



Received by \_\_\_\_\_

# VOCATIONAL NURSE PROGRAM APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Program Start Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**Education:** High School Diploma or equivalent?  Yes  No From a foreign country?  Yes  No

If yes, your documents need to be translated, evaluated, and submitted to the Nursing office?

**Student Aid:**  Department of Rehabilitation  CalWorks  Financial Aid (PELL Grant)  
 Veteran's Administration (VA)  Workforce Connection  Other \_\_\_\_\_

**Nurse Assistant Certification:** Is your certification active?  Yes  No Expiration Date: \_\_\_\_\_

Have you completed 350 hours of employment as a Certified Nurse Assistant?  Yes  No  In Progress

Are you aware of any current or past medical, physical or emotional problems that will keep you from completing the theory and clinical components of the Vocational Nurse Program?  Yes  No

Have you passed the TABE placement test?  Yes  No Office use only: Reading \_\_\_\_\_ Math \_\_\_\_\_

Have you **completed** any of the following pre-requisite courses within the past **5 years**? If yes, indicate below:

<u>Required Pre-Requisite Class</u>	<u>Completed?</u>			<u>Where?</u>
Medical Terminology (45 hrs)	___ Yes	___ No	___ In Progress	_____
Medical Math (Math 103) (45 hrs)	___ Yes	___ No	___ In Progress	_____
Nutrition (33 hrs)	___ Yes	___ No	___ In Progress	_____
Anatomy & Physiology (60 hrs)	___ Yes	___ No	___ In Progress	_____
Vocational Nurse Prep (36 hrs)	___ Yes	___ No	___ In Progress	_____

**IMPORTANT:** If you have completed your Pre-Requisites somewhere other than Clovis Adult, you **MUST** provide us with **OFFICIAL SEALED TRANSCRIPTS** with A PASSING GRADE OF 78% OR HIGHER for each class **BEFORE submitting your application.**

**I understand** that I am **NOT** officially a student for the Vocational Nurse program until I have interviewed, received an VN Acceptance Letter and attended the mandatory orientation.

**I understand** my signature confirms that all of the above information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Notes:  
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