



RN Application Checklist for Fall 2021 Admission

DEADLINE: All documents should be placed in one envelope and must be postmarked no later than **February 28, 2021**. *We highly recommend you obtain a “certified mail, return receipt” certificate of mailing from the United States Post Office as proof of date.*

IMPORTANT: Applicant is responsible for completing application in its entirety. **Late or incomplete applications will not be considered.**

Mail complete application to: Gavilan College
Allied Health Department
5055 Santa Teresa Blvd
Gilroy, CA 95020

A COMPLETE APPLICATION PACKET WILL INCLUDE THE FOLLOWING:
(Use this list as your items checklist and submit information per written instructions)

Requirement	Proof	Details
<input type="checkbox"/> RN program application	Completed application	Don't forget to sign the application
<input type="checkbox"/> Current CPR certification	BLS Provider Card	Must be the BLS Provider card from the American Heart Association
<input type="checkbox"/> IV therapy/blood withdrawal certification	Breeze license print out from search.dca.ca.gov	Proof of valid IV therapy/blood withdrawal certification from the BVN-PT or proof of class registration. Must have certification by first day of class.
<input type="checkbox"/> High school diploma or GED	Official high school or GED transcripts	<p>If transcripts ARE on file with the Admission Office, then: complete the Transcript/Record Transcript Request Form for Nursing Students and include in your nursing packet.</p> <p>If transcripts ARE NOT of file with the Admissions Office, then: Include two (2) official high school or GED transcripts in your nursing packet.</p> <p>Foreign Transcripts (if applicable): Must be evaluated by the International Education Research Foundation, Inc. See the LVN to RN Program Flyer for detailed information.</p> <p>NOTE: A college/university degree may satisfy the high school diploma/GED requirement. College/university transcripts must have degree posted to satisfy the requirement.</p>

<input type="checkbox"/> Prerequisite coursework	Official college/university transcripts	<p>If transcripts ARE on file with the Admission Office, then: complete the Transcript/Record Transcript Request Form for Nursing Students and include in your nursing packet.</p> <p>If transcripts are NOT of file with the Admissions Office, then: Include two (2) official college/university transcripts in your nursing packet.</p> <p>Foreign Transcripts (if applicable): Must be evaluated by the International Education Research Foundation, Inc. See the LVN to RN Program Flyer for detailed information.</p>
<input type="checkbox"/> Prerequisite equivalency (Force completes)	myDegreeWorks Report (Degree Audit System)	<p>Non-Gavilan nursing prerequisite courses must be evaluated and entered as force completes in MyDegreeWorks by Nursing Counselor prior to submitting degree audit report.</p> <p>To Print the Report: Go to MyGav, student tab, my degree works and print the “Gavilan College Unofficial Degree Audit”.</p> <p>See the LVN to RN Program Flyer for detailed information.</p>
<input type="checkbox"/> Multi-Criteria Selection	Multi-Criteria Supporting Documentation Form	Complete and attach the required supporting documentation



TRANSCRIPT / RECORD REQUEST FORM FOR NURSING STUDENTS

Include this form in your application packet if you wish to have Admissions send your transcripts to the Allied Health and Nursing Department **instead of** including two official transcripts in your nursing application packet. **Use this form only if you have submitted official records to Admissions or a counselor in the past.**

Name: _____ G# _____
Last Name First Name Middle Initial

Main Phone #: (____) _____ - _____

Applying for: ☐ LVN program
☐ RN program

Email: _____

Other names used on Gavilan records: _____

Dates of attendance at Gavilan: From _____ To _____
Month/Year Month/Year

Please send the following records to the Allied Health Department at Gavilan College:

- ☐ Gavilan College transcripts
- ☐ Transcripts from other college or university

School: _____

School: _____

School: _____

School: _____

- ☐ High School, GED or equivalent transcripts

List School(s): _____

- ☐ Advanced Placement (AP) Test Scores
- ☐ IERF transcript evaluation

I understand that submitting this request does not grant the Gavilan Admissions Office the authorization to request official transcripts and/or records from other institutions on my behalf. The transcripts/records I am requesting be sent to the nursing department are already on file with the Gavilan Admission Office.

Student's Signature: _____ Date: _____