



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

APPLICATION: ADN NURSING PROGRAM

Semester/Year Submitted: _____

Type or print in black ink.

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

EDUCATION <small>(official transcript/GED document must be submitted prior to the application deadline)</small>	
<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"/> Foreign High School Attended (Name, City, Country) _____ Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what year?) _____
<input type="checkbox"/> GED: Indicate the highest year <u>completed</u> in _____ <i>Equivalency evaluation is required. Please include it with the application.</i>	

Colleges or Universities Attended (including Palo Verde College)		
Name, City, State	Dates Attended (Month/Year)	Degree or Certificate (or number of units completed)

Required Science Prerequisites					
Course Title	Units	Course No.	College or University	Grade	Completion Year
Chemistry 101 or 109					
Basic Microbiology					
Human Anatomy					
Human Physiology					
Medical Terminology					
American Political Institutions					
Introduction to Sociology					

Required Prerequisites					
Course Title	Units	Course No.	College or University	Grade	Completion Year
General Psychology or Lifespan Deve.					

Speech (minimum of three units)				
Humanities (minimum of 3 units)				
Math 106 (or higher)				
English 100/101 (or higher)				

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

EMPLOYMENT– 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

MEET WITH ADVISOR-REQUIRED

Have you met with the Nursing 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:
Rank #	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alternate

Comments/Notes: