

Health and Safety Sciences

Verification of Prerequisites for Enrollment in the Registered Nursing Program for LVNs or Transfer Students Who Have Taken Nursing Courses

Prerequisites for enrollment for LVNs or transfer students from another nursing program are: Completion of BIOL 201 (General Human Anatomy - 4 units), BIOL 202 (General Human Physiology - 4 units), BIOL 204 (Microbiology - 5 units), MATH 115 (Statistics - 4 units) and ENGL 101 (Academic Composition - 3 units) at Antelope Valley College, or the equivalent at another accredited college. A minimum grade of "C" is required in all courses. LVNs applying for the advanced placement option must provide a transcript of their vocational nursing education and course description(s) showing content in maternal, newborn and pediatric nursing, have IV certification and maintain their vocational nursing license during enrollment in the program. When you have completed the prerequisites, follow the steps listed below.

The deadline for consideration is February 15. All documents, including ATI TEAS® results, must be on file by the deadline. If the ATI TEAS® was taken elsewhere, student must contact ATI to request a copy to be sent to AVC. If the cutoff dates falls on a weekend, students will have until the next business day following. If you have taken the TEAS multiple times, you must send ALL ATTEMPTS AND SCORES **Fill out the form attached to these instructions.** Make sure to initial whether you are choosing to enter into 3rd semester or if you wish to elect the 30 unit option. If you are an LVN and wish to enter into first semester, you will have to apply as a generic student and will be held to the generic nursing program requirements/guidelines. Students are only allowed to have one unsuccessful attempt on the TEAS and must have completed remediation and pass on the second attempt.

NOTE: You are responsible for notifying the Health and Safety Sciences Division (Nursing Department) office when you change your address or telephone number. Please call 661-722-6300, extension 6402, to do this.

1. Attach proof of high school graduation or high school equivalency. If you have a degree awarded by an accredited United States college, skip to Step 3.

We accept the following proof of high school graduation or equivalency:

- Official transcript from an accredited high school in the United States, showing date of graduation.
- Official GED results.
- Official evaluation of foreign transcripts by an agency accredited by the National Association of Credential Evaluation Services (NACES). The evaluation must state that the student has the equivalent of senior (12th grade) graduation in the United States.
- 2. Attach official transcripts from ALL colleges attended (including Antelope Valley College and the school where your vocational nursing education was completed). One set of college transcripts from other colleges/universities must also be on file in the Admissions and Records Office. If you have Advanced Placement (AP) credits, an official transcript must be included, if credit was awarded for English 101 or Math 115. "Official" college transcripts must be submitted in sealed envelopes that have not been opened by the student and must reflect all grades completed at the time the packet is submitted to the Nursing Department.

- 3. Attach a copy of the Educational Planning completed by an AVC counselor. Call 661-722-6300, extension 6338, to schedule an appointment. The form should be completed no more than one semester prior to submitting the enrollment packet. If you are requesting an equivalency or substitution, allow at least six weeks for the process to be completed. All students must see an AVC counselor before they submit an enrollment packet. Counselors complete Educational Planning and Evaluation Forms by appointment only.
- **4. LVNs only:** Attach a copy of your current California VN license and IV certification, and transcripts from the school where vocational nursing education was completed. Your license must be maintained during enrollment in the program.
- 5. Transfer students only: To receive credit for any nursing course taken at another institution, submit a "Request for Equivalencies/Substitutions" form and copies of the course descriptions, course outlines, and/or syllabi for evaluation of content as necessary. A letter from the director of the previous nursing program, indicating that the student is in good standing and eligible to return to that program, is also required.
- **6.** Submit the relevant items listed above to the Health and Safety Sciences Division (Nursing Department) office (UH 198, first floor, Uhazy Hall). Enrollment packets may also be mailed.

Incomplete admission packets will not be accepted.

Only official high school and college transcripts will be accepted. They must be received in sealed envelopes that have not been opened by the student and reflect all grades completed at the time the packet is submitted to the Nursing Department. Faxed or electronic documents are not official and are not accepted.

Applications will be active for a two year (24 month period) beginning on the date the application is turned in. Should any student not be admitted with that 24 month period, their application will automatically be removed from the applicant list. If the student is interested in keeping their application active, they will be required to reapply to the program.

Antelope Valley College prohibits discrimination and harassment based on sex, gender, race, color, religion, national origin or ancestry, age, disability, marital status, sexual orientation, cancer-related medical condition, or genetic predisposition. Upon request, we will consider reasonable accommodation to permit individuals with protected disabilities to (a) complete the employment or admission process, (b) perform essential job functions, (c) enjoy benefits and privileges of similarly-situated individuals without disabilities, and (d) participate in instruction, programs, services, activities or events.

LVNs, transfer students please fill out below: LVN requesting admission to: (Initial one option) 3rd semester 30 unit option Transfer student requesting admission to: _____ semester LVN LIC.. Number: _____



Health and Safety Sciences

3041 West Avenue K, Lancaster, CA 93536-5426 (661) 722-6300, Ext. 6402

VERIFICATION OF PREREQUISITES FOR NURSING SCIENCE COURSES FOR ENROLLMENT IN THE REGISTERED NURSING PROGRAM

For Office Use Only

Date Received:

Time Received:

Complete: Yes____ No___

Reason:

Date/time Completed after errors resolved:

(Please print or type information and sign on the back of the page where indicated)

| AVC ID Nu | ımber | | | Telephone | | |
|--|-------------------------|-----------------|---------|----------------|----------------|---------------------------------|
| | | | | E-mail address | | |
| Name | | | | | | |
| | Last | First | Middle | | Maiden and Oth | er Names Used |
| Address | | | | | | |
| | Number and Street | C | City | | State | Zip Code |
| | | No west Colored | LALL | | I F. (D. (| 0 |
| | | Name of School | Address | | Entrance Date | Graduation or Departure Date |
| High school | (s) attended | | | | | |
| College(s) a NOTE: All co including AV | olleges must be listed, | | | | | |
| | | | | | | |

| Initial the spaces that apply to you: | | | |
|--|---|--|---|
| I have completed BIOL 201 (General Human Ana | atomy – 4 units) and BIOL 202 (| General Human Physiology – 4 Units) at Antelo | pe Valley College. |
| I have completed units of Anatomy and Ph | hysiology at | (if not taken at A | VC). |
| I have completed ENGL 101 (Academic Compos | sition – 3 units) at Antelope Valle | y College. | |
| I have completed ENGL 101 (Academic Compos | sition – 3 units) at | (if not taken at A | VC). |
| I have completed BIOL 204 (General Microbiolog | gy – 5 units) at Antelope Valley (| College. | |
| I have completed units of Microbiology at | | (if not taken at AVC). | |
| I have completed MATH 115 (Statistics – 4 units) |) at Antelope Valley College. | | |
| I have completed units of Statistics at | | (if not taken at AVC). | |
| I have met with an Antelope Valley College coun | selor within the last 6 months fo | r completion of an Educational Planning and Ev | /aluation Form. |
| I understand that my application will only be kept will be required to reapply to the program. | for two years from date of subm | nittal. If I am not offered a space within those 24 | 1 months, I understand I |
| Official sets of all transcripts, including AVC, voc Math 115), are attached. Transcripts must includ | | (for LVNs), and AP credits (if credits were awa | rded for English 101 or |
| LVNs only: Copy of California vocational nursing | g license (both sides, signed) is a | attached. | |
| LVNs only: IV certification is attached (not neede | ed if noted on license). | | |
| Transfer students only: Letter from director of pr | evious nursing school is attache | d. Letter must indicate good standing and eligib | oility to return to program. |
| Transfer students only: Copies of syllabi for nurs | sing courses completed, and for | which credit is requested, are attached. | |
| Have you ever been convicted of a felony or misdemeanor? | ☐ Yes ☐ No | | |
| | | e on file in the Nursing Department by March 1 on for generic students and February 15 for LVI | |
| I understand that this form is a request for review of prerequisions nursing) depends upon completion of all institutional and depolic depends of any change in mailing address, email or teleptand background screening, before registering for nursing scients stay active for a two year (24 month) period from my applicated to reapply. | artmental prerequisites. I under bhone number. I understand tha ence courses, and the results m | stand that it is my responsibility to notify the H t I will be required to have a physical examinat ay affect admission to the program. I understa | lealth and Safety Sciences ion, drug/alcohol screening and that my application will |
| Students are notified of admission to the program by email. | | | |
| By signing this form I am stating that all information provided is a that falsifying or omitting any information is fraud. At any point if or program, the student will be disciplined according to Antelope \ | it is discovered that a student has | omitted or falsified academic or personal informat | |
| Signature of Student Date | | NOTE: All students must have a social security nur required before being admitted to the program. | mber verification which is |

12/14, 9/15, 3/17, 9/17, 9/18, 8/19, 9/22

or individual taxpayer identification number (ITIN) is also required to apply for licensure to the California Board of Registered Nursing.

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 | | |
| Medical Corpsman | | |
| Monitor Technician | | |
| Paramedic | | |
| Radiology Technician | | |
| Respiratory Therapist | | |
| Surg./Psych. Technician | | |
| 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 | | |
| First generation of family to attend | | |
| college | | |
| Need to work | | |
| Disadvantaged social or educational | | |
| 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) | | |
| 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 | Which language? | |
| (4) Farsi | | |
| (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 | ate | | | |
| Signature | 90 AV | 00 /C Student Number | | | |



LANGUAGE PROFICIENCY VERIFICATION

Instructions to the applicant: If you are proficient in a language **other than English** you may use this form to verify language proficiency. A hard copy of this form must be submitted with the Antelope Valley College Registered Nursing enrollment packet.

| Applica | ant's Name (print) | Student ID |
|-----------------------|---|---------------------------------------|
| proficien person c | community member, not a relative, who has adequate intent in a foreign language (other than English), or American completing this proficiency verfication must: Be proficient in the identified foreign language, and | |
| 2. I | Have known the applicant and observed his/her language Not be a close family member or friend/neighbor/classmat | · · · · · · · · · · · · · · · · · · · |
| Verificati | ion of proficiency in the language of | |
| Contact | information for individual verifying language proficiency | |
| Name (p | orint) | Title |
| Organiza | ation | Phone |
| Address | | |
| City, Sta | ite, Zip | |
| 1. | How long have you known the applicant and in what capa How often have you observed the applicant conversing/tra a. Daily b. 2+ days per week c. 1 day per week | anslating in this language? |
| • | Is the applicant proficient in reading this language? *Reading Definition: Able to read standard newspaper iter correspondence, reports and technical materials in the in | |
| • | Is the applicant proficient in speaking this language? * <u>Speaking Defintion:</u> Able to speak language with sufficeneffectively in most formal and informal conversations on p | |
| | additonal information including the full specturm of reading artment of State "Language Proficiency definitions" link, h | |
| Signatu | ure | Date _ |

LANGUAGE PROFICIENCY DEFINITIONS

| PROFICIENCY CODE | SPEAKING DEFINITIONS | READING DEFINITIONS |
|--|--|--|
| 0 – No Practical Proficiency | No practical speaking proficiency. | No practical reading proficiency. |
| 1 – Elementary Proficiency | Able to satisfy routine travel needs and minimum courtesy requirements | Able to read some personal and place names, street signs, office and shop designations, numbers and isolated words and phrases |
| 2 – Limited Working Proficiency | Able to satisfy routine social demands and limited work requirements | Able to read simple prose, in a form equivalent to typescript or printing, on subjects within a familiar context |
| 3 – Minimum Professional Proficiency | Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics | Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field. |
| 4 – Full Professional Proficiency | Able to use the language fluently and accurately on all levels pertinent to professional needs. | Able to read all styles and forms of the language pertinent to professional needs. |
| 5 – Native or Bilingual Proficiency | Equivalent to that of an educated native speaker. | Equivalent to that of an educated native. |

^{** (}Language Proficiency Definitions from the U.S. Department of State at http://careers.state.gov/gateway/lang.prof def.html) **



Health and Safety Sciences

All students applying to the Antelope Valley Nursing program who have 50 hours or more of paid or volunteer work experience(Direct Patient Care) must have their immediate work supervisor complete this form. Once completed, please return to the Antelope Valley College Nursing Department.

| Student Name | | |
|---|------------|--|
| | | |
| Work Title | | |
| | | |
| Acute care Extended care (check one) | | |
| | | |
| | | |
| (please print) | | |
| Title | | |
| Phono | 5 / | |