



**IMPERIAL VALLEY COLLEGE  
VOCATIONAL NURSING (VN) PROGRAM APPLICATION**

This application and all required documentation must be completed and submitted during the application period 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 \_\_\_\_\_  
Last                      First                      Middle

Home Phone \_\_\_\_\_

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

Alternate Phone (Cell) \_\_\_\_\_

Address \_\_\_\_\_  
Street

SS # \_\_\_\_\_ G# \_\_\_\_\_  
(Required by the Board of Vocational Nursing)

Birth Date \_\_\_\_\_  
(Confidential—for records only)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

*Submit an official high school or GED transcript, if no degree was earned.*

**Important:** If you have a change in address, phone or email, you must notify the Nursing Office 1-760-355-6348. All future communication from the Nursing Office will be done by email. Your admission may be compromised if we are unable to reach you by email. 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
BIOL 090 – A&P for Health Occ. <small>(within 7 years)</small>						
<b>GE Required Courses</b>						
ENG 101 & higher if taken: ENG 111 or 201						
<small>(ENG Accuplacer of 3006 required)</small>						
<small>(MATH Accuplacer of 2006 required)</small>						
PSY 101 Intro to Psychology						
PSY 204 Growth and Develop.						
AHP 100 Medical Terminology						

Office Use Only

**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 AA degree.
- A minimum prerequisite Science GPA of 2.0 is required to apply and must have been taken within 7 years of the application date. Only one (1) repeat of the science prerequisite course 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 IVC Admissions and Records (A&R) office before starting the program. Submit all official transcripts to the Nursing Office as soon as possible.
- 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.

<b>Academic Degrees or Relevant Certificates:</b> Please submit all documents as outlined below						Office Use Only
<u>Degree</u>	<u>Name of College</u>	<u>Year Awarded</u>	<u>Degree</u>	<u>Name of College</u>	<u>Year Awarded</u>	
_____	_____	_____	_____	_____	_____	

Do you have a current Allied Health Certificate? Yes  No  *Submit a copy of certificate*

Do you have a current Certified Nurse Assistant License? Yes  No  *Submit a copy of license*

Do you have recent healthcare work or volunteer experience (within 3 years & for more than 25 hours)?  
Yes  No  *Submit a letter from employer*

**Life Experience or Special Circumstances:** If you answer yes, please submit all documents as directed

Are you a documented veteran is your spouse currently deployed? Yes  No   
*Submit documents of veteran status &/or deployment.*

Have you had recent difficult family or personal circumstances? Yes  No   
*Submit a personal letter describing the event(s).*

Are you a documented refugee? Yes  No  *Submit a copy of your legal refugee travel document in passport form (as per UN Refugee Agency).*

Do you have a documented disability? Yes  No  *Submit a letter, on official letterhead, defining the disability.*

Are you eligible for Financial Aid, CalWorks, BOGFW-B, or Federal Pell grant. Yes  No   
*Submit a copy of documents indicating eligibility.*

Are you eligible for Extended Opportunities Programs and Services (EOPS)? Yes  No   
*Submit a copy of documents indicating eligibility.*

Do you need to work? Yes  No  *Submit a letter from an employer verifying employment during pre-requisite course work.*

Are you the first generation of your family to attend college? Yes  No

**Alternate Language Proficiency:** If you answer yes, please submit all documents as directed.

Do you have proficiency in a healthcare setting OR advanced level course in languages other than English?  
Yes  No

List the courses \_\_\_\_\_ *Submit transcripts of advanced level courses.*

Proficiency \_\_\_\_\_ *Submit a letter from a teacher or employer validating.*

Check all languages in which you are proficient:  
American Sign , Spanish , Tagalog , Arabic , Chinese , Farsi , Russian

Or languages of: Indian Subcontinent , Southeast Asia , Other: \_\_\_\_\_

**Complete for statistical purposes only:** Gender: Male  Female

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 yes, submit a Transfer Student Verification Form signed by your former Program Director**

**I attest that this application and attachments are truthful and accurate and understand selection to the program is based on the information I submit. I understand any 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 nursing program.**

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

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