Dear Vocational Nursing Program Applicant,

Thank you for your interest in the Vocational Nursing Program. This is a 12 month certificate program. In order to be considered eligible, the applicant must furnish all necessary documentation (as stated below) by October 15. The applicant also must meet admission requirements for Victoria College as stated in the current catalog.

Vocational Nursing Program graduates who have met all of the Associate Degree Nursing (ADN) admission requirements are eligible for summer admission into the ADN Transition Nursing Program following graduation and passing the NCLEX-PN exam.

SPRING 2020 Admission Requirements

☐ 1. **Victoria College Application.** An online application must be completed for admission to Victoria College (VC). For more information, please visit [http://www.victoriacollege.edu/AdmissionsChecklist](http://www.victoriacollege.edu/AdmissionsChecklist). It is the applicant’s responsibility to validate with the Admission and Records Office that their Victoria College application has been processed by calling (361) 573-3291 or (877) 843-4369.

☐ 2. **Vocational Nursing Program Application.** A **Vocational Nursing Program Application** for VN Admission must be submitted to the nursing program office. Vocational Nursing Program Applications are not retained from year to year so in order to be eligible for admission, a new application must be submitted each year.

☐ 3. **Criminal Background Check (CBC).** The **Licensure Eligibility Questions (LEQ) form** is required to initiate the CBC by the Board of Nursing (BON). This completed form must be submitted to the nursing program office (first choice campus), as it can take 4 months or longer for the BON to complete this process. Without resolution of all licensure eligibility issues, the applicant is not eligible for admission to the Vocational Nursing Program. A clear CBC is required by application deadline. VC will send this information to the BON. You will receive further instructions via email from IdentoGO once the BON has entered the information into their system.

Once a clear CBC result is received from the BON, it is the applicant’s responsibility to submit original documentation to the nursing program office (first choice campus) and a copy of the document to the CastleBranch system. Applicants with a declaratory issue must submit the letter indicating Board order. The date on the BON document (blue card or letter) cannot be more than one year old from application deadline.

☐ 4. **TSI Complete (Texas Success Initiative).** Applicants must be TSI complete to qualify for admission. Please contact Advising & Counseling Services for more information at (361) 582-2400. It is the applicant’s responsibility to validate their TSI status with Advising & Counseling Services and the Admission & Records Office.

☐ 5. **Overall GPA of 2.0 or above.** Overall GPA of 2.0 or above on all college courses is required. To maintain good standing in the program and to be allowed to continue, a student must pass ALL REQUIRED courses with a C or better.

☐ 6. **Official transcripts** and/or GED must be provided directly to: Victoria College

Office of Admission & Records
2200 East Red River
Victoria, TX 77901

- An official [high school transcript](#) indicating graduation, **OR** proof of GED or acceptable high school equivalency
- Official transcript(s) from all [colleges/universities](#) attended (other than Victoria College)

*Continued on Page 2*
7. **Nursing Transcript Evaluation Form.** Once the applicant has confirmed that VC Admissions and Records has received any college/university transcripts for prior coursework, the applicant must contact Advising and Counseling Services to evaluate courses for possible VN/ADN program course equivalency. The transcript evaluation will be completed prior to your VN advising appointment by an advisor. Contact Advising and Counseling Services at (361) 582-2400 to begin the evaluation process; allow up to 4 weeks for evaluation.

8. **ATI TEAS.** A qualifying ATI TEAS Test composite score of 56% or higher is required for admission for the 2020 year. The applicant will be allowed three attempts in a twelve month period with the most recent score considered. The ATI TEAS score is good for two years from the testing date. Contact the Victoria College Testing Center at (361) 582-2589 for further information regarding the ATI TEAS. [Based on seat availability following selection, TEAS scores may possibly be waived at department chair and dean discretion.]

If a currently enrolled VN student is interested in going into the Associate Degree Nursing (ADN) Transition program, an ATI TEAS score of 64% or higher must be obtained to be considered as qualified for the ADN Transition Program.

9. **CastleBranch Account** (a secure web system for inputting documentation). The following required documentation must be uploaded into the CastleBranch system. Please visit the VC website http://www.victoriacollege.edu/VocationalNursing for CastleBranch Student Instructions and package code. Also see attachment.

- **Required Immunizations.** Evidence of each immunization [Measles, Mumps, & Rubella (MMR), Hepatitis B series, Varicella, and Tetanus (Tdap)] or proof of serologic immunity.

- **Criminal Background results.** Board of Nursing (BON) clear criminal background check (CBC) “blue card” or BON letter indicating eligibility to apply for licensure following graduation must be submitted to first choice campus office (original document) and uploaded to CastleBranch (copy).

- **Gainful Employment Document.** The Gainful Employment Document must be downloaded from CastleBranch. Review the information and sign and date. Your signature indicates understanding. Upload signed document to CastleBranch system.

10. **Financial Aid Information Form.** It is important to consult with a Victoria College Financial Aid counselor prior to enrollment to discuss financial aid options. Complete this form with appropriate signature(s) and submit it to the nursing program office.

*ONCE ACCEPTED INTO THE PROGRAM, THE FOLLOWING MUST BE COMPLETED PRIOR TO ENROLLMENT.

*These 4 requirements SHOULD NOT be completed until you receive a letter that you have been accepted into the VN program. You will then be given a date when these items need to be completed and uploaded to CastleBranch.*

- **Physical Examination** (form is available for download). This form must be completed by a healthcare provider (demonstrating that the applicant’s health status allows full participation in all nursing program learning activities).

- **CPR Healthcare Provider Certification.** (ONLY the American Heart Association Healthcare Provider or BLS card is accepted.) Online certification will not be accepted.

- **Ten panel drug screen test with negative results.**

- **Two-Step Tuberculosis (TB) screening results.**

**RECOMMENDATION:** The following courses, although incorporated into the VN program semesters, may be completed prior to admission to the program. [For substitution for VN Program courses - all courses must be completed with a “C” or better.]

- BIOL 2404 [OR BIOL 2401 and BIOL 2402] (Anatomy & Physiology) (Completed within the past 5 years) - will assist in ATI TEAS testing
- EDUC 1300 or SDEV 0301 (Learning Frameworks) — for students who have earned less than 13 hours of college credit
- PSYC 2301 (General Psychology)
- PSYC 2314 (Lifespan Growth and Development)
- HPRS 2300 (Pharmacology)

Applicants are responsible for submitting official college transcripts to the Admissions & Records Office.
VOCATIONAL NURSING PROGRAM
SPRING 2020 Application for Admission

PLEASE SPECIFY WHICH LOCATION SITE(S) YOU WISH TO APPLY BY RANKING EACH IN ORDER (1-4) OF PREFERENCE:

____ Cuero ______ Gonzales ______ Hallettsville ______ Victoria

PLEASE PRINT OR TYPE

Application Date ______ / ______ / ______

VC V# (if applicable): ______________________

Name: ______________________________________________________

Last First Middle Maiden

Are there any other names which might appear on a transcript? If so, please list:

____________________________________________________________

Home Telephone #: __________________________ Work Telephone #: __________________________

Cell Telephone #: __________________________ E-mail Address: __________________________

Mailing Address:

P.O. Box or Number & Street City State Zip Code County

Permanent Address (if different from above):

Number & Street City State Zip Code County

Name, Address, and Telephone Number of person to be notified in case of an emergency:

____________________________________________________________

Have you taken the ATI TEAS exam? ________ Yes ________ No If yes, date of exam: ______ / ______ / ______

If you have taken the ATI TEAS prior to June 2017, you will need to retake the ATI TEAS exam.

It is the student’s responsibility to keep mailing address and contact information current with the VN program office and the Admissions & Records Office.

OFFICE USE ONLY

V Number _________________________________ Date LEQ Submitted ___________________

Date Application Received ____________________ Date Entered into System ______________

VICTORIA COLLEGE
Est. 1925
Please note information concerning high school graduation or G.E.D. completion:

Name of High School or GED Institution               City/State               Year Graduated or Obtained:

__________________________________________________________________________  _____ Diploma  _____ GED

Please note information concerning college, university, vocational or allied health schools attended:

Name of Institution               City/State               Number of Credits Earned

__________________________________________________________________________

__________________________________________________________________________

Have you ever been enrolled in a Victoria College Nursing Program?         _____ No  _____ Yes

If yes, Semester ___________________________ Year _____________________________ Location ___________________________

To receive credit, students must provide course descriptions of any courses in the VN program of study taken outside of VC to VC Advising & Counseling Services. An official transcript must be provided to the Admissions & Records Office by March 1.

Please list any licenses or certificates held (e.g., EMT, CNA, etc.):

__________________________________________________________________________

__________________________________________________________________________

I certify that the above statements are true and correct.

__________________________________________________________
Signature of Applicant

It is the applicant’s responsibility to return this application by mail or in person to the first choice VN Program Office:

  Cuero VN Program -- 2550 N. Esplanade, Cuero TX 77954
  Gonzales Center VN Program -- 424 E. Sarah DeWitt, Gonzales TX 78629
  Hallettsville VN Program -- 1410 N. Texana, Hallettsville TX 77964, or
  Victoria VN Program -- 2200 E. Red River Street, Victoria TX 77901

Additional information: http://www.victoriacollege.edu/Explore/ProgramsCourses/HealthCareers/VocationalNursing

Statement of Nondiscrimination

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.
Financial Aid Information Form

Applicant Name: _________________________________

To aid in your success in the Vocational Nursing Program, prior to acceptance and entry, it is essential to have financial arrangements planned. All applicants must have a method of payment for the three terms required to complete the Vocational Nursing Certificate Program. If you are using Option A, you will need to speak with a financial aid counselor at Victoria College and obtain his/her signature below.

Option A – Payment with Federal Student Aid Funds, to include Direct Loans

All students utilizing the Free Application for Federal Student Aid, "FAFSA", will need to meet with a financial aid counselor at Victoria College to discuss the following items:

1. Financial Aid Status upon being accepted into the Vocational Nursing Program
2. Funds available for the Program to cover the two aid years the program encompasses
3. Disbursement of the funds over the three terms of the Program
4. Issues should the student not complete one of the terms

Student Signature: ________________________________ Date: ____________

Financial Aid Counselor Signature: _______________________ Date: ____________

Option B – Student Self Pay/Other Outside Sources

If you will not be utilizing financial aid through Free Application for Federal Student Aid (FAFSA) and/or Direct Loans you may sign below. By signing below you are acknowledging you will be able to meet any payment deadlines and downpayment requirements without the assistance of any federal funds through FAFSA and/or Direct Loans. A student may change to Option A at any time during the aid year. Speaking to a Financial Aid counselor is advisable. Please note files may take 4 to 6 weeks to process. Acceptance into this Program will not entitle the student to expedited processing.

Student Signature: ________________________________ Date: ____________

***Please return this signed form to your first choice VN Program Office.***

Revised 7/18/18
LICENSURE ELIGIBILITY QUESTIONS

(Applicant’s Name (Print): ____________________________________________)

Last Name     First Name       Middle Initial

Mailing Address:

PO Box or Number & Street                                 City, State                         Zip Code

Email Address: ______________________________________________________________________________

Home Telephone #:___________________________   Cell Telephone #:______________________________

*Social Security #:____________________________    *Date of Birth: ________________________________

*This information is required to complete the Texas Board of Nursing criminal background check (CBC). The email address that you provide to the Board is required in order to schedule fingerprinting for your criminal background check. The email address that you provide to the Board is subject to release to the public pursuant to the Texas Public Information Act.

To be considered an eligible applicant, Victoria College Nursing Programs require proof of a clear Texas Board of Nursing (BON) criminal background. All licensure eligibility issues must be resolved.

Eligibility issues that must be resolved in order to be qualified for nursing program admission include:

These questions MUST be answered truthfully EACH TIME an application is submitted, even if you have previously disclosed information and/or undergone a previous eligibility review.

1) [ _ ] No [ ] Yes *For any criminal offense, including those pending appeal, have you:

   A.  been arrested and have any pending criminal charges?
   B.  been convicted of a misdemeanor?
   C.  been convicted of a felony?
   D.  pled nolo contendere, no contest, or guilty?
   E.  received deferred adjudication?
   F.  been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
   G.  been sentenced to serve jail, prison time, or court-ordered confinement?
   H.  been granted pre-trial diversion?
   I.  been cited or charged with any violation of the law?
   J.  been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)
NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov’t Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to Gov’t Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

2) [ ] No [ ] Yes *Are you currently the target or subject of a grand jury or governmental agency investigation?

3) [ ] No [ ] Yes Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) [ ] No [ ] Yes *In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgement, or ability to function in school or work?

   (You may answer “No” if you have completed and/or are in compliance with TPAPN for mental illness OR you’ve previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have no further hospitalization since disclosure.)

5) [ ] No [ ] Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual’s physical or mental condition, intertemperate use of drugs or alcohol, or chemical dependency and information regarding an individual’s criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

NOTE: IF YOU ANSWERED “YES” TO #1-5 PLEASE ANSWER THE QUESTION BELOW AND THEN REFER TO THE ELIGIBILITY QUESTIONS INSTRUCTIONS FOR ADDITIONAL INFORMATION ON WHAT DOCUMENTATION IS REQUIRED.

[ ] No [ ] Yes The Board has previously reviewed my information and I have nothing NEW to disclose.

ATTENTION: When an applicant's name is submitted to the BON through the Student Roster Process and a return is received that fingerprints are on file, this should generate another blue card to be sent, if one has previously been received. However, if you have previously filed a Declaratory Order petition and received an Operations Outcome letter, you must file another Declaratory Order petition WITH attached note of any changes in status or note that nothing further has happened since the previous Declaratory Order.

While awaiting BON response to Declaratory Order and Note, accumulate necessary documentation. You must submit these documents to the BON immediately upon the BON response.

Note: There is a possibility you may have to submit new fingerprints to the BON depending on the date of the original fingerprint submission. You will receive notification by email if this is the case.

Applicant’s Signature: ________________________________ Date: ____________

Revised 9/13/18
ELIGIBILITY QUESTIONS INSTRUCTIONS

If you answered yes to questions 1-5 of the Eligibility Questions, you must provide the Texas Board of Nursing (not Victoria College Vocational Nursing Program) with the following information:

Submit Paperwork to: Texas Board of Nursing, 333 Guadalupe, Ste.3-460, Austin TX 78701.

*QUESTION #1. The Board has determined that criminal behavior is highly relevant to an individual’s fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication—a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, SUBMIT the following documentation for all felonies, all misdemeanors, and all military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer “NO” to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of “delinquent conduct”. If you were ever required to register as a sex offender, you must answer “YES”.

If you have questions regarding the outcome of any criminal matter, consult your attorney.

*QUESTION #2. The Nursing Practice Act provides that a person’s conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

*QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual’s current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority’s order or requirements have been met.
*QUESTION #4. The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, which impaired or does impair your behavior, judgement, or ability to function in school or work, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html. The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5. The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intertemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

ELIGIBILITY REVIEW TIMEFRAMES:

The paperwork will be submitted for an initial eligibility review in the Operations Department within ten (10) business days of the receipt of the NCLEX application, NCLEX fee, criminal background check results, and all pertinent documentation as detailed above. This initial review can take up to 30 days.

If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you may be required to pay a $150.00 review fee. Your file will be transferred to our Enforcement Department for additional review within ten (10) business days of the payment being received.

The time needed to complete an eligibility review by the Enforcement Department varies on a case by case basis. The process generally takes an average of 90 days to make a recommendation, provided the file contains all the needed information. If additional material is needed, you will receive such request by the Enforcement Staff. Upon completion of the eligibility enforcement review, your file will be returned to the Examination Department for continued processing.

The BON will not approve an applicant to sit for the NCLEX or for permanent licensure until a final decision has been rendered by either the Director of Operations or the Enforcement Department.

Revised 9/13/18
**Vocational Nursing Program CastleBranch Account Instructions**

*CastleBranch* is a secure document manager where you will upload multiple documents prior to the application deadline. To create an account, go to [www.castlebranch.com](http://www.castlebranch.com)

You will enter the following package code: **VB00vnim** to purchase the Medical Document Manager. There is a fee of $35 to purchase this package. Upon creating your account, you will be asked to enter your full name, date of birth, social security number, current address, phone number and email address. At the end of the online order process, you will be prompted to upload documents. Documents do not have to be entered at this time when creating the account. You can skip this step and upload or submit the documents at a later date if you wish. An app is available for smart phones for ease in uploading documents. Next, you will be asked for payment information. You will be prompted to enter your Visa or MasterCard information. Money Orders are also accepted but will result in an additional $10 fee and a longer turnaround time.

**Only** the following documents need to be uploaded prior to the application deadline:

- **Measles, Mumps and Rubella (MMR)**
  One of the following is required: 2 vaccines or antibody titer for all 3 components (lab report or physician verification required). If titer is negative or equivocal, applicant must receive 1 booster shot and provide a second titer.

- **Tetanus, Diphtheria and Pertussis (Tdap)**
  Documentation of a single Tdap dose as an adult and/or TD booster within the last 10 years. Renewal will be set for 10 years from administered dose date.

- **Hepatitis B Series**
  One of the following is required: 3 vaccines (takes 6 months to complete series) or positive antibody titer (lab report or physician verification of results is required). If titer is negative or equivocal, applicant must receive 1 booster shot and provide a second titer. The fast track (TWINRIX) will **NOT** be accepted.

- **Varicella (Chicken Pox)**
  One of the following is required: 2 vaccines or positive antibody titer (lab report or physician verification of results is required). If titer is negative or equivocal, applicant must receive 1 booster shot and provide a second titer.

- **Texas BON Criminal Background Check Results**
  After completing the criminal background check process, applicant must submit their original blue card or letter received from the Texas BON to your first choice Vocational Nursing Program office. It must also be uploaded or submitted on *CastleBranch* under the Texas BON Results. When uploading or submitting the blue card, the front and back of the card must be included. BON document cannot be more than one year old.

- **Gainful Employment form**
  Download Gainful Employment form from the *CastleBranch* site; read and sign the form indicating your acknowledgement of information contained therein. Upload signed form to *CastleBranch* requirement.

**The documents listed above MUST be submitted and accepted by CastleBranch prior to the application deadline.**

Please note that it can take several days for *CastleBranch* to accept or reject the documents you uploaded or submitted. Just because you uploaded or submitted your documents, does not mean that they will meet the criteria for acceptance and may be rejected. It’s the applicant’s responsibility to ensure that all documents have been accepted by the application deadline.

*Please do not upload or submit any other requirements until you are prompted to do so by the VN office.* For help with *CastleBranch*, please call 1-888-723-4263. If you plan to transfer to the ADN Program after completion of the VN Program, it is not necessary to create a new *CastleBranch* account.
Order Instructions for
Victoria College - Vocational Nursing

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code **VB00vnim**: Medical Document Manager

**ABOUT**

About *CastleBranch*

Victoria College - Vocational Nursing and *CastleBranch* – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

**ORDER SUMMARY**

Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
Vocational Nursing Curriculum Summary

No Pre-requisites will be required.

Under Revision and Pending
Board Approval