

**Health and Safety Sciences** 

# Verification of Prerequisites for Enrollment in Nursing Science 101A of the Associate Degree Nursing Program (Registered Nursing)

# THIS APPLICATION IS NOT FOR CURRENT LVN'S INTERESTED IN THE BRIDGE PROGRAM OR TRANSFER STUDENTS.

Prerequisites for Nursing Science 101A in the Associate Degree Nursing (ADN) 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. Students are also required to meet the following prerequisites: minimum GPA of 2.5 for all college courses taken; minimum GPA of 2.5 for BIOL 201, 202 and 204; minimum GPA of 2.5 for MATH 115 and ENGL 101; no more than one repeated science course of the three required.

Applications will be accepted January 2 – March 1 for fall consideration. Applications will be accepted July 1 – September 1 for spring consideration. No applications for generic nursing will be accepted outside of these dates. If any of the dates falls on a weekend, students will have until the next business day directly following. All documents, including ATI TEAS® results, must be on file by the last day of application period. If the ATI TEAS® was taken elsewhere, student must contact ATI to request a copy to be sent to AVC. If you have taken the TEAS multiple times, you must send ALL ATTEMPTS AND SCORES. Students are only allowed to have one unsuccessful attempt on the most current version of TEAS and must pass on the second attempt. If you are unsuccessful two times on the most current version, you will be disqualified from our program.

1. Fill out the form attached to these instructions.

**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.

2. 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.
- 3. Attach official transcripts from ALL colleges attended (including Antelope Valley College). One set of 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.

4. Attach a copy of the Educational Plan 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.

Please note, counseling WILL NOT schedule students for an educational planning and evaluation of transcripts two weeks from the application deadline. Please do not wait until the last minute to schedule this appointment if you are trying to apply by the deadline.

**5. Submit 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 enrollment packets will not be considered.

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.

All prerequisites must be completed and a grade posted in order to apply. If you are transferring courses from another institution, all equivalencies/substitutions must be APPROVED and posted on your educational plan as approved otherwise your application will not be considered.

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.



**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

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

For Office Use Only
Date Received:
Time Received:
Complete: Yes No
Reason:
Date/time Completed after errors resolved:

AVC ID N	Number			Telephone		
				E-mail address		
Name _						
	Last	First	Middle		Maiden and Oth	er Names Used
Address						
	Number and Street		City		State	Zip Code
		TN (0.1)			Te. D.	
		Name of School	Address		Entrance Date	Graduation or Departure Date
High sch	nool(s) attended					
College( NOTE: A including	s) attended All colleges must be listed, g AVC					

Initial the spaces that apply to ye	ou:	
I have completed BIC	DL 201 (General Human Anatomy – 4 units) ar	nd BIOL 202 (General Human Physiology – 4 Units) at Antelope Valley College.
I have completed	units of Anatomy and Physiology at	(if not taken at AVC).
I have completed EN	GL 101 (Academic Composition – 3 units) at A	intelope Valley College.
I have completed EN	GL 101 (Academic Composition – 3 units) at _	(if not taken at AVC).
I have completed BIC	DL 204 (General Microbiology – 5 units) at Anto	elope Valley College.
I have completed	units of Microbiology at	(if not taken at AVC).
I have completed MA	TH 115 (Statistics – 4 units) at Antelope Valle	y College.
I have completed	units of Statistics at	(if not taken at AVC).
I have met with an Ar	ntelope Valley College counselor within the las	t 6 months for completion of an Educational Planning and Evaluation Form.
I understand that my will be required to rea		date of submittal. If I am not offered a space within those 24 months, I understand I
	nscripts, including AVC, vocational nursing trained. Transcripts must include all courses taken	ning program (for LVNs), and AP credits (if credits were awarded for English 101 or
Have you ever been convicted of a	a felony or misdemeanor?  ☐ Yes ☐ No	
Have you taken the TEAS® v7?	☐ Yes ☐ No If yes, ALL attempts/s September 1 for sprin	cores must be on file in the Nursing Department by March 1 for fall consideration, g consideration.
nursing) depends upon completior Division office of any change in ma and background screening, before	n of all institutional and departmental prerequing address, email or telephone number. I use registering for nursing science courses, and to	cience courses. Final admission to the Associate Degree Nursing Program (registered sites. I understand that it is my responsibility to notify the Health and Safety Sciences inderstand that I will be required to have a physical examination, drug/alcohol screening the results may affect admission to the program. I understand that my application will ald I not be admitted, my application will automatically be removed and I will be required
Students are notified of admission to	the program by email.	
falsifying or omitting any information	n is fraud. At any point if it is discovered that a s	bmitted transcripts from <u>ALL</u> colleges and universities that I have attended. I understand that tudent has omitted or falsified academic or personal information required by the college or plicies, Section 5500, and the college disciplinary process.
Signature of Student		NOTE: All students must have a social security number in order to file the background screening/social security number verification which is required before being admitted to the program. A social security number or individual taxpayer identification number (ITIN) is also required to apply for licensure to the California Board of Registered Nursing.
Date		

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

# 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 Rust 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)		
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 (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.	Which language?	

locations. Template and form must be included.	
interactions. Hours may be combined from multiple	
paid or volunteer work in acute, long term, clinical, or community settings which involves direct human-client/patient	
Community support: All required prerequisites taken at AVC.  Work Experience: Documentation of 50 hours	



#### 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.

Applicant's Name (print	)	_	Student ID	
	an English), or Amo			can verify that you are proficient in ation below. The person completing
<ol> <li>Be proficient in the i</li> <li>Have known the app</li> <li>Not be a close famil</li> </ol>	licant and observed	his/her language ski		ctor or employer preferred).
Verification of proficiency in	the language of			
Contact information for indiv	idual verifying langu	age proficiency		
Name (print)			Title	
Organization			Phone	
Address			Email	
City, State, Zip				
Please answer all the follow	ng questions:			
1. How long have you	known the applicant	and in what capacity	?	
-		ant conversing/transl c. 1 day per week	ating in this language?	,
_	Able to read standa		•	No ral reader, routine correspondence,
	Able to speak langu	uage with sufficent st	Yes ructural accuracy and v and professional topic	No vocabulary to participate effectively es.
For additonal information of State "Language Prof				defintions, see U.S. Department rofdef.html

### 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.

<sup>\*\* (</sup>Language Proficiency Definitions from the U.S. Department of State at <a href="http://careers.state.gov/gateway/lang.prof">http://careers.state.gov/gateway/lang.prof</a> 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		
	employment	
Work Title		
	nt in this position	
Acute care (check one)	Extended care	
Job responsibilities _		
(please print)	ure	
Phone	Date	