

Victor Valley College
DR. PREM REDDY SCHOOL OF HEALTH SCIENCES

APPLICATION FORM

ALL LVN APPLICANTS MUST COMPLETE THIS FORM.

PLACEMENT OPTION FOR LVN TO RN ONLY	
Please check ONE.	
<input type="checkbox"/> LVN-RN ENTRY OPTION (Complete all courses required for RN Degree)	<input type="checkbox"/> 30-Unit Option* (Non-degree. See Placement Options—page 6-7. *Must make an appointment with Nursing Director regarding this entry option)
California LVN License # _____	Expiration Date _____
For Generic (regular) or Transfer Applications, please contact the Nursing Department.	

LVN 30 Unit Option has been explained to me and any questions answered Yes No

NAME _____
LAST FIRST MIDDLE

SSN _____ VVC ID# _____

ADDRESS _____
MAILING ADDRESS _____

CITY STATE ZIP

EMAIL ADDRESS _____

(MANDATORY – Internal Use Only)

The Nursing program will utilize email communications with applicants. All applicants must have a valid email address.

One of the below is mandatory.
HOME PHONE/CONTACT# _____
CELL PHONE _____

Married and/or Other Names Used _____

List all colleges, technical or professional schools attended. _____

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

Have you ever failed 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.**

Victor Valley College
DR. PREM REDDY SCHOOL OF HEALTH SCIENCES

APPLICATION FORM

ONLY MILITARY APPLICANTS MUST COMPLETE THIS FORM

NAME _____
LAST FIRST MIDDLE

SSN _____ **VVC ID#** _____

ADDRESS _____
MAILING ADDRESS

_____ CITY STATE ZIP

EMAIL ADDRESS _____
(MANDATORY – Internal Use Only)

The Nursing program will utilize email communications with applicants. All applicants must have a valid email address.

One of the below is mandatory.

HOME PHONE/CONTACT# _____

CELL PHONE _____

Married and/or Other Names Used _____

List all colleges, technical or professional schools attended. _____

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

Have you ever failed 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.**

WERE YOU HONORABLY DISCHARGED FROM THE MILITARY? Yes No
VICTOR VALLEY COLLEGE

APPLICATION WORKSHEET

ALL LVN & MILITARY APPLICANTS MUST COMPLETE THIS FORM.

NAME _____ **VVC ID#** _____

- COMPLETE THE FOLLOWING WORKSHEET. PLEASE PRINT LEGIBLY.
- HIGHLIGHT ALL CLASSES REFERENCED ON THIS WORKSHEET ON YOUR UNOFFICIAL TRANSCRIPTS.
- INDICATE ANY COURSES IN PROGRESS (IP) AND THEIR ESTIMATED COMPLETION DATE.

CRITERIA	UNITS	GRADE	COLLEGE (Abbreviations are acceptable.)	VERIFIED (VVC USE)
HUMAN ANATOMY				
HUMAN PHYSIOLOGY				
MICROBIOLOGY				
ENGLISH COMPOSITION				
GENERAL PSYCHOLOGY				
DEVELOPMENTAL PSYCHOLOGY				
INTRODUCTION TO SOCIOLOGY				
SPEECH (106,107,108, OR 109)				
HUMANITIES				
MATHEMATICS Intermediate Algebra or higher				
PHYSICAL EDUCATION				
AMERICAN INSTITUTIONS				
TOTAL UNITS		NOTE: YOU ARE RESPONSIBLE FOR COMPLETING THIS FORM CORRECTLY AND COMPLETELY. WE ARE NOT RESPONSIBLE FOR INCORRECT ASSESMENT DUE TO MISSING OR IMPLIED INFORMATION		

**VICTOR VALLEY COLLEGE
DR. PREM REDDY SCHOOL OF HEALTH SCIENCES
ASSOCIATE DEGREE NURSING PROGRAM**

**LVN TO RN AND/OR MILITARY ENTRY OPTION
SUBMISSION MATERIALS**

This form and the pages that follow must be completed neatly, and submitted in their entirety. They must conform to the original format or you will need to resubmit.

NAME: *Please Print*

COVER SHEET/CHECKLIST

Victor Valley College Credit by Examination Requirements	
I have	Please initial
COMPLETED 12 Units at Victor Valley College	
A MINIMUM cumulative GPA of 2.5 or greater.	
NO PREVIOUS GRADE for the courses. (This includes previous Credit by Examination grade.)	
CURRENTLY ENROLLED <small>You must enroll in ANY class to be eligible to take the Credit by Examination.</small>	
LVN-RN & MILITARY Application Requirements	
COMPLETED Human Anatomy, Human Physiology, and Microbiology with labs, with a grade of 2.5 or better;	
COMPLETED the Application Form and worksheet.	
ATTACHED all Official AND Unofficial college, trade, and/or professional school transcripts (including VVC);	
HIGHLIGHTED all courses completed toward the degree on the attached unofficial college transcripts;	
READ, SIGNED, AND DATED the Application Policy Statement	
COMPLETED the Statistical Information	

NEXT SUBMISSION DATES: 02/28 - 03/11 / 2022

IT IS RECOMMENDED THAT BEFORE SUBMISSION YOU MAKE A COPY OF YOUR SUBMISSION MATERIALS TO KEEP FOR YOUR RECORDS. APPLICATIONS AND ATTACHMENTS WILL NOT BE RETURNED.

**VICTOR VALLEY COLLEGE
NURSING PROGRAM
18422 BEAR VALLEY ROAD
VICTORVILLE, CA 92395
(760) 245-4271 – Ext. 2285 or 2796**

**Office Hours:
M-F-8:30 AM-5:00 PM**

VICTOR VALLEY COLLEGE

APPLICATION POLICY STATEMENT
ALL LVN & MILITARY 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 Basic Life Support 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 may preclude my ability to continue in the program and I will need to reapply 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 AND 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 _____

**VICTOR VALLEY COLLEGE
ADN PROGRAM
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 STATISTICAL REPORTING REQUIREMENTS ONLY.**

1. Placement Option (Check where appropriate.)

- LVN to RN Entry Option 30-Unit Option (LVNs Only)
 Military Option

2. Race or Ethnic Group:

- Black/ African-American Other Asian/Pacific Islander
 American Indian/Alaskan Native White/Caucasian
 Asian Indian Hispanic/Latino
 Filipino Mixed Race
 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. Do you currently have a degree or degrees? Yes No
If yes, please complete the following: (Use the back of this sheet if necessary.)

	Major	School	Year Obtained
Associates			
Bachelors			
Masters			

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: _____