



Palo Verde College
Nursing & Allied Health

One College Drive □ (760) 921-5504
Blythe, CA 92225

APPLICATION: RN NURSING PROGRAM

Semester/Year Submitted: _____

Type or print in black ink.

PERSONAL

Name <i>(Last)</i> _____ <i>(First)</i> _____ <i>(Middle)</i> _____	
Additional Names Used	
Date of Birth	E-mail Address
Mailing Address <i>(Street)</i> _____ <i>(City, State)</i> _____ <i>(Zip Code)</i> _____	
Telephone <i>(Home/Cell Phone)</i> _____ <i>(Best time to call)</i> _____	<i>(Work)</i> _____ <i>(Best time to call)</i> _____
Emergency/Alternate Contact <i>(Name)</i> _____ <i>(Phone)</i> _____ <i>(Relationship)</i> _____	Social Security No.

EDUCATION *(official transcript/GED document must be submitted prior to the application deadline)*

<input type="checkbox"/> U.S. High School Attended <i>(Name, City, State)</i> _____ Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, what year?)</i> high school: _____	<input type="checkbox"/> Foreign High School Attended <i>(Name, City, Country)</i> _____ Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, what year?)</i> <i>Equivalency evaluation is required. Please include it with the application.</i>
<input type="checkbox"/> GED: Indicate the highest year <u>completed</u> in _____	

Colleges or Universities Attended (including Palo Verde College)

Name, City, State	Dates Attended (Month/Year)	Degree or Certificate (or number of units completed)

Required Science Prerequisites

Course Title	Units	Course No.	College or University	Grade	Completion Year
Chemistry 101 or 109					
Basic Microbiology					
Human Anatomy					
Human Physiology					
Medical Terminology					
American Political Institutions					
Introduction to Sociology					

Required Prerequisites

Course Title	Units	Course No.	College or University	Grade	Completion Year
General Psychology or Lifespan Deve.					

Speech (minimum of three units)				
Humanities (minimum of 3 units)				
Math 106 (or higher)				
English 100/101 (or higher)				

BLS Certification (American Heart Association (AHA) Healthcare Provider) Expiration Date:

EMPLOYMENT– List healthcare-related work experience.

Position Held	Dates (M/Yr) to
Agency Name Address	Phone
Brief description of responsibilities	Supervisor

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Brief description of responsibilities	Supervisor

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Agency Name Address	Phone
Brief description of responsibilities	Supervisor

MEET WITH ADVISOR-REQUIRED

Have you met with the Nursing Advisor to review the multi-criteria checklist Yes No

The applicant is responsible to notify the Nursing Office, (760) 921-5504, of any changes regarding the information provided in this application.

The applicant certifies the information provided is true and correct. Any falsification or misrepresentation will result in the permanent withdrawal of this application and forfeit further eligibility for application to the PVC RN Program.

Applicant Signature Date

NOTE: If accepted initially into the RN Program a background and drug panel will be required. If unable to pass either of these PV will deny admission into the program. PVC ensures its clinical partners that Nursing students meet the requirements to train at their facilities. If the applicant’s background check results do not meet the standards set forth by the facilities the applicant will not be admitted to the program.

Once admitted, if a facility disqualifies a student from participating at their assigned clinical site, the student will be withdrawn from the program.

ALL NURSING STUDENTS are required to pass a Urine Drug Screen test before starting their clinical rotations. Students will be instructed when to complete this test. Do not complete this test prior to notification from the PVC RN Program. There are specific timelines for the completion of this test. If any student does not pass their drug screen as set forth by the clinical facilities, the student will be with from the PVC RN Program.

OFFICE USE ONLY

Date Rec’d	By:
Rank #	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alternate

Comments/Notes:

MULTI-CRITERIA LIST SUBMISSION

Circle which criteria are applicable and supporting documentation.

This list must accompany PVC RN Program Application Submission

1. Academic degree, license, or relevant certificate held by the applicant. Points are awarded in one of the following categories only. (Maximum points = 15)

1	Degree, License, or Certificate	Points	Required Documentation to Submit with Application
	1a. Associate degree or higher	15 points	<ul style="list-style-type: none"> ✓ Official, sealed transcripts from regionally accredited U.S. colleges or universities, with degree awarded by the application due date. ✓ Transcript(s) must show degree awarded if points are to be applied in this category.
	1b. Licensed Health Care Worker (LVN, Psych Tech, Paramedic, Navy Corpsman, other)	10 points	<ul style="list-style-type: none"> ✓ Copy of current California License with license number, date issued, and expiration date. No points will be awarded for expired or revoked licensure.
	1c. Certified Health Care Worker (Nurse Assistant, Medical Assistant, Phlebotomist, EMT, Surgical Tech, other)	8 points	<ul style="list-style-type: none"> ✓ Copy of current California certificate with certificate number, date issued, and expiration date. No points will be awarded for expired or revoked licensure. Course completion certificates are not accepted.

2. Work or volunteer experience in health care by applicant. (Maximum points = 12, minimum of 6 months of work experience.)

2	Work Experience or Volunteer Experience	Points	Required Documentation to Submit with Application
	2a. Acute care work experience with direct patient care duties. <i>*Navy Corpsman included</i>	12 points	<ul style="list-style-type: none"> ✓ <u>"WORK OR Volunteer Experience in Health Care Verification" form</u> and ✓ Letter from employer(s) on company letterhead verifying place of employment, type of facility, and job duties. <i>*Will accept verification of employment letter from Human Resources.</i>
	2b. Skilled nursing work experience with direct patient care duties.	10 points	<ul style="list-style-type: none"> ✓ <u>"WORK OR Volunteer Experience in Health Care Verification" form</u> and ✓ Letter from employer(s) on company letterhead verifying place of employment, type of facility, and job duties. <i>*Will accept verification of employment letter from Human Resources.</i>
	2c. Clinic or outpatient health care setting with direct patient care duties.	5 points	<ul style="list-style-type: none"> ✓ <u>"WORK OR Volunteer Experience in Health Care Verification" form</u> and ✓ Letter from employer(s) on company letterhead verifying place of employment, type of facility, and job duties. <i>*Will accept verification of employment letter from Human Resources.</i>
	2d. Work experience non-direct patient care in any health care setting or volunteer hours >100 hours.	1 point	<ul style="list-style-type: none"> ✓ <u>"WORK OR Volunteer Experience in Health Care Verification" form</u> and ✓ Letter from employer(s) on company letterhead verifying place of employment, type of facility, and job duties. <i>*Will accept verification of employment letter from Human Resources.</i> <p>OR</p>

- ✓ Letter from agency where volunteering. Letter must be on agency letterhead verifying volunteering activities and hours.
**IHSS experience falls in this category.*

3. Grade point average (GPA) in relevant coursework completed by applicant. (Maximum points = 40)

	Coursework	Points	Required Documentation to Submit with Application
3	Grade point average in prerequisite courses (anatomy, physiology, microbiology, and psychology)	40 points Prerequisite GPA / 4 x 0.4 x 100 = points	<ul style="list-style-type: none"> ✓ Minimum C grade and 2.5 GPA in anatomy, physiology, microbiology, and psychology. <i>*In progress courses will not be accepted.</i> ✓ Official, sealed transcripts from regionally accredited U.S. colleges or universities, showing course completion by the application due date.

4. Veteran Status. (Maximum points = 15)

	Coursework	Points	Required Documentation to Submit with Application
4	Veteran status	15	<ul style="list-style-type: none"> ✓ Copy of DD214 form with honorable discharge <i>*dishonorable discharge will disqualify the applicant for consideration.</i>

5. Life experiences or special circumstances of an applicant. Including but not necessarily limited to the list below.

Note: only 5 points will be awarded even though more than one criteria may apply. (Maximum points = 5)

	Life Experience or Circumstance	Points	Required Documentation to Submit with Application
5	5a. Disability	1 point	<ul style="list-style-type: none"> ✓ Proof of eligibility for Disabled Student Programs and Services (DSPS)
	5b. Low family income	1 point	<ul style="list-style-type: none"> ✓ Proof of eligibility or receipt of financial aid under a program that may include but is not limited to: a fee waiver from the Board of Governors, Call Grant Program, Federal Pell Grant program, or Cal Works
	5c. Disadvantages social or educational environment	1 point	<ul style="list-style-type: none"> ✓ Proof of participation or eligibility for Extended Opportunity Programs and Services (EOPS), Upward Bound Programs or – Proof of participation or eligibility for UMOJA community; verified former foster youth; Native American Status
	5d. Difficult personal and family situations or circumstances	1 point	<ul style="list-style-type: none"> ✓ Personal written statement – provide brief description explaining situation or circumstances.
	5e. Spouse or dependent of a veteran or active duty	1 point	<ul style="list-style-type: none"> ✓ Copy of DD214 reflecting Honorable Discharge status. If eligible spouse/dependent, also submit a Copy of Eligibility (COE)
	5f. Refugee	1 point	<ul style="list-style-type: none"> ✓ Documentation or letter from USCIS

6. Proficiency in languages other than English. Documented proficiency or advanced level of coursework in languages other than English. These listed languages are identified by the Chancellor’s Office. Applicant may be proficient in more than one additional language. (Maximum points = 3)

	Proficiency in languages other than English	Points	Required Documentation to Submit with Application
6	<ul style="list-style-type: none"> ▪ American Sign Language ▪ Arabic ▪ Chinese <i>*including its various dialects</i> ▪ Farsi 	3 points	<ul style="list-style-type: none"> ✓ <u>“Verification of Foreign Language Proficiency” form</u> *Coursework does not equate proficiency. Applicant must have the ability to speak, interpret,

- Russian
- Spanish
- Tagalog
- The various languages of the Indian subcontinent and Southeast Asia

and write in the language at a conversational level as well as be able to translate during a medical emergency. The applicant may choose to use proof of verification with a language tier system through their employer.

7. Completion of all GE requirements for graduation (Int Algebra or higher; General Chemistry; Nutrition; Intro to Psychology; Intro to Sociology; Oral Communication; Humanities Elective. *Maximum points = 10*)

7	Completion of GE Requirements	Points	Required Documentation to Submit with Application
	All GE courses completed	10 points Missing Math or Chemistry: -5 points each Missing other GE (Psychology, Sociology, Humanities, Speech, or Nutrition): -2 points each	✓ Official, sealed transcripts from regionally accredited U.S. colleges or universities, showing course completion by the application due date

8. Repeated classes in any science prerequisite coursework. Repeats include all grades: NC, No Pass, or C- (see below regarding "W")

"C" grade or better is considered passing in all coursework. (*Maximum points = 0*)

8	Repeated Classes in Prerequisite Coursework	Points	Required Documentation to Submit with Application																			
	Prerequisite repeats	<table border="1"> <thead> <tr> <th>Prerequisite Repeats</th> <th>1x</th> <th>2x</th> <th>3x</th> </tr> </thead> <tbody> <tr> <td>Anatomy</td> <td>-5</td> <td>0</td> <td>Denied</td> </tr> <tr> <td>Physiology</td> <td>-5</td> <td>0</td> <td>Denied</td> </tr> <tr> <td>Microbiology</td> <td>-5</td> <td>0</td> <td>Denied</td> </tr> <tr> <td>Psychology</td> <td>-5</td> <td>0</td> <td>Denied</td> </tr> </tbody> </table>	Prerequisite Repeats	1x	2x	3x	Anatomy	-5	0	Denied	Physiology	-5	0	Denied	Microbiology	-5	0	Denied	Psychology	-5	0	Denied
Prerequisite Repeats	1x	2x	3x																			
Anatomy	-5	0	Denied																			
Physiology	-5	0	Denied																			
Microbiology	-5	0	Denied																			
Psychology	-5	0	Denied																			

Total points available = 100 points



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ASSOCIATE DEGREE REGISTERED NURSING PROGRAM

Work or Volunteer Experience in Healthcare Verification Form

Write legibly (illegible forms will not be accepted) save as a PDF to upload to online application.

- 1. Complete sections A and B.
2. Ask your employer/volunteer coordinator to complete section C and return this form and their cover letter to you on a company letterhead. Make sure they list the position you hold at the agency.
3. Make a copy of the front and back of your active license or certification to include in the PDF document.
4. PDF online application should include: this form, letter from employer, copy of any active license or certification.

Form with sections A, B, and C. Section A: Applicant Information (Name, Address, Contact). Section B: Employer or Volunteer Facility Information (Name, Type, Supervisor, Address, Contact). Section C: Employer or Volunteer Coordinator (Position, Dates, Hours, Signature).



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Certification of Language Proficiency

Instructions: Please choose a response from the following life scenarios. Response should be in the native language, 500-750 words, no more than 1-2 pages. Responses must be in APA format.

1. Explain the steps to changing a flat tire.
2. Instruct someone on how to make a cup of coffee.
3. Instruct someone on how to wash their hands with soap and water.

Otherwise, applicants may choose to have their employer verify their certification by having the form filled out below.

Note: form must be filled out by language services.

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Language(s): _____

How often have you observed the applicant conversing/translating in this language?

- Daily
- 1 day per week
- 3+ days per week
- Other: _____

Using the Tier system, which Tier does the applicant fall in?

- Tier 1
- Tier 2
- Tier 3
- Tier 4

By signing your facility is legally verifying this applicant is fluent in speaking, reading, and writing the language(s) listed on this form.

Signature

Date



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Disabilities

For documentation for this category of "Life Experiences or Special Circumstances" applicants must submit **Proof of Eligibility for Disabled Student Programs and Services (DSPS)**.

Note: document must be submitted in the PDF form for the online application.



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Low Family Income

For documentation for this category of "Life Experiences or Special Circumstances" students must submit a copy of a **proof of eligibility or receipt of financial aid under a program that may include but is not limited to the following:**

- a fee waiver from the Board of Governors
- Cal Grant Program
- Federal Pell Grant Program
- Cal Works

Note: document must be submitted in the PDF form for the online application.



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Disadvantages of Social or Educational Environment

For documentation for this category of "Life Experiences or Special Circumstances" applicants must submit:

- Proof of participation or eligibility for Extended Opportunity Programs and Services (EOPS)
- Upward Bound Programs
- participation or eligibility for UMOJA community
- verified former foster youth
- Native American Status

Native American Status may be verified by submitting proof of tribal membership. Blood tests and forms from genealogy websites will not be accepted. (23 and Me, Ancestry.com etc.) **Applicants must have tribal affiliation.**

Note: document must be submitted in the PDF form for the online application.



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Difficult Personal and Family Situations or Circumstances

For documentation for this category of "Life Experiences or Special Circumstances" applicants must submit a personal statement. **Documentation is to be limited to 500 words, typed, double spaced, and in APA format.**

In the document the applicant must provide a brief explanation of the situation or circumstances. This may include issues with mental health, foster care, or other experiences that have caused personal difficulties. In addition to explaining the situation, the applicant must include the following:

- How they have grown from this experience
- How they have demonstrated resiliency
- How this experience has prepared them for a role as a caregiver

Note: document must be submitted in the PDF form for the online application.



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Veteran Status/Military Dependence

For documentation for this category of "Life Experiences or Special Circumstances" students must submit a copy of the **DD214 form with documentation of honorable discharge.**

*Those claiming dependence of a veteran/active military spouse or family member may also submit this form or a copy of a military ID card. Those with dishonorable discharge will not be considered for admittance.

Note: document must be submitted in the PDF form for the online application.



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Refugee Status

For documentation for this category of “Life Experiences or Special Circumstances” students must submit a copy of a **letter or documentation from USCIS.**

Note: document must be submitted in the PDF form for the online application.



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Transcripts

For credit towards GPA and GE requirements please include official transcripts from regionally accredited U.S. colleges or universities. These can be electronically submitted, mailed, or physically turned in.

Electronic transcripts can be sent to:

Silvia Lainez
Nursing/Instructional Services Technician II
silvia.lainez@paloverde.edu
Ph: 760-921-5504

Physical (official, sealed) transcripts can be dropped off to:

Silvia Lainez
Nursing/Instructional Services Technician II
CS127-A
Ph: 760-921-5504

Mailed transcripts can be sent to:

Palo Verde College
Admissions and Records Office
RE: Registered Nursing Application
One College Dr.
Blythe, CA 92225

For questions regarding application status please contact the admissions office at: admissions@paloverde.edu or by phone at 760-921-5356 or 760-921-5483.

Regular Business Hours:
Monday - Thursday: 8:00 a.m. - 5:00 p.m.
Friday: 8:00 a.m. - 4:30 p.m.