



One College Drive □ (760) 921-5504  
Blythe, CA 92225

**APPLICATION: ADN NURSING PROGRAM**

Semester/Year Submitted: \_\_\_\_\_

Type or print in black ink.

**PERSONAL**

<b>Name</b> <i>(Last)</i> _____ <i>(First)</i> _____ <i>(Middle)</i> _____		
<b>Additional Names Used</b>		
<b>Date of Birth</b>	<b>E-mail Address</b>	
<b>Mailing Address</b> <i>(Street)</i> _____ <i>(City, State)</i> _____ <i>(Zip Code)</i> _____		
<b>Telephone</b> <i>(Home/Cell Phone)</i> _____ <i>(Best time to call)</i>	<i>(Work)</i> _____ <i>(Best time to call)</i>	
<b>Emergency/Alternate Contact</b> <i>(Name)</i> _____ <i>(Phone)</i> _____ <i>(Relationship)</i> _____		<b>Social Security No.</b>

**EDUCATION** *(official transcript/GED document must be submitted prior to the application deadline)*

<input type="checkbox"/> <b>U.S. High School Attended</b> <i>(Name, City, State)</i>  <input type="checkbox"/> <b>GED:</b> Indicate the highest year <u>completed</u> in _____	<b>Grad:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, what year?)</i> high school: _____  <input type="checkbox"/> <b>Foreign High School Attended</b> <i>(Name, City, Country)</i>  <b>Grad:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, what year?)</i>  <i>Equivalency evaluation is required. Please include it with the application.</i>
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**Colleges or Universities Attended (including Palo Verde College)**

Name, City, State	Dates Attended (Month/Year)	Degree or Certificate (or number of units completed)

**Required Prerequisites**

Course Title	Units	Course No.	College or University	Grade	Completion Year
Chemistry 101 or 109					
Basic Microbiology					
Human Anatomy					
Human Physiology					
Medical Terminology					

**Required General Education Courses**

Course Title	Units	Course No.	College or University	Grade	Completion Year
Social Science (2 courses)					

Communications (2 courses)					
Humanities (minimum of 3 units)					
Math (college level math)					

BLS Certification (American Heart Association (AHA) Healthcare Provider) Expiration Date:

**EMPLOYMENT– List healthcare-related work experience.**

Position Held	Dates (M/Yr) to
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Agency Name	Address	Phone
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Brief description of responsibilities	Supervisor
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Position Held	Dates (M/Yr) to
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Agency Name	Address	Phone
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Brief description of responsibilities	Supervisor
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Position Held	Dates (M/Yr) to
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Agency Name	Address	Phone
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Brief description of responsibilities	Supervisor
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**MEET WITH ADVISOR-REQUIRED**

Have you met with the Nursing Educational Advisor to review the admission checklist  Yes  No

The applicant is responsible for notifying the Nursing Office, (760) 921-5504 of any changes regarding the information provided in this application.

The applicant certifies the information provided is true and correct. Any falsification or misrepresentation will result in the permanent withdrawal of this application and forfeit further eligibility for application to the PVC ADN Program.

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

**NOTE:** If accepted into the ADN Program a background and drug panel will be done. These are required by the clinical agencies. PVC ensures its clinical partners that nursing students meet the requirements to train at their facilities. If the applicant’s background check results do not meet the standards set forth by the facilities the applicant will not be allowed to participate in the clinical component.

**ALL NURSING STUDENTS** are required to pass a Urine Drug Screen test before starting their clinical rotations. Students will be instructed when to complete this test. Do not complete this test prior to notification from the PVC ADN Program. There are specific timelines for the completion of this test. If any student does not pass their drug screen as set forth by the clinical facilities, the student will not be allowed to participate in the clinical component.

**OFFICE USE ONLY**

Date Rec’d	By:
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Rank #	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alternate
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Comments/Notes: