



**IMPERIAL VALLEY COLLEGE**  
**APPLICATION to the REGISTERED NURSING PROGRAM – LVN to RN**

This application and all required documentation must be completed and submitted to be considered for admission into the program. Please review this document carefully.  
 Applicants are notified by email upon acceptance into the nursing program.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Previous Name(s) \_\_\_\_\_ Alternate Phone (Cell) \_\_\_\_\_  
Important if your records reflect a name different from above

Address \_\_\_\_\_ SS# \_\_\_\_\_ G# \_\_\_\_\_  
Street (Required by the Board of Registered Nursing)

\_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
City State Zip (Confidential—for records only)

E-mail Address \_\_\_\_\_ High School \_\_\_\_\_  
City State

**Important:** If you have a change in address, phone number or email, you must notify the Division Office by calling **760-355-6348**. All future communication from the Division Office will be done by email. Your admission will be compromised if we are unable to reach you. Initial here  (indicating you read this statement).

Science Prerequisites	Course No.	No. of Units	Lab Course Yes/No?	Year Completed	Name of College	Letter Grade	Office Use Only		
Anatomy or A&P I									
Physiology or A&P II									
Microbiology									
<b>GE Required Courses</b>									
ENG 101									
If taken, ENG 111 or									
ENG 201									
Reading Accuplacer Score:	(3006 required for meeting eligibility)								
Math 90 & if taken:									
Math 110 or higher									
Speech 100									
PSY 101 & if taken									
PSY 204									
ANTH 102 or SOC 101									
NURS 100 Medcat Math									

**Please Note:**

- The “Fixed Set” of GE courses used in this application are still subject to evaluation and approval by the College for completion of the degree. A minimum prerequisite Science GPA of 2.5 is required to apply. Physiology and Microbiology must be taken within 7 years of the application date (10 years for Anatomy). Only one (1) repeat of one semester of science prerequisite courses is allowed.
- Applicants will be considered for admission only after successfully completing the required pre-requisite coursework and all transcripts are received. Official copies must be on file in the Imperial Valley College Admissions & Records (A&R) office before starting the program. Submit all official transcripts to the A&R office before starting the program.
- It is highly recommended that you make an appointment with a college counselor before submitting the application to verify all General Education and Major Requirements have been fulfilled.

**All Schools Attended (include LVN):** Please submit all documents as outlined below

<u>Year</u>	<u>Name of HS/College</u>	<u>Certificate/Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Office  
Use  
Only

Do you have current IV Therapy Certification? Yes  No  *Submit a copy of certificate*  
 Do you have current CA Vocational Nurse License? Yes  No  *Submit a copy of license*  
 Do you have recent healthcare work experience (within 3 years)?  
 Yes  No  *Submit a letter from employer*  
 Do you have current AHA BLS certification? Yes  No  *Submit a copy of card*

**Options:**

Option I – Associate Degree RN Yes  No   
 Option II – 30-Unit Option (Non Degree) Yes  No  *Attach Disclaimer Form*

Do you have a documented disability? Yes  No  *Submit letter, on official letterhead, defining disability*  
 Are you eligible for Financial Aid, Calworks, BOGFW-B, or Federal Pell grant? Yes  No   
 Have you ever been convicted of a felony or misdemeanor? Yes  No   
 Are you or your spouse a documented veteran? Yes  No

**Test of Essential Academic Skills (TEAS) Score** (if you have taken TEAS): \_\_\_\_\_

**Complete for statistical purposes only:**

Gender: Male  Female  / Age: >25  25-30  31-40  41-50  51-60  61+   
Ethnicity: American Indian/Alaskan Native  African-American  Asian / Pacific Islander  Hispanic   
 Filipino  White  Other  list: \_\_\_\_\_

Are you now or have you ever been enrolled in another Nursing Program? Yes  No   
 If so, School(s): \_\_\_\_\_ Dates attended: \_\_\_\_\_

**I attest that this application and attachments are truthful and accurate and understand selection to the program is based on completion of all admission criteria, NURS 204 Transition Course, and space availability. I understand that failure to disclose requested information will result in the removal of my application and dismissal from the IVC nursing program. I further understand that if selected, I must successfully complete a background check and drug screen and be in compliance with the requirements of the IVC affiliated clinical sites in order to begin and continue in the program.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, or deliver, completed application and required documents to:**  
 Imperial Valley College, Nursing Division, P.O. Box 158, Imperial, CA, 92251