



Name: _____ IVC G#: _____

Contact Phone: _____ Email Address (legible): _____

Check Program: RN (generic) LVN to RN Degree LVN to RN 30-Unit Transfer

Complete application in full, attaching applicable documentation, and check areas below when complete.

Application Form – Must be legible, neat, complete, and signed

Copies of transcripts from **all** colleges and institutions attended, including AP results from College Board, technical/vocational schools, universities, and transcripts already filed with A&R. Students with bachelor's or master's degrees should meet with the program counselor prior to applying.

Students with 2 or more Science repeats should submit typed statement regarding incidents. IP Science courses require status report from Instructor.

Copy of ATI TEAS Results (V.6) – Official ATI transcript required if the TEAS was taken outside IVC. **Include all previous exam results.**

(Initials) I have attended a Nursing Information Session on (date): _____ and I am aware of the requirements to apply and be considered.

Transfer Applicants (application accepted March 1-31) – in addition to the above, include the following:

Transfer Forms – with signatures from the previous nursing program director

LVN to RN Applicants (application accepted March 1-31) - in addition to the above, include the following (attendance at an information session not required):

Copy of LVN transcripts showing completion of LVN courses

Copy of current CA VN License that includes IV Certification (if not included, copy of IV course completion required)

Copy of CPR BLS card

Letter from employer verifying LVN experience – If no experience, letter of recommendation required

For 30-Unit Option, add the Disclaimer Form

OPTIONAL: For generic RN applicants – if any of the areas below apply, check and attach documentation

Life Experiences and/or Special Circumstances (attach documentation)

Veteran/Active Military – copy of DD214 Form or Military ID

Spouse of Veteran/Activity Military – copy of DD214 Form or Military ID

Disability(s) - Copy of IVC DSP&S evaluation or letter from Physician describing disability(s)

Refugee - Copy of card indicating status

Low income - Copy of award letter for Financial Aid, Cal Works, BOGG, Federal Pell Grant or EOPS

Need to Work - Employer letter on official letterhead verifying employment dates while completing prerequisites

First Generation - Typed one-page statement from applicant

Difficulty (Personal and Family Situations) - typed one-page statement addressing difficult area

Disadvantages, Social or Educational Environment – Written statement from applicant

Relevant Degrees, Certificates, and/or Work Experience (attach documentation)

Associate's, Bachelor's, or Master's degree (within United States or officially evaluated), and/or

Allied Health Certification/License (CNA, EMT I, Medical Assistant, or other healthcare related certification), and/or

Relevant work or volunteer experience – attach letter from employer/organization verifying experience

Proficiency in Language or Advanced Level Course (attach documentation)

1) Transcript showing one course of advance-level course work - IVC AMSL 200, 202, 204; FREN 201, 211, SPAN 200, SPAN 210, 220 or 221, or

2) Document proof of ability to speak, read, and write in a language other than English and ability to speak, read, and write **in a healthcare setting**. Letter from employer on official company letterhead sufficient – Languages include American Sign Language, Spanish, Tagalog, Arabic, Chinese, Farsi, Russian, various languages of Indian Subcontinent and Southeast Asia or other language.

3) AP Credit – copy of College Board AP results

Name _____ IVC G# _____

Previous Name(s) Used _____

Mailing Address _____

City/State/Zip _____ Soc Sec# _____

Contact Phone # _____ Alternate Phone # _____

Email Address (one address only): _____

High School Attended: _____ City/St: _____ Yr Grad/GED _____

Male Female Age _____ Date of Birth _____ United States Citizen Yes No

Ethnicity: American Indian / Alaskan Native African-American Asian or Pacific Islander Hispanic Filipino

White Other list: _____

SCIENCE PREREQUISITES Refer to recency requirements	Crse # (Ex: BIO#)	Grade	Units/ Credits	Was Lab Included	Year Completed	Name of College
General Microbiology (BIOL 220)				Y/N		
Human Anatomy (BIOL 200 or BIOL 204)				Y/N		
Human Physiology (BIOL 202 or BIOL 206)				Y/N		
GE REQUIREMENTS (Fixed Set)						
ENG 110 Composition & Reading (or AP Score)						
MATH 098 or 091 Intermediate Algebra, or higher math or 7006 or 2006 Accuplacer Score (Score not considered for points)		Score:				
PSY 204 Developmental Psychology (Lifespan)						
ANTH 102 Cultural Anthropology, and/or						
SOC 101 Introduction to Sociology						
COMM 100 Oral Communication						
NURS 100 Medication Mathematics						
Elective/Recommended Courses (considered for points)						
READ 111 Analytical and Critical Reading						
ENG 201 Advanced Composition						
MATH 110 Number Syst in Elem Mathematics, or higher						
Degree Courses (not considered for points)						
PE 100 Lifetime Exercise Science						
One PE Activity Course (ie, swimming, tennis, volleyball)						
POLS 102 American Government & Politics						
HIST 120 or 121 U.S. History						

ATI TEAS Results (V.6):

Initial Score _____ Repeated Score: _____ (Include copy of remedial plan for Repeated Score)

<u>List All Colleges Attended <i>Include IVC</i></u>	<u>Dates Attended</u>	<u>Degree Awarded</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a current Certification/License in an Allied Health Program (EMT, CNA, MA)? Yes No

Do you have recent healthcare work or volunteer experience (recent and more than 100 hours?) Yes No

Do you have a degree (AA/AS, BA/BS, and/or MA/MS)? Yes No

Do you have a current LVN License? Yes No

Current or recent employer _____

Dates employed _____

Include documentation if answered yes below

Are you a Military Veteran or spouse of a Veteran? Yes No

Do you have a documented disability? Yes No Include brief description of disability _____

Are you a documented refugee? Yes No

Are you eligible to receive Financial Aid, CalWorks, BOGFW-B, Federal Pell grants or EOPS? Yes No

Did you need to work while completing the prerequisite courses to the Nursing Program? Yes No

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

Have you had recent difficult family or personal circumstances (pertaining to single parent, deployed spouse, family caregiver, death of family member in past 6 months, medical problem, or financial issue? Yes No

Alternate Language Proficiency: If answered yes below, documentation is required

Can you speak, read, and write in any of the languages below in a healthcare setting, OR have you completed an advanced level course in a foreign language? Yes No Check language and list course _____ and provide verification of proficiency:

American Sign , Spanish , Tagalog , Arabic , Chinese , Farsi , Russian Indian Subcontinent

Southeast Asia , Other: _____

Have you been convicted at any time of a felony, misdemeanor, or been cited for a traffic violation of more than \$1,000?

Yes No *If Yes, you must disclose when applying. Attach a typed, one page statement describing incident – see below.*

Previous convictions: When applying for the RN license, the CA Board of Registered Nursing www.rn.ca.gov states that they will consider *the nature, severity, and recency of the offense(s), as well as rehabilitation and other factors, but cannot make a determination for approval or denial of a licensure without evaluating the entire (licensure) application and supporting documentation.* IVC Nursing applicants are therefore, required to submit a typed statement with the application identifying all occurrence(s). A background check and drug screen will be required if admitted to the program. **Failure to disclose this information (including expunged convictions) will disqualify the applicant, or cause dismissal from the Nursing Program.** The IVC Nursing Program does **not** make a determination whether a student with a past history of criminal activity should or should not apply.

I certify that the answers I have given are true and I have not withheld any facts or circumstances. I have submitted all documentation necessary to consider my application in full. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal if discovery at any time during enrollment in the IVC Nursing Program.

Applicant Signature: _____ **Date:** _____

Mail, or hand deliver (no electronic email), completed application and required documents to: **IVC Nursing Department – 2100 Health Sciences Building, Office 2155 – 380 East Aten Road, Imperial, CA, 92251**

- Completion of prerequisites does not guarantee admission. Incomplete applications will not be considered.
- Proof of equivalency of prerequisites not taken at IVC is mandatory with application. The nursing counselor can assist if any questions.
- Students are notified by email of the status of their application 30-45 days after deadline. Any changes should be reported to the Nursing Office 760-355-6348