



Palo Verde College
Nursing & Allied Health

One College Drive ☐ (760) 921-5504

Blythe, CA 92225

APPLICATION FOR FAST TRACK VOCATIONAL NURSING PROGRAM

Semester ☐ Fall Year: _____

Type or print in black or blue ink.

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

EDUCATION (official transcript/GED document must be submitted prior to application deadline)			
<input type="checkbox"/> U.S. High School Attended (Name, City, State)		Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what year?) high school: _____	
<input type="checkbox"/> GED: Indicate the highest year <u>completed</u> in		<input type="checkbox"/> Foreign High School Attended (Name, City, Country)	
		Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what year?)	
		Equivalency evaluation required. Please include with application.	
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
English 100 or higher				
College level math				
Medical Terminology				
Psychology				
Human Anatomy and				
Human Physiology or				
Introduction to Anatomy and Physiology				
BLS (AHA Healthcare Provider) Expiration Date:				
TEAS Score (please attach results)				

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
Position Held	Dates (M/Yr) to
Agency Name Address	Phone ()
Brief description of responsibilities	Supervisor

DEMOGRAPHICS - OPTIONAL

Ethnic Background			
<input type="checkbox"/> Hispanic; Mexican-American	<input type="checkbox"/> White, non-Hispanic	Other: _____	
<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		

LIMITATIONS/ ACCOMMODATIONS

Do you have any disabilities or limitations that will require accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please contact DSPS to discuss reasonable accommodations for the nursing program and set up a meeting with the Dean of Nursing for planning purposes.

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:	