



**Palo Verde College**  
Nursing & Allied Health

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

**APPLICATION FOR VOCATIONAL NURSING PROGRAM**  
Semester ☐ Fall ☐ Spring Year: \_\_\_\_\_

Type or print in black or blue ink.

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

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

<b>PREREQUISITE COURSE COMPLETION</b>				
<b>Course Title</b>	<b>Units</b>	<b>Course No.</b>	<b>College or University</b>	<b>Year</b>
PSY 201 Human Growth & Development (Lifespan)				
NSC 128 Medical Terminology				
BIO 210 or NUR 102 Human Anatomy				
BIO 211 or NUR 102 Human Physiology				
NUR 100 & NUR 118 Nursing Assistant Program				
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:				

<b>EMPLOYMENT – OPTIONAL – List healthcare-related work experience.</b>	
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

<b>DEMOGRAPHICS - OPTIONAL</b>	
<b>Ethnic Background</b> <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    Language Proficiency

<b>LIMITATIONS/ ACCOMMODATIONS</b>
Do you have any disabilities or limitations that will require accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.

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



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# Character Reference Letter

I, \_\_\_\_\_, have applied for admission to the Vocational Nursing Program at Palo Verde College and have given your name as a reference. I give my permission for this confidential reference to be completed by you. Note to student: Cannot be related to you or a spouse/partner.

Please complete this form and return it to the Nursing Office at your earliest convenience. Place the complete reference letter in an envelope with my name on it and give back to the PVC-Nursing Office or me. Thank you.

1. *How long have you known the applicant?* \_\_\_\_\_
2. *In what relationship have you known the applicant?* \_\_\_\_\_
3. *Date (s) applicant was employed (if applicable)?* \_\_\_\_\_
4. *Date (s) applicant was your student (if applicable)?* \_\_\_\_\_

Please rate the applicant on the following characteristics. Check any of those points in which you feel you can give an honest opinion.

	Poor	Fair	Good	Excellent	Not Applicable
<i>Grooming</i>	_____	_____	_____	_____	_____
<i>Initiative</i>	_____	_____	_____	_____	_____
<i>Dependability</i>	_____	_____	_____	_____	_____
<i>Resourcefulness</i>	_____	_____	_____	_____	_____
<i>Reliability</i>	_____	_____	_____	_____	_____
<i>Leadership Ability</i>	_____	_____	_____	_____	_____
<i>Honesty</i>	_____	_____	_____	_____	_____
<i>Judgment</i>	_____	_____	_____	_____	_____
<i>Tact</i>	_____	_____	_____	_____	_____
<i>Alertness</i>	_____	_____	_____	_____	_____
<i>Courtesy</i>	_____	_____	_____	_____	_____
<i>Dignity and Poise</i>	_____	_____	_____	_____	_____
<i>Emotional Stability</i>	_____	_____	_____	_____	_____
<i>Self-Control</i>	_____	_____	_____	_____	_____
<i>Cooperativeness</i>	_____	_____	_____	_____	_____
<i>Accountability</i>	_____	_____	_____	_____	_____

Why do you consider this applicant a suitable candidate for the Vocational Nursing Program? (Please give concrete examples):

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## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_