DATE OF BIRTH _____ 4. SSN* _____

* In accordance with the Right to Privacy Act of 1974, Public Law 93-X579, Sect 7, applicants for admission are requested to voluntarily report their Social Security Number (S.S. No.) on this form. The S.S. No. is used for identification and record keeping purposes.

5. _____	CITY AND STATE	ZIP CODE	COUNTY
↑ PERMANENT ADDRESS (No. and Street Name)			

6. _____	CITY AND STATE	ZIP CODE	COUNTY
↑ MAILING ADDRESS (No. and Street Name)			

7. _____	8. _____	9. _____
↑ END DATE (MM/DD/YY) OF MAILING ADDRESS	HOME PHONE (Area Code/Phone No.)	CELL PHONE (Area Code/Phone No.)

10. E-MAIL ADDRESS _____

11. INDICATE ETHNICITY (This information is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws)

- | | | | |
|--|--|---|---|
| A. <input type="checkbox"/> Caucasian/White | B. <input type="checkbox"/> African American/Black | C. <input type="checkbox"/> Asian American/Pacific Islander | |
| D. <input type="checkbox"/> Hispanic | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic |
| E. <input type="checkbox"/> American Indian/Alaskan Native | F. <input type="checkbox"/> Other Ethnic Group | | |

12. Are you a citizen of the ↓ United States?	If NO, indicate Country	Visa Status	PERMANENT RESIDENCE COUNTRY
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

13. If your permanent address is in Texas, indicate the beginning date (MM/DD/YY) of your current residency:

14. ↓ INDICATE INTENDED DEGREE/MAJOR (See List of Degrees/Majors offered)	15. ↓ CERTIFICATION ANTICIPATED (See List of Certifications offered)
_____	_____

16. INDICATE INTENDED SEMESTER FOR ADMISSION: Fall 20__ Spring 20__

17a. Have you previously applied to PVAMU Graduate School? <input type="checkbox"/> YES <input type="checkbox"/> NO	17b. Have you previously been admitted to Graduate School? PVAMU Graduate School? <input type="checkbox"/> YES <input type="checkbox"/> NO
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18a. Have you previously enrolled in PVAMU Graduate School? <input type="checkbox"/> YES <input type="checkbox"/> NO	18b. Have you previously been admitted as a PVAMU undergraduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
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19. Do you plan to study <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time with _____	20. Do you wish to be considered for a Graduate Assistantship? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please correspond directly _____
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the Graduate Coordinator of your proposed degree program.

21. List in chronological order all colleges, universities (including PVAMU), and professional schools attended. *Applicants must include all institutions, regardless of the number or type of credits taken, terms attended, or whether transfer credits are reflected on another transcript.*

INSTITUTION, CITY, STATE	FROM (MM/YY)	TO (MM/YY)	MAJOR AND DEGREE	(MM/YY OF GRADUATION)

Official transcripts from EACH college or university attended must be requested and forwarded directly from the institution(s) to the Graduate School. Failure to indicate institution(s) attended may result in refusal of admission, no transfer of credits, suspension, and/or expulsion from the University, if discovered subsequently.

22. List other relevant activities since high school (employment, military service, etc.) You may omit summer and part-time work.

EMPLOYER	KIND OF WORK OR ACTIVITY	FROM (MM/YY)	TO (MM/YY)

23. List three persons acquainted with your academic experiences whom you have requested to send letters of reference.

NAME	POSITION	ADDRESS (NO., STREET NAME, CITY, STATE, ZIP)

24. Indicate which of the following tests you have taken or are scheduled to take and the date (MM/DD/YY).

GRE
Required by the Graduate School for all degree students except MBA.

TOEFL
Valid scores are required of all non-native speakers of English.

<input type="checkbox"/> GENERAL (Date) (Valid for 10 years from test date)	<input type="checkbox"/> (Date) (Valid for 10 years from test date)	<input type="checkbox"/> (Date) (Valid for 10 years from test date)
--	--	--

A **nonrefundable** application fee of \$50.00 (check or money order payable to PVAMU) must accompany this application. (An **additional** \$15.00 late fee is required if application is submitted after application deadline).
PLEASE DO NOT SEND CASH.

I certify to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, no transfer credit, suspension, and/or expulsion from the University, if discovered subsequently. Furthermore, I understand that if I have a prior academic record at the University under a different name, that record will be changed to reflect the name on this application.

25. Date and Signature (Your signature is required for processing)

Letters of Recommendations

Three letters of recommendations are required
(One (1) Nursing Faculty and Two (2) Nursing Professionals)

Please, copy the form as necessary

NOTE: Applicants have the option of using the recommendation form provided in the application packet or a letter for each reference. **Do not submit both.**
(Example: Applicants should not request persons providing the reference to complete both the form and write a letter of reference.)

RECOMMENDATION OF APPLICANT TO THE PRAIRIE VIEW A&M UNIVERSITY GRADUATE SCHOOL

Applicant's Last Name _____ First _____ Middle/Maiden _____

Address _____

P.O. Box or Street _____ City _____ State _____ Zip Code _____

Telephone Number: _____ Social Security Number: _____

Note: Student may waive any right of access to this Recommendation of Applicant form under the Family Educational Rights and Privacy Act of 1974. This Act entitles students to inspect their records, including recommendations

I, _____, waive the above right of access.

1. How long have you known the applicant? Years: _____ Months: _____
2. Are you familiar with the applicant's academic ability? _____ If yes, how would you rate him/her? Top 10% _____ Top 25% _____ Top 50% _____ Lower 50% _____
3. Are you familiar with the applicants' job performance? _____ If yes, how would you rate him/her? Excellent _____ Above Average _____ Average _____ Below Average _____
4. Would you recommend this applicant for graduate school explaining why? _____

If you answer was no, please write a brief statement explaining why. _____

5. How would you rate the applicant on the following:

Criteria	Excellent	Good	Fair	Average	Poor	Unable to rate
Intellectual Ability						
Maturity						
Motivation						
Leadership Ability						
Interpersonal Skills						
Oral Skills						
Writing						
Quantitative Skills						

RECOMMENDATION

Page 2

Recommended by: _____
(Please type or print)

Signature: _____ Date: _____

Employer: _____ Title: _____

Telephone Number: _____

PLEASE RETURN COMPLETED FORM TO:

**PRAIRIE VIEW A&M UNIVERSITY
GRADUATE NURSING ADMISSIONS
6436 FANNIN STREET
HOUSTON, TEXAS 77030**

CONFIDENTIAL INFORMATION



TEXAS DEPARTMENT OF PUBLIC SAFETY

Criminal History Online Search Procedures

1. GO to: <https://records.txdps.state.tx.us/DpsWebsite/index.aspx>
2. Click on New **User Signup**
3. Click on Create New Account
4. **Click on Individual Account and Private Email Address**
5. Complete Information to Create New Account
 - a. Complete all information highlighted in red
 - b. Make sure all information provided is current
 - c. Make sure you have provided all the information listed below:
 - **Last Name is required**
 - **First name is required**
 - **Phone Number is Required**
 - **Address Information Street is required.**
 - **Zip Code is Required**
 - **E-Mail Address is required**
 - **You must confirm your E-Mail Address**
 - **Password is required**
 - **You must confirm your password**
 - **You must enter an answer to the security question**
 - **You must agree to this site's Privacy Policy**
6. After completing this information you will be asked to provide a credit card number (credit card must be associated with a bank). The charge is \$3.00.
7. Also please note that you must run a Criminal Background search **on all last names you have had in the past** (marriages, divorces, or official name change for any other reason).
 - a. You will be required to run a criminal background report on each previous name.
 - b. All criminal history report will be provided for each submitted name.
 - c. The report will specify if no report is found.
8. **Submit all reports to Prairie View College of Nursing with your completed Admission Packet.**

MEDICAL & SCREENING REQUIREMENTS

Physical exam data and immunization records should be submitted along with the application for admission into the Graduate Nursing Program. Applicants will not be admitted until the health information is submitted.

MEDICAL REQUIREMENTS

1. Physical Exam
2. Immunization and Titters:
 - a. TDAP
 - b. MMR- a positive blood titer.
 - c. Hepatitis B – evidence of 3 vaccines OR a positive blood titer
 - d. Hepatitis C titer
 - e. Varicella (Chickenpox) – a positive blood titer*
 - f. Yearly flu shot

***NEW RULES REGARDING VARICELLA:**

Students must have the vaccine OR the blood titer showing immunity.

A statement by the parent or physician that you have had the disease is **NOT ACCEPTED AS EVIDENCE** of the disease. **Please bring this new rule to the physician's attention!**

***EVIDENCE consists of:**

- Immunization records from the clinic or doctor's office.
 - Immunizations written on the physical exam form and **SIGNED BY THE HEALTHCARE PROVIDER.**
 - Dates must show **month, day, and year.**
- g. TB test 3 months prior to entrance into the program. If positive, a chest x-ray is required and a copy provided to the College of Nursing.
3. CPR: -American Heart Association Health Provider course.*
***Submit a copy of the card (front and back)**
 4. Proof of Health Insurance (Copy of Health Insurance Card)

BACKGROUND & DRUG SCREENING REQUIREMENTS

5. Background Check Information
6. Drug Screen (Lap Corp) *
* Cost of drug screen is \$35.00; the form must be retrieved from the Admissions Office RM 103
(Do not mail monies to the College of Nursing, it is submitted to Lab Corp when drug screen is administered)

IMPORTANT:

- **All of these requirements must be completed and submitted by the admissions deadline.**
- **Please maintain a copy of all records submitted to the College of Nursing for your personal files.**

NOTE: Mail Complete Packet to – ATTN: Graduate Admissions

Prairie View A&M University – College of Nursing
6436 Fannin Street
Houston, Texas 77030

MEDICAL HISTORY FORM
Prairie View A & M University College of Nursing
 Houston, Texas

GENERAL INFORMATION (To be filled in by student)

DATE: _____

Name in full _____
LAST NAME FIRST NAME MIDDLE NAME

Local Address _____

Home Address _____

Email: _____ Phone Number: _____

Date of Birth _____ Place of Birth _____
Month Date Year

Age _____ Gender _____ Marital Status _____ Citizenship _____

PERSONAL HISTORY (To be filled in by student)

Have you been addicted or treated for the abuse of alcohol or other substances within the past five (5) years?
 (You may answer no if you have completed and/or are in compliance with TPAPN for substance abuse). YES []
 NO [] If yes, explain: _____

Have you, to the best of your knowledge, ever had any of the following: (yes or no). If yes please explain below this box.

Anemia _____	Hay Fever _____	Psychotic Disorders _____
Antisocial Personality Disorder _____	Hepatitis _____	Rheumatic Fever _____
Arthritis _____	Heart Disease _____	Schizophrenia _____
Asthma _____	Heart Defects _____	Seizures _____
Back Problem _____	Hernia _____	Sexually Transmitted Disease(s) _____
Bleeding Disorders _____	High Blood Pressure _____	Sickle Cell Anemia _____
Bipolar Disorder _____	Kidney Disease _____	Skin Disorders _____
Borderline Personality Disorder _____	Major Depression _____	Tonsillitis _____
Cancer _____	Migraines _____	Tuberculosis _____
Diabetes _____	Paranoid Personality Disorder _____	Ulcers _____
Gastrointestinal Disorder _____	Pneumonia _____	Other _____

Explanation for conditions noted in the above box:

Have you had any serious illness, operations or injuries? ____ If yes, explain: _____

MEDICATION: Medications you are routinely taking including alternative medication and herbs: _____

Allergies-medications, foods, latex, etc.: _____

Date Form Completed by student _____ **Date form reviewed by Healthcare Provider** _____

Licensed Healthcare Provider (Printed) (Signature) M.D. D.O. P.A. N.P. (Circle correct title) Other

ANNUAL PHYSICAL EXAMINATION FORM
Prairie View A & M University College of Nursing
6436 Fannin, Houston, Texas 77030

Name in Full _____
 LAST NAME FIRST NAME MIDDLE NAME STUDENT ID #

PHYSICAL EXAMINATION (To be filled by Physician)

Height _____ Weight _____ Blood Pressure _____ Pulse _____
 Please circle abnormal or normal as appropriate. If any area(s) is (are) abnormal please describe in Remarks below.

Eyes & Vision	Normal	Abnormal	Heart: Murmur	Normal	Abnormal
Ears & Hearing	Normal	Abnormal	Heart: Rhythm	Normal	Abnormal
Nose	Normal	Abnormal	Lungs	Normal	Abnormal
Throat (Adenoids and Tonsils)	Normal	Abnormal	Breasts	Normal	Abnormal
Gums	Normal	Abnormal	Abdomen	Normal	Abnormal
Tongue	Normal	Abnormal	Hernias	Yes	No
Teeth	Normal	Abnormal	Pelvis	Normal	Abnormal
Sinuses	Normal	Abnormal	Spine Posture	Normal	Abnormal
Skin	Normal	Abnormal	Upper Extremities	Normal	Abnormal
Thyroid	Normal	Abnormal	Lower Extremities	Normal	Abnormal
Heart: Size	Normal	Abnormal	Nutrition	Normal	Abnormal
Heart Sounds	Normal	Abnormal			

Explain any abnormal findings in the physical examination: _____

Explain previous medical history that may affect participation in clinical nursing activities: _____

TB Skin Test or CXR Date given Date read Result Signature of provider

Date

Licensed Healthcare Provider (Printed) (Signature) M.D. D.O. P.A. N.P. (Circle correct title) Other

Phone Number Address

City State Zip Code

Students are required to have a physical exam annually while enrolled in the nursing program. Should a student become pregnant or experience any change in health status during the annual year of the physical examination, the CON Laboratory Coordinator must be notified and an updated physical examination must be filed with the Lab Coordinator within two (2) weeks. Also, there must be a meeting with the academic advisor to review requirements of course enrollment.

**PRAIRIE VIEW A & M UNIVERSITY COLLEGE OF NURSING
IMMUNIZATION RECORD**

Name: _____ Address: _____ City/State/Zip: _____ Daytime Phone: _____ Emergency Name & Phone: _____ Health Insurance Company: _____	(Check which program you are entering) BSN _____ LVN to BSN _____ RN to BSN _____ MASTERS _____ Gender: Male _____ Female _____ Date of Birth: _____ Student ID# _____
<u>Documentation of Immunizations</u>	<u>Requirements</u>
DATE OF IMMUNIZATION FOR:	
TDAP Vaccine Required Date:	TDAP Required; CDC Recommendation for all Healthcare Providers
Required Measles: Seropositive titre confirmed: _____ Mumps: Seropositive titre confirmed: _____ Rubella: Seropositive titre confirmed: _____	MMR Titer Required
Hepatitis B: Seropositive titre: _____ OR Date #1 _____ Date #2 _____ Date #3 _____	Hepatitis B: First two of series of three completed before enrollment and series completed as scheduled OR confirmation of seropositive titre.
Required Varicella confirmation of Seropositive titre _____ History of disease is not acceptable Meningococcal Vaccine Date: _____ <i>(Required for ages 29 and under)</i> SEASONAL FLU SHOT REQUIRED: Date: _____	Varicella Titer Required Meningococcal Vaccine Required Yearly Flu shot Required
TB Screening PPD (Mantoux, not Tine): Negative Positive Date: _____ CXR Date: _____ Negative: _____ Positive: _____ If positive, please give details: _____ _____	TB Screening: Mantoux skin tests required (NOT Tine); Negative PPD within past year OR Negative CXR AND confirmation of prophylactic treatment. TB Skin Test or Chest X-ray YEARLY

DATE FORM COMPLETED: _____ **Healthcare Provider's signature to verify above information**

Prairie View A&M University
College of Nursing

STUDENT HEALTH REQUIREMENT AND BACKGROUND STATUS FACT SHEET

Students are held accountable to maintain and show proof of meeting health requirements according to the compliance standards as to submitting health documents it is a student responsibility to make copies for one's personal health file as listed below and required. Prior Student health files are reviewed each semester for clinical according to the compliance standards for hospital verification. Please follow the steps below for submitting documents.

THE FOLLOWING HEALTH DOCUMENTS ARE REQUIRED

1. Criminal Background Report
2. Drug Screen (Lab Corp)
3. Yearly Physical
4. Seasonal Flu Shot
5. TDAP (In place of DPT)
6. MMR Titer (Required)
7. Hepatitis B Vaccines 1,2,3 (Or a Titer documentation)
8. Varicella Titer Required (***A HISTORY OF CHICKEN POX DOES NOT MEET THIS REQUIREMENT***)
9. Yearly TB Skin Test or Yearly Chest X-Ray (If pregnant you are exempt and will need a note from Doctor)
10. Meningococcal Vaccine (State Requirement for new students under age 22)
 - a. ***Complete the Cover Sheet for the Meningitis Documentation and staple it to your Meningitis document.***
 - b. ***Date of the immunization must be during the 5 year period preceding admission or at least 10 days prior to the beginning of the semester.***
 - c. ***Fax documentation of vaccine to the Health Services Office on Main Campus:***

Mail: Health Services
Prairie View A&M University
P.O. 519 - MS 1413
Prairie View, TX 77446

Email: healthservices@pvamu.edu

Fax: 936-857-4999

Hand Delivery: Owens-Franklin Health Center
Reda Bland Evans @ O J Baker Street

Prairie View A&M University
College of Nursing

STUDENT HEALTH REQUIREMENT AND BACKGROUND STATUS FACT SHEET

11. CPR by American Heart Association (Online Courses not accepted)
12. **ANYONE OUT OF COMPLIANCE WILL NOT BE ALLOWED TO PARTICIPATE IN THE CLINICAL EXPERIENCE.**
13. **All of the above to be completed and submitted with the admission packet**
14. **Any additional health information is to be submitted in a sealed envelope to Shirley Hutchins Lab Coordinator,
office # 1167 on the 11th Floor.**
15. **ANY STUDENT LACKING ANY OF THE ABOVE REQUIREMENTS WILL NOT BE ALLOWED TO ATTEND CLINICAL.**

PVAMU, College of Nursing: Simulation Coordinator/ Lab Coordinator:

**Shirley Hutchins RN, MSN, CVN
Office # 1167
Phone# 713-790-7101**

STUDENT HEALTH REQUIREMENT AND BACKGROUND STATUS FACT SHEET

COVER PAGE FOR MENINGITIS DOCUMENTATION

Name: _____ (Print)

Student ID #: _____ Date of Birth: _____

Projected Enrollment Date: _____ Today's Date: _____

Email Address: _____

Mailing Address: _____

Signature (Student)

Date of Immunization must be during the five-year period preceding and at least 10 days prior to the first day of the first semester in which the student initially enrolls.

HEALTH SERVICES STAFF ONLY:

Date Received: _____ Staff: _____

Method: Mail () Email () Faxed () Hand Delivered ()

Complete () Incomplete () **Continue if incomplete.**

Contact Date: _____ Staff: _____

Method: Mail () Email () Faxed () Hand Delivered ()

COLLEGE OF NURSING

Application for Scholarship

APPLICANT INFORMATION: COMPLETE ALL SECTIONS OF THE APPLICATION

Name		Student ID Number	Date of Birth
Mailing Address		County	
City	State	Zip	Phone
PVAMU E-Mail		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian	
<input type="checkbox"/> White (Not Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____	
Are you a U. S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, of what Country are you a citizen? _____	
OR Are you admitted as a <i>Resident of Texas</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, of what State are you a resident? _____	

ELIGIBILITY:

A). Students will be recommended for one nursing scholarship based on criteria and funding availability. B). Students eligible for the Nurse Stipend will be also recommended for an award, as funding permits. You will receive a PVAMU Email notification indicating receipt of your application and later, whether recommended or not for a scholarship.

1. Must be enrolled **full-time** in the undergraduate BSN Upper Division Clinical Studies Program: (Generic, LVN-BSN, RN-BSN); or Graduate Program: MSN-FNP, MSN Nurse Administration, MSN Nurse Education, or Doctor of Nursing Practice.
2. Must meet GPA as designated by the Scholarship.
3. Must submit two references from nursing faculty.
4. Must meet any additional criteria of the Scholarship (i.e. show proof of membership in a professional nursing organization and contribution in community service).

UNDERGRADUATE **GRADUATE**

Graduation Date (month/year)	GPA (at the end of last semester)	<input type="checkbox"/> Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No
Classification	<input type="checkbox"/> Generic BSN <input type="checkbox"/> RN-BSN <input type="checkbox"/> FNP <input type="checkbox"/> Nurse Administration <input type="checkbox"/> LVN-BSN <input type="checkbox"/> Nurse Education <input type="checkbox"/> Doctorate in Nursing Practice	
Organization Membership		Community Involvement

I certify that the information provided on this application is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial or revocation of scholarship funds. I understand that the Office of Student Financial Services reserves the right to modify my award (financial aid/scholarship, etc.) at any time due to changes in my eligibility, enrollment status, housing status, availability of funding; or receipt of any funds not included in my original award.

Student Signature _____		Date _____
SCHOLARSHIP DEADLINES - Circle one		
Summer	March 15	Fall
		May 1
		Spring
		September 1