



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
EL PASO

Gayle Greve Hunt School of Nursing

## Master of Science in Nursing Admissions Application

### BIOGRAPHIC INFORMATION

#### PROFILE

Last Name:

First Name:

Middle Name:

Suffix:

Alternate Name:

Gender or Sex:

#### BIRTH INFORMATION

Date of Birth:

City:

County:

State:

Country:

#### CONTACT INFORMATION

Address:

City:

County:

State:

Country:

Preferred Contact Number:

Type:

Cell

Home

Work

Secondary Contact Number:

Type:

Cell

Home

Work

E-mail:

## **CITIZENSHIP STATUS AND RESIDENCY INFORMATION**

Citizenship Status:

Country of Citizenship:

How long have you resided in the U.S.?

State of Residence:

County of Residence:

How long have you resided in this county?

## **RACE/ETHNICITY**

Please indicate your race/ethnicity:

## **OTHER INFORMATION**

Military Status:

Branch of Service:

Are you still serving?

If you are no longer serving, were you honorably discharged from the military?

Have you ever been disciplined by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissed, etc.) or (2) conduct violation?

If yes, please explain:

Have you ever been convicted of a felony?

Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality?

Have you ever been convicted of a Misdemeanor?

Do either your mother or father possess a college degree?

Do you have a language proficiency in ANY language other than English? (Example: Spanish, French, German, American Sign Language, etc.)

If yes, please explain:

Have you had involvement in community/extracurricular affairs? (Example: volunteer experience, NOT in a medical/health care setting)

If yes, please explain:

Do you have work and/or volunteer experience in a medical/health care setting?

If yes, please explain:

Do you hold any medically related certification? (Example: CNA, LVN, Pharmacy Tech, etc.)

If yes, please explain:

Have you ever been enrolled as a full time student at Texas Tech University Main Campus in Lubbock, TX?

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## ACADEMIC HISTORY

### HIGH SCHOOL ATTENDED

Name of School:

City:

State:

Graduated:

Date of  
Graduation:

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### COLLEGES/UNIVERSITIES ATTENDED

*List all of the colleges/universities attended, beginning with the most recent.*

Name of College/University:

Start Date:

End Date:

State:

Degree Name

(e.g., Associate in Liberal Arts):

Major:

G.P.A.:

Degree Awarded:

Degree Date:

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Name of College/University:

Start Date:

End Date:

State:

Degree Name

(e.g., Associate in Liberal Arts):

Major:

G.P.A.:

Degree Awarded:

Degree Date, if  
applicable:

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Name of College/University:

Start Date:

End Date:

State:

Degree Name

(e.g., Associate in Liberal Arts):

Major:

G.P.A.:

Degree Awarded:

Degree Date, if applicable:

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Name of College/University:

Start Date:

End Date:

State:

Degree Name  
(e.g., Associate in Liberal Arts):

Major:

G.P.A.:

Degree Awarded:

Degree Date, if applicable):

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Name of College/University:

Start Date:

End Date:

State:

Degree Name  
(e.g., Associate in Liberal Arts):

Major:

G.P.A.:

Degree Awarded:

Degree Date, if applicable:

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# CRIMINAL BACKGROUND CHECK

## NOTICE TO APPLICANTS/STUDENTS/TRAINEES AND RESIDENTS

As of September, 2005, Texas Tech University Health Sciences Center (TTUHSC) implemented a policy requiring criminal background checks for students and residents in the various clinical training programs in order to protect healthcare patients. Affiliating institutions that provide training to TTUHSC students and residents have routinely begun requiring affiliated training programs such as TTUHSC to comply with requirements imposed on their employees by the Joint Commission on Accreditation of Healthcare Organization (JCAHO). Thus, TTUHSC is not able to place trainees at these institutions unless our students and residents have undergone a criminal background check (CBC). The CBC will be used to determine eligibility and fitness to meet the educational, training and licensure requirements, where applicable, of the respective healthcare professions. The cost of performing the CBC(S) will be the responsibility of the student. The information regarding criminal history records information will be obtained via the student's self-disclosure and a background check conducted by an outside vendor. This confidential information will be provided to TTUHSC and submitted only to those persons with a legitimate need to know. Refusal to consent to a criminal background check as and when deemed necessary by the respective TTUHSC School/ Graduate Medical Education program will preclude the student from beginning or continuing his/her education or training at TTUHSC and may result in immediate dismissal for those persons already matriculated/enrolled.

For further information, please refer to the Texas Tech University Health Science Center Operating Policy and Procedures policy 10.20.

I have read this document and understand its implications, and further agree that I will undergo a mandatory criminal background check. By clicking on 'I understand', I hereby verify that I received the above information explaining that any determination of ineligibility for participating in clinical training, as determined by the specific education/training program in which I am enrolled/assigned, will result in dismissal from TTUHSC.

I understand

Print Name:

Date:

Signature: \_\_\_\_\_

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## ATTESTATION

I certify that the information in this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

You further certify that the foregoing statements are true, complete and correct. You are required to affirm that the account you are currently signed into is your own and that this affirmation equates to digital signature of your compliance with this application. The user sign-in that is required to access this application serves as your digital signature for affirmation purposes. This signature guideline is in compliance with the UETA Guidelines for the Management of Electronic Transactions and Signed Records. For more information please copy and paste the link below to your browser:

[http://publishingext.dir.texas.gov/portal/internal/resources/DocumentLibrary/Texas%20Uniform%20Electronic%20Transactions%20Act%20\(UETA\)%20Guidelines.pdf](http://publishingext.dir.texas.gov/portal/internal/resources/DocumentLibrary/Texas%20Uniform%20Electronic%20Transactions%20Act%20(UETA)%20Guidelines.pdf)

Print Name:

Date:

Signature: \_\_\_\_\_