

ALL APPLICANTS MUST SIGN THE ACKNOWLEDGEMENT BELOW TO RECEIVE NOTIFICATION REGARDING THEIR APPLICATION STATUS

You will be notified of your enrollment status via iMail provided on this application no later than 8 weeks after the deadline. To ensure all applicants receive correspondence regarding their application status all applicants must activate their iMail account through Eservice. Applicants will need a student ID# to activate the iMail account. Go the SCC website and click on Eservice then "Get Your Student Id Number" in the left column.

*I hereby acknowledge that I have activated my iMail account.
I understand that this is the method that will be used to inform me of my enrollment status.*

Signature

Date

IMPORTANT NOTES:

- If any item is missing, the application packet will not be processed.
- Students will receive notification of status by iMAIL approximately eight (8) weeks after the submission deadline. Please do not call Admissions and Records, the Nursing department, or Counseling department, as phone verification will not be provided.
- Final acceptance into the VN program is contingent upon approval of background check and drug screen results by the healthcare systems used for clinical rotations in the program.

STUDENT CHECKLIST: APPLICABLE TO FIRST-TIME APPLICANTS FOR THE VN PROGRAM

1. _____ Transcript with graduation date highlighted from an accredited high school in the United States, GED Scores, CHSPE Certificate of Proficiency, or AA/AS degree or higher documented on an accredited college transcript. Transcripts from high school or college outside of the United States must be evaluated by a NACES approved independent agency.
2. _____ Provide copy of written proof that reading eligibility met for English 110 through assessment process or completion of ENGRD 11 or AA/AS or higher degree awarded.
3. _____ All college transcripts:
UNOFFICIAL transcripts from colleges within the Los Rios Community College District (ARC, SCC, CRC, FLC)
OFFICIAL (sealed) transcripts from colleges outside the Los Rios Community College District.
4. _____ Course descriptions of prerequisite classes completed outside of Los Rios District for equivalency. Descriptions must show clear page numbers, year, and catalog identification.
5. _____ Optional - Educational Plan (SCC) from counseling appointment. A copy of the Educational Plan is acceptable.

QUALIFIED REAPPLYING VN APPLICANTS

First and second page of enrollment application **must** be completed in its entirety along with the demographic survey. You do not need a curriculum planning summary sheet. **If an applicant did not apply last semester but is reapplying from a previous semester you must submit a complete application packet** (transcripts, course descriptions etc.). Incomplete applications will not be processed.

- VN Applicants: You are a **qualified** reapplying student if you have **consecutively** applied to the SCC VN program **and** received an "eligible to reapply" letter.

ENROLLMENT PROCESS:

1. Application, transcripts, proof of high school graduation and reading assessment report must be submitted together in a manila envelope to the Science & Allied Health Office M-18 by March 16th, 2012 by 5:00 pm. If mailed, this application packet must be postmarked by March 16th, 2012.
2. Completion of the program eligibility requirements places the applicant in the eligible applicant pool. The class will be randomly selected from all eligible applicants by a computer process
3. 1/3 of the class will be randomly selected from the eligible applicants who were reapplying applicants. 2/3 of the class will be randomly selected from all eligible applicants. Applications from reapplying applicants will be weighted the number of times that they have applied.
4. Students will be required to obtain a drug screen and background check prior to admission to the program.

Check the SCC Nursing web page each semester regarding changes. www.scc.losrios.edu

VOCATIONAL NURSING PROGRAM ELIGIBILITY

1. Be a high school graduate or pass the GED; high school diplomas from foreign schools must be translated and evaluated for equivalency to schools in the U.S.
2. Have a "B" in Biology 100, (or a GPA of 3.0 in Biology 430 & 431 Anatomy and Physiology courses - no grade lower than a "C");
3. Have a GPA of 2.5 in the remaining prerequisites - no grade lower than a "C":

FCS 340	Nutrition
FCS 324	Human Development
AH 110	Medical Language for Health Care Providers
4. Submit proof of eligibility for English 110 through the assessment process or completion of ENGRD 11;
5. In order to be successful in the Vocational Nursing Program, it is **recommended** that the applicant:
 - a. complete Nursing 325, Dosage Calculation
 - b. complete Math 34 or be eligible for Math 100
 - c. be able to read, write, comprehend and speak the English language

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) and the United States Department of Education requires that we compile the ethnicity, gender and age for all students in nursing programs. The following information will be kept confidential and used for statistical purposes only. The data will be summarized eliminating the identity of any specific person. This form will be kept separate from your application. Thank you for your assistance.

Name _____ LRCCD Student ID# _____ Male: Female: DOB: ____/____/____

SUPPLEMENTAL DATA

1. ETHNIC BACKGROUND (Please check one)

- African-American (1)
- American Indian / Alaskan Native (2)
- Filipino (3)
- Asian / Pacific Islander (4)
- White (5)
- Hispanic (6)
- Other / Unknown (7)
- Decline to provide (8)

2. LANGUAGE(S) SPOKEN AT HOME _____

3. ARE YOU FLUENT IN ANY OF THE FOLLOWING LANGUAGES? (Please check all that apply)

- American Sign Language (1)
- Arabic (2)
- Chinese (3)
- Farsi (4)
- Russian (5)
- Spanish (6)
- Tagalog (7)
- Languages of the Indian subcontinent and Southeast Asia (8)

4. Are you the first in your family to attend college? Yes No

5. Have you ever been a student at a college other than SCC? If so, please give the name and location of the college you attended: _____

Name

City/State

Country

6. Have you ever served in the military? Yes No

7. Have you, or a member of your immediate family, had the opportunity to participate in alternative or non-traditional medical treatment methods? (If needed for clarification, examples of alternative or non-traditional medical treatment methods include: herbs, acupuncture, coining, and cupping.) Yes No