Pasadena City College Nursing Application

REGISTERED NURSING APPLICATION

- Incomplete Applications will not be processed

Print Name: 

Last __________ First __________

Social Security # XXX-XX __________ PCC ID# ____________________________

*PCC student Identification numbers are not accepted in place of a social security number*

Address: ________________________________________________________________

City: ___________________________ Zip: ____________________________

Cell Phone # ___________________________ Home Phone # ____________________________

Email: ___________________________

*Students will only be notified of their status by email. Please print clearly.*

One **official**, sealed, unopened transcript of ALL colleges including PCC and high school/GED you attended must be submitted with this application even if the coursework is not applicable to the Nursing Program. The Health Sciences Division will not retrieve scanned transcripts.

- [ ] Official U.S. High School transcript
- [ ] GED
- [ ] Foreign Equivalency Report

Your last name while in High School: ____________________________

College degree(s) received:  
- [ ] Associates
- [ ] Bachelors
- [ ] Masters

List all colleges attended: (1) __________ (2) __________

(3) __________ (4) __________

(5) __________ (6) __________

<table>
<thead>
<tr>
<th>Course</th>
<th>College</th>
<th>Course Title and Number</th>
<th>Units</th>
<th>Grade</th>
<th>Term/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>English 001A</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
<td>002</td>
<td></td>
<td></td>
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<tr>
<td>Anatomy 025</td>
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<tr>
<td>Physiology 001</td>
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<tr>
<td>Intermediate Algebra 131</td>
<td></td>
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</table>
Pasadena City College Nursing Application

Additional classes *required for the RN Program, BRN for licensure and/or PCC Associate Degree (selection is not based on these courses):

<table>
<thead>
<tr>
<th>Course</th>
<th>College</th>
<th>Course Title &amp; Number</th>
<th>Units</th>
<th>Grade</th>
<th>Term/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Institutions 125</td>
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<tr>
<td>(takes the place of Poli Sci and History Requirement)</td>
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<tr>
<td>History</td>
<td></td>
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<tr>
<td>Political Science 001</td>
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<tr>
<td>Humanities</td>
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<tr>
<td>*Nutrition 011</td>
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<tr>
<td>*Psychology 024 (lifespan)</td>
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<tr>
<td>*Speech 001 or 010</td>
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<tr>
<td>Physical Activity (2 units)</td>
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</tbody>
</table>

Are you a U.S. Veteran or spouse of a U.S. Veteran? ☐ YES (must provide a copy of your DD214. Spouses must also submit a copy of the marriage certificate).
☐ No I am not a U.S. Veteran or spouse of a U.S. Veteran.

Upon selection students are required to complete a health clearance and criminal background check in order to attend clinical experiences which are required for program completion. A social security number is also required by the clinical sites and to take the NCLEX-RN for licensure. Details regarding these clearances will be provided to selected candidates with the acceptance packet. Hospitals and health care providers may deny access to clinical experiences based on certain criminal background findings. This would restrict the student from admission as the required clinical experiences would not be available. Students who have questions or concerns about the background check are encouraged to make an appointment with the Nursing Program Director.

Note: The Assessment/Readiness Test (TEAS V) is required to be taken prior to applying to the Nursing Program unless the student has a BS/BA degree or higher. The test assesses reading, math, and English skills necessary for success. A minimum score of 62 must be met to begin the program.

Submission of an application does not guarantee acceptance.

My signature below indicates that I have provided true and accurate information on this application and that I understand that final acceptance to the program will be based on my background check and ATI TEAS V test results.

Signature ___________________________ Date ___________________________

Revised 6/2015   Spring Admission = February 1 – March 1   Fall Admission = July 1 – August 1
Pasadena City College Nursing Application
Check off any additional items you are submitting with your application. Remember to include documentation for any item checked off. Please refer to RN brochure for more detailed information on documentation required.

<table>
<thead>
<tr>
<th>Additional Selection Criteria</th>
<th>Documentation Required</th>
<th>Documentation Included</th>
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</thead>
<tbody>
<tr>
<td>Degree:</td>
<td></td>
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<tr>
<td>BS/BA or higher</td>
<td>Must be posted to official transcripts</td>
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<tr>
<td>AA/AS degree</td>
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<tr>
<td>Certificates:</td>
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<tr>
<td>LVN</td>
<td>Include a copy of the certificate to your application</td>
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<tr>
<td>Paramedic</td>
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<tr>
<td>Psychiatric Technician</td>
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<tr>
<td>Radiologic Technician</td>
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<tr>
<td>Respiratory Therapist</td>
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<tr>
<td>Anesthesia Technician</td>
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<tr>
<td>Military Medic</td>
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<tr>
<td>Recent Work Experience as:</td>
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<tr>
<td>LVN</td>
<td>Letter from current/former employer verifying 1000 work hours or more</td>
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<tr>
<td>Paramedic</td>
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<tr>
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<tr>
<td>Military Medic</td>
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<tr>
<td>Certified Health Care Worker:</td>
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<tr>
<td>Certified Nursing Assistant</td>
<td>Must include copy of current license</td>
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<tr>
<td>Home Health Aid</td>
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<tr>
<td>Emergency Medical Technician</td>
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<td></td>
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<tr>
<td>Medical Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent Work Experience as:</td>
<td></td>
<td></td>
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<tr>
<td>Certified Nursing Assistant</td>
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<tr>
<td>Medical Assistant</td>
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<tr>
<td>Volunteer:</td>
<td>Letter verifying experience</td>
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<tr>
<td>Volunteer with direct patient care contact with &gt;200 hours experience</td>
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<tr>
<td>Disabilities:</td>
<td>See information brochure</td>
<td></td>
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<tr>
<td>Low Family Income</td>
<td>See information brochure</td>
<td></td>
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<tr>
<td>First Generation to Attend College:</td>
<td>See information brochure</td>
<td></td>
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<tr>
<td>Need to Work:</td>
<td>See information brochure</td>
<td></td>
</tr>
<tr>
<td>Disadvantaged social/educational Environment</td>
<td>See information brochure</td>
<td></td>
</tr>
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</table>

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<tr>
<td>Difficult personal and family situation/circumstances</td>
<td>See information brochure</td>
<td></td>
</tr>
<tr>
<td>Refugee Status</td>
<td>Letter from U.S. Citizens and Immigration Service</td>
<td></td>
</tr>
<tr>
<td>Veteran Status</td>
<td>Copy of DD214 Honorable Discharge Required</td>
<td></td>
</tr>
<tr>
<td>Proficiency in a Language other than English:</td>
<td>See information brochure</td>
<td></td>
</tr>
<tr>
<td>TEAS V exam results</td>
<td>See information brochure</td>
<td></td>
</tr>
</tbody>
</table>

Applications with **ALL** required official transcripts and supporting documentation may be submitted to the:

Community Education Center
Health Sciences
**Attn: Registered Nursing Program**
3035 East Foothill Blvd.
Pasadena, CA 91107

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The following information is voluntary and is used as summary information only to ensure that the selection process has not disproportionately discriminated against any group.

1. Please indicate your **Ethnic Background:**

   **ETHNIC BACKGROUND**

   ____ ASIAN  ____ CAUCASIAN – NON HISPANIC
   ____ AFRICAN AMERICAN  ____ AMERICAN INDIAN
   ____ HISPANIC  ____ FILIPINO
   ____ OTHER  ____ PACIFIC ISLANDER

2. Please indicate your **Gender:**

   **GENDER**

   ____ Male  ____ Female

3. Please indicate your current **Age Range:**

   **AGE**

   ____ 18 to 25  ____ 26 to 30  ____ 31 to 45  ____ 46 and older