

Imperial Valley College

## Application Vocational Nursing Program (LVN)

Name: \_\_\_\_\_ IVC G#: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

**INSTRUCTIONS:** Complete application, checking off each area. Completed applications will be accepted at the Nursing Office #2101 (M-F, 8-5) and via U.S. mail. Applications missing any paperwork will not be accepted.

\_\_\_\_ Copy of high school transcript, diploma, GED, or formal evaluation of foreign transcript

\_\_\_\_ Copy of transcripts from colleges attended including those filed with the College.

SCIENCE PREREQUISITES 0 L Q L P X P	Course # (Ex: PSY	Grade	Units	Year Completed /Term ( [ ] ) D O O	Name of College
BIOL 200 (Human Anatomy & Physiology, P					
BIOL 202 (Human Anatomy & Physiology, P					
BIOL 204 (Human Anatomy),					
BIOL 206 (Human Physiology)					
BIOL 220 (General Microbiology)					
PRE 5 ( 4 8 , 6 , 7 ( & 2 8 5 6 ( 6 0 L					
ENG 110/105/101(Composition & Reading)					
PSY 101 (General Psychology)					
AHP 100 (Medical Terminology)					
PSY 204 (Developmental Psychology)					

Have you ever been convicted at any time of a felony or misdemeanor, including a DUI?  Yes  No  
 Have you ever been issued a traffic citation?  Yes  No  
 If yes, attach a typed, one page statement describing incident. See below.

**Previous convictions** When applying for the VN license, the CA Board of Vocational Nurse & Psychiatric Technicians will consider the nature, severity, and recency of the offense(s), as well as rehabilitation and other factors, but cannot make a determination or denial of a license without evaluating the entire (licensure) application and supporting documentation. Nursing applicants are therefore, required to submit a typed statement with the application identifying all occurrence(s). A background check and drug screen will be required and failure to disclose this information will result in denial of the license. The IVC Nursing Program does not make a determination whether a student with a past history of criminal activity should or should not apply.

I certify that the answers I have given are true and correct, and I have not withheld any facts or circumstances. I verify that the information given is true and correct. I understand that this information is subject to verification, and any falsification, misrepresentation, or omission of facts is a sufficient reason for dismissal upon discovery at any time during enrollment in the IVC LVN Program.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address \_\_\_\_\_

Completed applications will be accepted in person DW WKH 1XUVLQJ 2IILFH GEDson