



VOCATIONAL NURSE PROGRAM APPLICATION

First Name: _____ Last Name: _____ MI: _____

Address: _____ Apt#: _____ City: _____ State: _____ ZIP: _____

Contact No.: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Program Start Date: _____ How did you hear about us? _____

Education: High School Diploma or equivalent? Yes No From a foreign country? Yes No

If yes, your documents need to be translated, evaluated, and submitted to the Nursing office?

Student Aid: Department of Rehabilitation CalWORKs Financial Aid (PELL Grant)
 Veteran's Administration (VA) Workforce Connection Other _____

Nurse Assistant Certification: Is your certification active? Yes No Expiration Date: _____

Have you completed 350 hours of employment as a Certified Nurse Assistant? Yes No

Is there any history of medical, physical or emotional issues that may hinder your ability to successfully complete the Vocational Nurse Program? Yes No

Have you passed the TABE placement test within 2 years? Yes No

Please indicate below all 5 pre-requisite courses you completed within the past 5 years.

<u>Required Pre-Requisite Class</u>	<u>Completed?</u>	<u>Where?</u>
Vocational Nurse Prep (36 hrs)	___ Yes ___ No	_____
Medical Terminology (45 hrs)	___ Yes ___ No	_____
Nutrition (33 hrs)	___ Yes ___ No	_____
Medical Math (45 hrs)	___ Yes ___ No	_____
Anatomy & Physiology (60 hrs)	___ Yes ___ No	_____

IMPORTANT: If you have completed any Pre-Requisites at a different institute, you **MUST** provide us with **OFFICIAL SEALED TRANSCRIPTS PRIOR** to submitting your application. Each class must have a minimum grade of 78%.

I understand my signature confirms that all the above information is true.

Signature

Date

OFFICE USE ONLY **TABE Test**

	Score	Date taken
Reading	_____	_____
Math	_____	_____
Notes:	_____	

