

# Imperial Valley College – Nursing and Allied Health

## Application - Associate Degree Registered Nursing Program

Name: \_\_\_\_\_ IVC G#: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ IVC Student Email (legible): \_\_\_\_\_

Personal Email (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 Imperial Valley College. Unofficial IVC Webstar transcripts can be submitted. 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.

☐ Copy of ATI TEAS Results (Version 7) – **Include all previous exam results.**

☐ (Initials) I have completed the online RN Information Session on (date): \_\_\_\_\_ and I am aware of the requirements to apply and be considered. ([www.imperial.edu/nursing](http://www.imperial.edu/nursing))

**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 (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 current CPR BLS card

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

☐ For 30-Unit Option, add the Disclaimer Form

<b>OPTIONAL: For generic RN applicants</b>
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**Life Experiences and/or Special Circumstances (No documentation is needed, 3 points given to all applicants)**

☐ Veteran/Active Military

☐ Need to Work

☐ Spouse of Veteran/Activity Military

☐ First Generation

☐ Disability(s)

☐ Difficulty (Personal and Family Situations)

☐ Refugee - Copy of card indicating status

☐ Disadvantages, Social or Educational Environment

☐ Low income

**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 is required. Scores can be requested at [www.collegeboard.org](http://www.collegeboard.org).

Name \_\_\_\_\_ IVC G# \_\_\_\_\_

Previous Name(s) Used \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Soc Sec# \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

IVC Student Email: \_\_\_\_\_

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	Crse # (Ex: BIO#)	Grade	Units/ Credits	Was Lab Included (Circle one)	Yr Completed /Term (Ex: Fall 2020)	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		
<b>GE REQUIREMENTS (Fixed Set)</b>						
Composition & Reading (ENG 110, 105, 101, C1000, ESL 108 or AP Score)						
Developmental Psychology - Lifespan (PSY 204)						
Cultural Anthropology (ANTH 102) and/or						
Introduction to Sociology (SOC 101)						
Oral Communication (COMM 100, C1000, SPCH 100)						
Medication Mathematics (NURS 100)						
<b>CRITICAL THINKING (Considered with Fixed Set GPA above)</b>						
Advanced Composition (ENG 201, COMM 180, ENGL C1001, ENGL 204, PHIL 106)						

**Important** – Students must select the G.E. plan that best fits their academic goal. It is recommended to see a counselor. Select all that apply.

☐ Plan 1 IVC GE ☐ Plan 2 CSU GE ☐ Plan 2 CalGETC ☐ Plan 3 IGETC CSU ☐ Plan 3 IGETC UC

**ATI TEAS Results (Version 7):**

Initial Score \_\_\_\_\_ Repeated Score: \_\_\_\_\_

List All Colleges Attended ***Include IVC***

Dates Attended

Degree Awarded

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 \_\_\_

Are you a Military Veteran or spouse of a Veteran? Yes \_\_\_ No \_\_\_  
Do you have a documented disability? Yes \_\_\_ No \_\_\_ If yes, 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.m.ca.gov](http://www.m.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:** \_\_\_\_\_

Completed applications will be accepted in person at the nursing office #2101 during regular business hours (M-F, 8-5) and via U.S. mail. Applications sent via U.S. mail need to be postmarked one week before deadline. Applications should be mailed to: IVC, 380 E. Aten Road, Imperial, CA 92251, Attn: Nursing office).

- 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 **60 business days** after the deadline. Any changes should be reported to the Nursing Office via email, [analisa.veliz@imperial.edu](mailto:analisa.veliz@imperial.edu).