

CAREER LADDER (LVN TO RN) APPLICATION

- Incomplete Applications will not be processed

Print Name: _____
Last First

Social Security # _____
PCC student Identification numbers are not accepted in place of a social security number

Address: _____

City: _____ Zip: _____

Cell Phone # _____ Home Phone # _____

Email: _____

Students will only be notified of their status by email. Please print clearly.

I have previously applied to the CL Program: If YES include year _____

Name used on your prior application: _____

One official transcript of ALL colleges including PCC and high school/GED and LVN school you graduated from must be submitted with this application even if the coursework is not applicable to the Nursing Program. The Health Sciences Division will not retrieve scanned transcripts.

Official U.S. High School transcript GED Foreign Equivalency Report

Your last name while in High School: _____

College degree(s) received: Associates Bachelors Masters

List all colleges attended: (1) _____ (2) _____

(3) _____ (4) _____

Name of LVN school transcripts being submitted: _____

Attach a copy of your current California LVN license with this application.

Course	College	Course Title and Number	Units	Grade	Term/Year
English 1A					
Microbiology 2					
Physiology 2A & 2B or Anatomy 25 & Physiology 1					

Additional classes required for the Career Ladder Associate Degree program
(selection is not based on these courses):

Course	College	Course Title & Number	Units	Grade	Term/Year
American Institutions 125					
History 7A/B, 25A-D, 29A/B, 31, 41					
Humanities (see catalog)					
Intermediate Algebra or higher					
Political Science 1/7					
Psychology 24 (lifespan)					
Speech 1 or 10					

Are you a U.S. Veteran or spouse of a U.S. Veteran? YES (please provide a copy of your DD214).

No I am not a U.S. Veteran or spouse of a U.S. Veteran.

Upon selection students are required to complete a health clearance and criminal background check in order to attend clinical experiences which are required for program completion. Details regarding these clearances will be provided to selected candidates with the acceptance packet. Hospitals and health care providers may deny access to clinical experiences based on certain criminal background findings. This would restrict the student from admission as the required clinical experiences would not be available. Students who have questions or concerns about the background check are encouraged to make an appointment with the Nursing Program Director.

Note: The California Community College Chancellor's office is requiring an Assessment/Readiness Test (TEAS V) for students selected for enrollment in a community college registered nursing program. The test assesses reading, math, science and English skills necessary for success. A minimum score of 62 must be met to begin the program. Those scoring lower than 62 will have a remediation plan developed by the Nursing Program Director.

1. I have previously taken the TEAS V exam: YES NO (if you check no complete #2)

2. I agree to take the TEAS exam on (pick one date): November 28 November 29

November 30

I understand that if I do not show up for the TEAS test date and I was accepted to the program my acceptance will be disqualified.

My signature below indicates that I have provided true and accurate information on this application and that I understand that final acceptance to the program will be based on my background check and ATI TEAS V test results.

Signature

Date

Applications with **ALL** required official transcripts may be submitted to the Health Sciences Division Office:

Community Education Center Health Sciences Division B6 – Career Ladder Nursing Program 3035 East Foothill Blvd.
Pasadena, CA 91107

The following information is voluntary and is used as summary information only to ensure that the selection process has not disproportionately discriminated against any group.

1. Please indicate your **Ethnic Background**:

<u>ETHNIC BACKGROUND</u>	
<input type="checkbox"/> ASIAN	<input type="checkbox"/> CAUCASIAN – NON HISPANIC
<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN
<input type="checkbox"/> HISPANIC	<input type="checkbox"/> FILIPINO
<input type="checkbox"/> OTHER	<input type="checkbox"/> PACIFIC ISLANDER

2. Please indicate your **Gender**:

<u>GENDER</u>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

3. Please indicate your current **Age Range**:

<u>AGE</u>			
<input type="checkbox"/> 18 to 25	<input type="checkbox"/> 26 to 30	<input type="checkbox"/> 31 to 45	<input type="checkbox"/> 46 and older