

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

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.

NAME: *Please Print*

CHECKLIST (TWO COPIES OF THIS PAGE REQUIRED)

I HAVE	PLEASE INITIAL
COMPLETED Human Anatomy, Human Physiology, and Microbiology with a grade of C or better; Within the last 5 years. APPLICATION WILL NOT BE ACCEPTED, IF NOT INITIALED.	
Previously TEAS tested (with a passing score) and have or will have my electronic transcript sent to VVC on or before the close of the application deadline. ENTER TEAS SCORE HERE:	
COMPLETED the Application Form;	
COMPLETED the Application Worksheet;	
ATTACHED all official college, trade, or professional school transcripts (excluding VVC); unopened.	
OR Submitted all electronic official transcripts from other college, trade or professional schools. (Electronic transcripts must be received by VVC's Admission & Records by the close of the application date or your application will be considered incomplete and disqualified. The applicant is responsible to confirm receipt in Admissions & Records. DO NOT CALL THE NURSING OFFICE.	
ATTACHED all unofficial college, trade, or professional school transcripts (including VVC);	
HIGHLIGHT all courses completed toward the degree on the attached unofficial college transcripts;	
ATTACHED copies of Applicable Licenses or Certificates:	
ATTACHED Letter of Life or Special Circumstances	
READ, SIGNED, AND DATED the Application Policy Statement	
COMPLETED the Statistical Information	
MADE a copy for your records.	

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

FEBRUARY 22, 2022 THROUGH MARCH 7, 2022

**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**

<p align="center">PLACEMENT OPTION Please check ONE.</p>	
<input type="checkbox"/>	<p align="center">Generic Student (Complete all courses in our program.)</p>
<input type="checkbox"/>	<p align="center">Bachelor's to RN</p>
<input type="checkbox"/>	<p align="center">Non-Graduate Option (See Placement Options—page 5-6.)</p>
<p align="center">For other entry options (LVN-RN, Transfer) please contact the Nursing Department.</p>	

SSN# _____ VVC ID# _____

CITY STATE ZIP

The Nursing Program will utilize Email ^(nitchman@uscg.edu) AND OR USPS communications with Applicants. All Applicants must have a valid Email address. (If accepted 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.)

	Major	School	Year Obtained
Associates			
Bachelors			
Masters			

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.

CRITERIA	UNITS	GRADE	COLLEGE (Abbreviations are acceptable.)	VERIFIED (VVC USE)
HUMAN ANATOMY (4 or 5 units w/lab)				
HUMAN PHYSIOLOGY (4 or 5 units w/lab)				
MICROBIOLOGY (5 units w/lab)				
ENGLISH COMPOSITION				
GENERAL PSYCHOLOGY				
DEVELOPMENTAL PSYCHOLOGY				
INTRODUCTION TO SOCIOLOGY				
SPEECH (106,107,108, OR 109)				
HUMANITIES				
MATHEMATICS				
PHYSICAL EDUCATION				
AMERICAN INSTITUTIONS				
TOTAL UNITS				

NOTE: THE APPLICANT IS RESPONSIBLE FOR COMPLETING THIS FORM CORRECTLY AND COMPLETELY. WE ARE NOT RESPONSIBLE FOR INCORRECT ASSESMENT 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 ☐ 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. 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: _____

_____ ☐ ☐