

**Health and Safety Sciences** 

## QUESTIONNAIRE RELATED TO MULTI-SCREENING CRITERIA for RN AND ADVANCED PLACEMENT

Please put an X in the appropriate column and provide the information requested

|  | YES | NO |
|--|-----|----|
| I have earned:   |     |    |
| • BS/BA  |     |    |
| • C.N.A  |     |    |
| • EMT  |     |    |
| • LVN  |     |    |
| <ul> <li>Medical Corpsman</li> </ul>                                 |     |    |
| <ul> <li>Monitor Technician</li> </ul>                               |     |    |
| <ul> <li>Paramedic</li> </ul>  |     |    |
| <ul> <li>Radiology Technician</li> </ul>                             |     |    |
| <ul> <li>Respiratory Therapist</li> </ul>                            |     |    |
| <ul> <li>Surg./Psych. Technician</li> </ul>                          |     |    |
| Must attach official license. For the BS/BA                          |     |    |
| degree, official transcripts showing degree                          |     |    |
| awarded.   |     |    |
| I have life experience or a special                                  |     |    |
| circumstance listed below , or another special                       |     |    |
| circumstance that is not listed:                                     |     |    |
| Disabilities   |     |    |
| Low family income     Girst generation of family to attend           |     |    |
| <ul> <li>First generation of family to attend<br/>college</li> </ul> |     |    |
| Need to work   |     |    |
| <ul> <li>Disadvantaged social or educational</li> </ul>              |     |    |
| environment  |     |    |
| Difficult personal and family situations                             |     |    |
| or circumstances   |     |    |
| Refugee or veteran status  |     |    |
| Active military or spouse (copy of Military ID                       |     |    |
| must be included, with active status)                                |     |    |
|  |     |    |
| I am proficient or have taken advanced level                         |     |    |
| coursework in one of the following languages:                        |     |    |
| (1) American Sign Language   |     |    |
| (2) Arabic   |     |    |
| (3) Chinese, including its various dialects                          |     |    |

| (4) Farsi  | Which language? |                  |  |
|--|-----------------|------------------|--|
| (5) Russian  |                 |                  |  |
| (6) Spanish  |                 |                  |  |
| (7) Tagalog  |                 |                  |  |
| (8) The various languages of the Indian  |                 |                  |  |
| subcontinent and Southeast Asia  |                 |                  |  |
| Note: Language proficiency verification form   |                 |                  |  |
| must be submitted.   |                 |                  |  |
|  |                 |                  |  |
| Community support: All required prerequisites  |                 |                  |  |
| taken at AVC.  |                 |                  |  |
| Work Experience: Documentation of 50 hours   |                 |                  |  |
| paid or volunteer work in acute, long term,  |                 |                  |  |
| clinical, or community settings which involves   |                 |                  |  |
| direct human-client/patient  |                 |                  |  |
| interactions. Hours may be combined from   |                 |                  |  |
| multiple   |                 |                  |  |
| locations. Template and form must be   |                 |                  |  |
| included.  |                 |                  |  |
| "By signing this form, I affirm that I have answered correctly and honestly to all questions on this form. If I indicated that I can speak a language on the list fluently, I agree that I can be called upon to translate from that language to English and from English to the language that I indicated." |                 |                  |  |
| Print Name   | Da              | te               |  |
|  | 90              | 0                |  |
| Signature  | AV              | C Student Number |  |