



**Palo Verde College**  
Nursing & Allied Health

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

**APPLICATION FOR FAST TRACK VOCATIONAL NURSING PROGRAM**

Semester  Fall  Spring Year: \_\_\_\_\_

Type or print in black or blue ink.

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

| EDUCATION <i>(official transcript/GED document must be submitted prior to application deadline)</i> |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>U.S. High School Attended</b><br><i>(Name, City, State)</i>             |  | <b>Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No</b><br><i>(If yes, what year?)</i><br>high school: _____ |  |
| <input type="checkbox"/> <b>GED:</b> Indicate the highest year completed in                         |  | <input type="checkbox"/> <b>Foreign High School Attended</b><br><i>(Name, City, Country)</i>                               |  |
|   |  | <b>Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No</b><br><i>(If yes, what year?)</i>                       |  |
|   |  | <i>Equivalency evaluation required. Please include with application.</i>   |  |
| College or University Attended (include Palo Verde College)   |  |  |  |
| Name (City, State)  |  | Dates Attended (Month/Year)  | Degree or Certificate (or number of units completed) |
|   |  |  |  |
|   |  |  |  |

| PREREQUISITE COURSE COMPLETION                 |  |            |                       |      |
|--|--|------------|-----------------------|------|
| Course Title                                   | Units  | Course No. | College or University | Year |
| PSY 201 Human Growth & Development (Lifespan)  |  |            |                       |      |
| NSC 128 Medical Terminology                    |  |            |                       |      |
| BIO 210 or NUR 102 Human Anatomy               |  |            |                       |      |
| BIO 211 or NUR 102 Human Physiology            |  |            |                       |      |
| Math 95 (or higher) assessment                 | <input type="checkbox"/> Completed assessment or <input type="checkbox"/> Completed course |            |                       |      |
| English 100 (or higher) assessment             | <input type="checkbox"/> Completed assessment or <input type="checkbox"/> Completed course |            |                       |      |
| BLS (AHA Healthcare Provider) Expiration Date: |  |            |                       |      |

| EMPLOYMENT – OPTIONAL – List healthcare-related work experience. |                  |
|--|------------------|
| Position Held  | Dates (M/Yr.) to |
| Agency Name Address  | Phone ( )        |
| Brief description of responsibilities                            | Supervisor       |
| Position Held  | Dates (M/Yr.) to |
| Agency Name Address  | Phone ( )        |
| Brief description of responsibilities                            | Supervisor       |
| Volunteer Experience/Position Held                               | Dates (M/Yr.) to |
| Agency Name Address  | Phone ( )        |
| Brief description of responsibilities                            | Supervisor       |

| DEMOGRAPHICS - OPTIONAL   |  |
|---|--|
| <b>Ethnic Background</b><br><input type="checkbox"/> Hispanic; Mexican-American <input type="checkbox"/> White, non-Hispanic    Other: _____<br><input type="checkbox"/> African American <input type="checkbox"/> Asian American |  |
| Gender  | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
| Age   | Date of Birth    Language Proficiency  |

| LIMITATIONS/ ACCOMMODATIONS   |
|---|
| Do you have any disabilities or limitations that will require accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, please identify the disability/limitation and describe the required accommodation(s): |

The applicant is responsible to notify 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.

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

\_\_\_\_\_  
Date

**NOTE:** The **application for licensure** requires FBI and Dept. of Justice background checks. After the applicant completes the program and passes the licensure exam (NCLEX-PN), any arrests/convictions will be subject to review by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT). The BVNPT will then make the decision **whether or not** to grant a license. PVC does not advise applicants on possible BVNPT decisions.

PVC ensures its clinical partners that nursing students meet the requirements to train at their facility. Should the applicant’s background disqualify him/her from participating at the clinical site, the applicant will not be admitted to the program. Once admitted, if a facility disqualifies a student from participating at their clinical site, the student will be withdrawn from the program.

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