

## **LVN Application Process – 2009**

Applications will be accepted from October 1<sup>st</sup> – 31<sup>st</sup>, 2009. Please review and prepare the following. **Once complete call 760-384-6219 to make an appointment with Kim Blackwell.**

Have the following classes complete or in progress fall, 2009 (must have “C” or better):

- HCRS C055 – Certified Nurses’ Aide
- CSCI C070 – Computer Literacy
- HCRS C150 – Medical Terminology
- IC C075 – Intro Library Research
- PSYC C101 – General Psychology
- BIOL C251 – Human Anatomy
- BIOL C255 – Human Physiology

Complete the LVN application and return it along with the following:

- Proof of high school graduation (diploma or transcript) or GED completion.
- Official transcripts from other colleges where you took LVN prerequisites.
- 3 References – friend, family member, employer, professor, etc.

Lottery drawing will be mid-November. If your application is complete and accepted we will let you know the specific date and time for the lottery. You will be invited to attend.



**CERRO COSO COMMUNITY COLLEGE - VOCATIONAL NURSING PROGRAM**

**Student Vocational Nurse Candidate Application Form**

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME  
OTHER THAN A MINOR TRAFFIC OFFENSE?**

**NO**

**YES**

**(A YES RESPONSE DOES NOT NECESSARILY ELIMINATE YOU AS A CANDIDATE.)**

**NOTE: At the successful completion of the Vocational Nursing Program, all applicants will be required by the BVNPT to submit fingerprints for a background clearance. If you have any convictions on your records, you need to contact the Board of Vocational Nursing and Psychiatric Technicians (619) 263-7800 PRIOR to enrolling into the SVN Program.**

**NOTICE TO ALL CANDIDATES**

- 1. Falsification of any information may be grounds for non-selection or dismissal from the Program.**
- 2. The student must provide CCCC that he/she is a Certified Nurses Aide. (For information on becoming a CNA, obtain the CNA Information packet from Counseling Services.)**
- 3. The student must provide proof of completion of high school (or GED) and all prerequisites prior to being considered as a candidate for entering the SVN Program.**
- 4. As a condition of admission to an Allied Health Program with a clinical component in the Kern Community College District, all students are required to submit to and pass a designated drug and alcohol screen. (Refer to: Policy 4G - KCCD) The initial drug screen, physical exam, and TB testing are at the student's expense.**

**NOTICE: READ AND SIGN BELOW**

- I understand that once confirmed selection into the CCCC Student Vocational Nursing Program has been announced, I must provide the College with the results of a drug screen, a physical exam and TB testing.
- I agree to submit to monitored drug and alcohol testing once selection into the Program has been confirmed.
- I understand that the Director of the Program or designee may request additional, immediate testing whenever there is reasonable cause to believe that the student is under the influence of alcohol or drugs. I understand that the initial testing is at the student's expense and subsequent requested testing from the Director of the Program or designee will be at the College's expense. I also understand that all information regarding drug and alcohol testing results will be kept confidential and released only with my written consent.
- Positive test results on the initial or any subsequent drug screening may be grounds for immediate dismissal from the SVN Program.
- I understand that I must successfully and simultaneously pass both the clinical and theory portions of the SVN Program in order to maintain enrollment in the SVN Program.
- I understand that I must successfully pass both the theory and clinical components of Semester I Fundamentals or I will be dropped from the Program.
- I understand that after completion of the SVN Program and prior to receiving a nursing license, I will be required to submit fingerprints which will be submitted to the Federal Bureau of Investigation and the Department of Justice for a background check.

*The Drug/Alcohol Test, A Physical Exam, And Tuberculosis Testing Are Required For Admission To The Program. If You Fail To Have The Tests Performed By The Deadline Or Your Test Results Do Not Meet Acceptable Standards, You May Be Denied Admission To The Program And/Or Clinical Facility.*

**I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**CERRO COSO COMMUNITY COLLEGE  
VOCATIONAL NURSING AND HEALTH CAREER PROGRAMS**

**APPLICANTS FOR STUDENT VOCATIONAL NURSE  
REFERENCE FORM**

**DIRECTIONS                      PLEASE TYPE OR PRINT CLEARLY.**

**APPLICANT    Complete Section A.** Give a copy of this form to at least three (3) individuals who know you and your capabilities well. Along with the form, give each individual a stamped return addressed envelope with the return address stating:

Student Services  
ATTN SVN Letter of Reference  
Cerro Coso Community College  
3000 College Heights Blvd.  
Ridgecrest, CA 93555

**INDIVIDUAL WRITING REFERENCE    Complete Section B.** Additional paper may be attached if necessary. In the envelope provided by the Applicant, please send the completed form directly to Cerro Coso Community College (address above).

**SECTION A**

(To be completed by Applicant)

\_\_\_\_\_  
Print/Type Applicant's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

**I REQUEST THAT \_\_\_\_\_ COMPLETE THIS FORM OF REFERENCE.**  
(Name of Individual who is writing reference)

\_\_\_\_\_ I reserve the right to see this letter on request.

\_\_\_\_\_ I waive the right to see this letter on request.

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

\_\_\_\_\_  
Date

**CONTINUED ON REVERSE --->**

**CERRO COSO COMMUNITY COLLEGE  
VOCATIONAL NURSING AND HEALTH CAREER PROGRAMS**

**APPLICANTS FOR STUDENT VOCATIONAL NURSE  
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**SECTION B**

(To be completed by Individual Writing Reference.)

I have known the applicant \_\_\_\_\_ for \_\_\_\_\_ years \_\_\_\_\_ months.  
(Print Applicant's Name)

**My relationship with the applicant is/has been as**

- \_\_\_\_\_ A Personal Friend
- \_\_\_\_\_ A former instructor at the following institution \_\_\_\_\_
- \_\_\_\_\_ A co-worker at the following facility \_\_\_\_\_
- \_\_\_\_\_ The applicant's supervisor at the following facility \_\_\_\_\_
- \_\_\_\_\_ An employee working under the supervision of the applicant at the following facility \_\_\_\_\_
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**PLEASE CHECK THE BOXES BELOW AS PERTAINS TO THE APPLICANT**

*When completing the table, please think of the applicant as a prospective Student Licensed Vocational Nurse.*

Characteristics Of Applicant	Outstanding Most likely to succeed	Excellent Very likely to succeed	Average May succeed with assistance	Below Average Would need much assistance to succeed	Not Applicable or Unable to Assess
1. Attendance					
2. Reliable					
3. Responsible					
4. Integrity / Honesty					
5. Academic abilities					
6. Ability to function under stress					
7. Emotional maturity					
8. Personal and Professional Ethics					
9. Ability to discipline self to complete projects					
10. Motivation for educational goals					

Other Comments

Signature of person providing reference

Print Name and Title

Date

\_\_\_\_\_

\_\_\_\_\_ Initial here if this letter of reference may also be used as a reference for a Nursing Scholarship.