



**Palo Verde College**  
Nursing & Allied Health

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

**APPLICATION FOR VOCATIONAL NURSING PROGRAM**  
Semester  Fall  Spring Year: \_\_\_\_\_

Type or print in black or blue ink.

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

EDUCATION <i>(official transcript/GED document must be submitted prior to application deadline)</i>			
<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>
<input type="checkbox"/> GED: Indicate the highest year completed in _____		Equivalency evaluation required. Please include with application.	
College or University Attended (include Palo Verde College)			
Name (City, State)	Dates Attended (Month/Year)	Degree or Certificate (or number of units completed)	

PREREQUISITE COURSE COMPLETION				
Course Title	Units	Course No.	College or University	Year
PSY 201 Human Growth & Development (Lifespan)				
NSC 128 Medical Terminology				
BIO 210 or NUR 102 Human Anatomy				
BIO 211 or NUR 102 Human Physiology				
NUR 100 & NUR 118 Nursing Assistant Program				
Math 95 (or higher) assessment	<input type="checkbox"/> Completed assessment or <input type="checkbox"/> Completed course			
English 101 (or higher) assessment	<input type="checkbox"/> Completed assessment or <input type="checkbox"/> Completed course			
BLS (AHA Healthcare Provider) Expiration Date:				

EMPLOYMENT – OPTIONAL – List healthcare-related work experience.	
Position Held	Dates (M/Yr) to
Agency Name Address	Phone ( )
Brief description of responsibilities	Supervisor
Position Held	Dates (M/Yr) to
Agency Name Address	Phone ( )
Brief description of responsibilities	Supervisor
Position Held	Dates (M/Yr) to
Agency Name Address	Phone ( )
Brief description of responsibilities	Supervisor

DEMOGRAPHICS - OPTIONAL	
<b>Ethnic Background</b> <input type="checkbox"/> Hispanic; Mexican-American <input type="checkbox"/> White, non-Hispanic    Other: _____ <input type="checkbox"/> African American <input type="checkbox"/> Asian American	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Age	Date of Birth

LIMITATIONS/ ACCOMMODATIONS
Do you have any disabilities or limitations that will require accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the disability/limitation and describe the required accommodation(s):

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTE:** The application for licensure requires FBI and Dept. of Justice background checks. After the applicant completes the program and passes the licensure exam (NCLEX-PN), any arrests/convictions will be subject to review by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT). The BVNPT will then make the decision **whether or not** to grant a license. PVC does not advise applicants on possible BVNPT decisions.

PVC ensures its clinical partners that nursing students meet the requirements to train at their facility. Should the applicant's background disqualify him/her from participating at the clinical site, the applicant will not be admitted to the program. Once admitted, if a facility disqualifies a student from participating at their clinical site, the student will be withdrawn from the program.

OFFICE USE ONLY	
Date Rec'd	By:
Rank #	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alternate
Comments/Notes:	