



MULTI CRITERIA SUPPORTING DOCUMENTATION FORM

Student name: _____ G#: _____

Criteria 1 – Previous Academic Degrees

To receive points for this area, official sealed final transcripts must have AS/AA, BS/BA or higher degree posted.

Criteria 2 – Relevant Health Care Licenses or Certificates Held by the Applicant

Attach a photo copy of one (1) of the following licenses or certificates (front and back):

- Licensed Vocational Nurse
- Certified Nurse Assistant
- Physical Therapist
- Medical Doctor
- Respiratory Therapist
- Phlebotomy Tech
- Dental Hygienist
- Registered Dietitian
- Emergency Medical Technician
- Medical Assistant
- Home Health Aide
- Psychiatric Technician
- Occupational Therapist
- Physician Assistant
- Chiropractor
- Certified

Criteria 3 – Licensed Health Care Work Experience

Attach a letter on official letterhead paper from current/ former employer verifying employment under your current license. The letter must include the following: original signature, applicant’s name, start and end dates (if applicable), employee status (full time/part time), number of hours worked per week (or total hours from/to date), job title, department, if applicable, and last paystub.

Criteria 6a – Disabilities

Documented disability is verified from college Accessible Education Center.

I verify that _____ is receiving accommodations from Gavilan College’s Accessible Education Center.

Name (please print) _____

Signature: _____

Date: _____

Criteria 6b – Low Family Income

Proof of eligibility or proof of receipt of financial aid (e.g. BOG fee waiver, Cal Grant or other federal grant, CalWORKS).

I verify that _____ is receiving financial aid and/or services

from CalWorks.

Name (please print) _____

Signature: _____

Date: _____

Criteria 6c – First Generation to attend college

Please explain your situation or circumstance (attach additional page if necessary):

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Criteria 6d – Need to work

Attach paycheck stub during period of time enrolled in prerequisite courses or letter from employer (must be on organization letterhead) verifying employment was at least part-time while completing prerequisite courses.

Students may work during the program but are strongly encouraged to not work or reduce their hours.

Criteria 6e – Disadvantaged social or educational environment

Proof of participation/eligibility for Extended Opportunity Programs & Services (EOPS) or PUENTE, Foster Youth, Trio, and MESA.

I verify that _____ is receiving services from _____.

Name (please print) _____

Signature: _____

Date: _____

Criteria 6f – Difficult personal and family situation/circumstance

Please explain your situation or circumstance (attach additional page if necessary):

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Criteria 6g – Refugee status

Attach documentation of letter from United States Citizenship and Immigration Services (USCIS).

Criteria 7 – Military service veteran status

Attach copy of Defense Department Form DD-214, honorable discharge required.

Criteria 8 – Proficiency or advanced level coursework in languages other than English

Submit official high school or U.S. regionally accredited college or university transcripts verifying two (2) semesters of a language identified by the Chancellor’s Office. If transcripts are not available, students will need to demonstrate proficiency by taking an exam – OR – verification of proficiency:

I verify that _____ is proficient in:
(Student’s name)

- American sign language Arabic Chinese, including its various dialects Farsi Russian
- Spanish Tagalog Various languages of the Indian subcontinent & Southeast Asia

Contact information for individual verifying language proficiency:

Name: _____ Phone #: _____

Occupation: _____ Signature: _____

Address: _____

Email: _____

Applicant’s Acknowledgement

I acknowledge, by my signature below, that the information on this form is true and correct.

Applicant’s name (please print)
Applicant’s signature
Date