**SUBMISSION MATERIALS**

This form and the pages that follow must be completed either manually or on PDF fill-in form (attached) and submitted in their entirety. They must be legible and conform to the original format or you will need to resubmit.

<table>
<thead>
<tr>
<th>NAME: Please Print</th>
</tr>
</thead>
</table>

**CHECKLIST (TWO COPIES OF THIS PAGE REQUIRED)**

<table>
<thead>
<tr>
<th>I HAVE</th>
<th>PLEASE INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETED Human Anatomy, Human Physiology, and Microbiology with a grade of C or better; Within the last 5 years. <strong>APPLICATION WILL NOT BE ACCEPTED, IF NOT INITIALED.</strong></td>
<td></td>
</tr>
<tr>
<td>COMPLETED the Application Form;</td>
<td></td>
</tr>
<tr>
<td>COMPLETED the Application Worksheet;</td>
<td></td>
</tr>
<tr>
<td>ATTACHED all <strong>official</strong> college, trade, or professional school transcripts (excluding VVC); <strong>unopened</strong></td>
<td></td>
</tr>
<tr>
<td>ATTACHED all <strong>unofficial</strong> college, trade, or professional school transcripts (including VVC);</td>
<td></td>
</tr>
<tr>
<td>HIGHLIGHT all courses completed toward the degree on the attached <strong>unofficial</strong> college transcripts;</td>
<td></td>
</tr>
<tr>
<td>ATTACHED copies of Applicable Licenses or Certificates:</td>
<td></td>
</tr>
<tr>
<td>ATTACHED Letter of Life or Special Circumstances</td>
<td></td>
</tr>
<tr>
<td>READ, SIGNED, AND DATED the Application Policy Statement</td>
<td></td>
</tr>
<tr>
<td>COMPLETED the Statistical Information</td>
<td></td>
</tr>
<tr>
<td>MADE a copy for your records.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** APPLICATION SUBMISSION MATERIALS AND ATTACHMENTS WILL NOT BE RETURNED.

**MARCH 2, 2020 THROUGH MARCH 13, 2020**

**VICTOR VALLEY COLLEGE**

**NURSING PROGRAM**

**18422 BEAR VALLEY ROAD**

**VICTORVILLE, CA 92395**

(760) 245-4271 – EXT. 2285

Fall/Spring Office Hours: 8:30 AM-5:00 PM, Monday through Friday
APPLICATION FORM
ALL APPLICANTS MUST COMPLETE THIS FORM.

PLACEMENT OPTION
Please check ONE.

- [ ] Generic Student
  (Complete all courses in our program.)

- [ ] Bachelor’s to RN

- [ ] Non-Graduate Option
  (See Placement Options—page 5-6.)

For other entry options (LVN-RN, Transfer) please contact the Nursing Department.

NAME
LAST     FIRST   MIDDLE

SSN#   VVC ID#

ADDRESS
MAILING ADDRESS
CITY     STATE  ZIP

EMAIL ADDRESS
(Internal Use Only)
The Nursing Program will utilize Email communications with Applicants. All Applicants must have a valid Email address. (If accepted and placed on the waitlist a VVC email is mandatory) One of the below is mandatory.

HOME PHONE/CONTACT#
CELL PHONE#

Married and/or Other Names Used

Are you now, or have you ever been enrolled in another Registered Nursing Program?  [ ] Yes  [ ] No

Have you ever failed or withdrawn from a Registered Nursing Program course?*  [ ] Yes  [ ] No

("*If the answer is "yes" to either of the above questions, please attach an explanation listing the course(s) and the reasons for withdrawal, failure or exiting the program.)

List all colleges, technical or professional schools attended.

Do you currently have a degree or degrees?  [ ] Yes  [ ] No

If yes, please complete the following: (Use the back of this sheet if necessary.)

<table>
<thead>
<tr>
<th>Major</th>
<th>School</th>
<th>Year Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPLICATION WORKSHEET
ALL APPLICANTS MUST COMPLETE THIS FORM.

NAME ____________________________________________________________________________

VVC ID# _______________________

• COMPLETE THE FOLLOWING WORKSHEET.
• HIGHLIGHT ALL CLASSES REFERENCED ON THIS WORKSHEET ON YOUR UNOFFICIAL TRANSCRIPTS.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>UNITS</th>
<th>GRADE</th>
<th>COLLEGE (Abbreviations are acceptable.)</th>
<th>VERIFIED (VVC USE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMAN ANATOMY</td>
<td></td>
<td></td>
<td>HUMAN ANATOMY (4 or 5 units w/lab)</td>
<td></td>
</tr>
<tr>
<td>HUMAN PHYSIOLOGY</td>
<td></td>
<td></td>
<td>HUMAN PHYSIOLOGY (4 or 5 units w/lab)</td>
<td></td>
</tr>
<tr>
<td>MICROBIOLOGY</td>
<td></td>
<td></td>
<td>MICROBIOLOGY (5 units w/lab)</td>
<td></td>
</tr>
<tr>
<td>ENGLISH COMPOSITION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL PSYCHOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEVELOPMENTAL PSYCHOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTRODUCTION TO SOCIOLGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPEECH (106, 107, 108)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HUMANITIES</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>MATHEMATICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICAL EDUCATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN INSTITUTIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL UNITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

NOTE: THE APPLICANT IS RESPONSIBLE FOR COMPLETING THIS FORM CORRECTLY AND COMPLETELY. WE ARE NOT RESPONSIBLE FOR INCORRECT ASSESSMENT DUE TO MISSING OR IMPLIED INFORMATION.
APPLICATION POLICY STATEMENT
ALL APPLICANTS MUST COMPLETE THIS FORM.

- PLEASE BE CERTAIN YOU HAVE READ AND UNDERSTAND ALL MATERIALS WITHIN THIS APPLICATION PACKET.
- SIGN AND DATE THE STATEMENT BELOW.
- RETURN THIS FORM WITH YOUR SUBMISSION MATERIALS.

1. Be advised, if you have ever been convicted of a felony, you may be denied taking the National Council Licensing Examination for Registered Nursing (NCLEX-RN). (Refer to Title 16, California Ed Code, Chapter 14, Registered Nursing)

2. I understand that the college will not provide transportation to and from requested clinical facilities.

3. If accepted into this program, I will have a physical examination, a chest X-ray and/or PPD, lab tests, all required immunizations, criminal background check and drug tests that are required in order to comply with the program and clinical agencies’ contractual requirements. Also, a current American Heart Association CPR Certificate must be obtained. In addition, liability insurance is required. The Nursing Program has a group policy available, or the students may purchase their own policy. All of the above will be completed at my own expense. These items will be completed, with copies submitted, before the first day of the semester. Not submitting the required documentation by the due date will preclude my ability to continue in the program and I will need to re-apply for admission.

4. Be advised that after you graduate and begin working as a nurse, we may contact your employer for work performance evaluation based on program effectiveness. All evaluation results will be in aggregate form.

5. I certify that the statements and information in this application are true and correct to the best of my knowledge. Any information deemed to be a deliberate falsification would immediately eliminate my ability to enter this program at any time.

I HAVE READ AND UNDERSTAND THE APPLICATION PROCEDURE, PROGRAM POLICIES, AND OTHER INFORMATION PRESENTED WITHIN THIS ASSOCIATE DEGREE NURSING PROGRAM APPLICATION PACKET. FAILURE TO SIGN AND SUBMIT THIS FORM WILL CAUSE MY APPLICATION TO BE REJECTED.

PRINT NAME __________________________

SIGNATURE __________________________

DATE __________________________
STATISTICAL INFORMATION

To comply with statistical information on application flow patterns requested by State reports, we would appreciate your voluntary cooperation in providing the following information. THIS IS NOT PART OF THE SELECTION PROCESS. THIS FORM WILL BE DETACHED FROM YOUR APPLICATION AND USED FOR LOCAL, STATE AND FEDERAL STATISTICAL & GRANT REPORTING REQUIREMENTS ONLY.

1. Placement Option (Check where appropriate.)
   - [ ] Generic
   - [ ] Non-Graduate
   - [ ] Bachelor’s to RN

2. Primary Race or Ethnic Group:
   - [ ] Black/African American
   - [ ] American Indian/Alaskan Native
   - [ ] Asian Indian
   - [ ] Filipino
   - [ ] Native Hawaiian/Other non-Filipino Pacific Islander
   - [ ] Other (Please State) ____________________________

3. Age: _________ Birthdate: ____________________________

4. Sex: [ ] Male [ ] Female

5. Primary language spoken at home: [ ] English [ ] Other
   If Other, please state ____________________________

6. Are you a U.S. Veteran or widow/widower of a U.S. veteran? [ ] Yes [ ] No

7. High School attended: ________________________________
   Graduated? [ ] Yes [ ] No GED? [ ] Yes [ ] No
   Date of Completion: ________________________________

8. Did you participate in ROP Programs? [ ] Yes [ ] No
   Please List ROP Programs attended: ________________________________
   ________________________________

9. Are you currently using Financial Aid for your education? [ ] Yes [ ] No