

Checklist for Completing 2010 Application to the Nursing Program Curriculum

DEADLINE: All documents should be placed in one envelope and must be postmarked no later than **February 1, 2010**. Obtain a certificate of mailing from the **United States Post Office** as proof of date.

APPLICANT IS RESPONSIBLE FOR COMPLETE APPLICATION. **LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Mail Application To: Gavilan College Allied Health Dept.
5055 Santa Teresa Blvd.
Gilroy, CA 95020

- * If you are not currently attending Gavilan College, complete and submit a Gavilan College application to the Admissions Office
- * Please read the entire Allied Health Information Packet
- * Make an appointment with a Gavilan College counselor – call (408) 848-4723

A complete application packet includes the following: *use this list as your check list and submit per instructions.*

_____ Gavilan College Placement Test completed by **December 12, 2009** or coursework (must be within two years).
Placement test scores for consideration of enrollment in the vocational nursing curriculum must be:
Reading - ENGL 148 Intro to Statistics - MATH 5

***** Completion of ENGL 1A is a prerequisite to the Nursing program. *****

_____ Nursing Program Application - Don't forget to sign the application form!

_____ Current Health Statement with physical exam performed no more than **90 days** prior to the closing date of applications.

_____ **3 References** - List your references on the application. Give each person one of the reference/ questionnaire forms included in the application packet. Ask them to return it to you in a sealed envelope and signed over the flap. Submit with your application.

_____ **Proof of Current CPR Certification** or enrollment in AH 32 or equivalent (must be BCLS for the Health Professional - **Annual** renewal required).

_____ **Proof of Current California State Certified Nursing Certification** or American Red Cross Written and Skills Test results (CNA certification must be current at the time classes begin).

_____ **Two Official (sealed) Transcripts from OTHER Schools Attended** (for the Allied Health Department and Admissions) each in separate envelopes. If an official transcript is on file at Gavilan Admissions, one official copy may then be requested for the AH Department. **** Foreign transcripts must be evaluated through the independent agency referred to in the program information packet**** For Gavilan students, request transcripts from Admissions.

_____ **Two Official (sealed) High School Transcripts** or equivalent (such as GED) each in separate envelopes. **** Foreign transcripts must be evaluated through the independent agency referred to in the program information packet**** If currently on file at Admissions, please request a copy for the AH Department.

_____ **Two Official (sealed) Final Transcripts from OTHER Schools Attended** (for the AH Department and Admissions) each in separate envelopes. For Gavilan students, request an official final transcript from Admissions. **Due date: February 1, 2010.**

_____ **All prerequisite courses must be completed by Fall semester 2009.**

After notification of acceptance into the program, students will be required to have additional screening, vaccines, or titers required for clinical placement.

Application for Admission to the Nursing Curriculum

1. Name: _____
Last First MI SS #
2. Address: _____ Phone(s): _____
No. Street City, State Zip
- # 1 & 2 (name, address, phone) **must** be kept current with Allied Health Department and Admissions & Records Office
3. Email Address: _____
4. High School(s)* _____ Name(s) during _____
 Attended: _____ attendance: _____
 (check one below) _____
 Date of Graduation or _____
 GED* : _____

* See GED or Foreign High School / Post-Secondary Education Transcript Evaluation Information Sheet included in program information packet

5. List all other schools* attended including Gavilan College Name(s) during attendance Dates Attended From To
- | | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

* See GED or Foreign High School / Post-Secondary Education Transcript Evaluation Information Sheet included in program information packet

6. Indicate courses completed:
 (* courses may be satisfied by Gavilan College Placement Test--two year recency required)
 (Other recency requirements apply - please consult a Gavilan College counselor)

VN Prerequisite Courses	Course Discipline, Number & Title	Name of College/School Where Completed or Date of Placement Test	Semester & Year Completed
AH 180 Fundamentals of Nursing/Convalescent			
AH 32 Cardiopulmonary Resuscitation (BCLS)			
MATH 400* Elements of Arithmetic			
MATH 205* Elementary Algebra			
MATH 233* Intermediate Algebra			
ENGL 420* Reading Improvement			
ENGL 440* Basic Writing			
ENGL 250* Practical Writing			
ENGL 260* Preparation for College Reading			
ENGL 1A Composition			
BIO 10 Principles of Biology (if needed)			
AH 3 Person in the Life Cycle			
AH 11 Nutrition			
BIO 15 Survey of Anatomy and Physiology <u>or</u> BIO 7 Human Anatomy <u>and</u> BIO 9 Human Physiology			
PSYC 1A Introduction to Psychology			

(* courses may be satisfied by Gavilan College Placement Test--two year recency required)

7. Describe prior work experience including the following (most recent first): *Use additional paper as needed*

Dates Employed		Name of Agency	Address	Title and Job Description
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. List three references (two, if possible, from former employers) who can comment on your suitability for the Vocational Nursing Curriculum. These references may not be related to you in any way. Have them complete the attached forms and return to you in sealed envelopes with signature of reference on the envelope flap. Completed reference forms will be kept confidential.

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Describe briefly your life goals and the role your acceptance into the Vocational Nursing Curriculum would play in meeting these goals. (Use additional paper as needed.)

I certify that the statements in this application are true and complete to the best of my knowledge.

Date: _____ **Signature:** _____

I hereby give permission for the references listed above to respond to the questionnaire of the Gavilan College Allied Health Department. I understand that these reference reports will be kept confidential, and I waive my right to see them.

Date: _____ **Signature:** _____

Health Statement for Nursing Applicants

TO BE COMPLETED BY THE STUDENT

Name of Applicant _____ SS# _____

Please review the attached physical requirements for nursing students.

Do you have any physical condition or other disability which may limit your ability to perform the tasks and functions of a Licensed Vocational Nurse? Yes No

If yes, what can be done to accommodate your disability?

Students admitted to the program are required to complete immunizations or titers in accordance with agency policies and California Department of Health Services recommendations of immunizations or titers for hospital and medical outpatient facility personnel, before a student may enter the clinical area. Written proof must be on file.

TO BE COMPLETED BY EXAMINING PHYSICIAN / NURSE PRACTITIONER

Please review the attached physical requirements for nursing students. Complete this form and **return to the student in a sealed envelope.**

Date of complete physical examination: _____

Does the applicant have any physical condition or disability which may limit his/her ability to perform the tasks and functions of a Licensed Vocational Nurse? Yes No

If yes, what can be done to accommodate his/her disability?

Printed Name/Examiner: _____ Calif. License # _____

Signature: _____ Date: _____ Phone: _____

Physical Requirements for Nursing Students

1. Standing / Walking
75% to 95% of work day spent standing/walking on carpet, tile, linoleum, asphalt and cement while providing patient care, getting medication from the pharmacy, delivering lab specimens, monitoring patient response, charting, and handling patient flow. Approximate distance: 3 to 5 miles.
2. Sitting
5% to 25% of work day spent sitting while operating computers, answering the telephone, writing reports, reviewing computer printout, charting, calling doctors, and scheduling appointments.
3. Lifting
10% to 15% of work day spent floor to knee, knee to waist, waist to waist and waist to shoulder level lifting while handling supplies (5 pounds – 20 to 30 times per shift), handling medications (2.5 pounds – 20 times per shift), using trays (5 to 10 pounds), charting patient information (1 pound) and assisting with positioning patient in bed/moving patients on and off gurneys and exam tables (average weight 200 pounds).
4. Carrying
65% of work day spent carrying at waist level, tray (5 to 10 pounds) for up to 5 miles.
5. Pushing / Pulling
40% of work day spent pushing/pulling while moving IVAC's, using carts, relocating IV stands, utilizing crash carts, moving patient beds to install IV's, opening and closing patient doors and stairway doors, opening refrigerator door, pushing/pulling beds, gurneys, and wheelchairs, and moving office equipment and furniture.
6. Climbing
15% to 25% of work day spent climbing stairs going to and from other departments, office, and homes.
7. Balancing
15% to 25%; see climbing.
8. Stooping / Kneeling
10% of work day spent stooping/kneeling while retrieving medications from refrigerator, loading tray from supplies on lower shelves, using lower shelves of cart, stocking shelves, and retrieving items from bedside stands, bathrooms, storerooms, etc.
9. Bending
20% of work day spent bending at the waist while performing patient checks, gathering supplies, assisting with patient positioning, adjusting patient beds, adjusting exam table, tying and untying patient restraints, bathing patients, and emptying tubes.
10. Crouching
2% retrieving patient belongings.
11. Crawling
2% retrieving patient belongings.
12. Reaching / Stretching
35% of work day spent reaching/stretching while providing patient care, gathering supplies, operating the computer, disposing of dirty needles in boxes, plugging in tubing over bed, assisting with patient positioning, connecting equipment (CPM's, SCD's, PCA's and EKG machine), cleaning office equipment, and retrieving patient files.
13. Handling
90% hand-wrist movement, hand-eye coordination, simple firm grasping required.
14. Fingering
90% fine and gross finger dexterity required.
15. Feeling
90% normal tactile feeling required. Sensitivity to heat, cold, pain, pressure, etc.
16. Throwing
None required
17. Twisting
15% of work day spent twisting at the waist while gathering supplies and equipment, operating equipment, bathing, and providing patient care.
18. Talking
95% average ability required. Fluent in English. Absence of speech impediments, ability to communicate with wide variety of people and styles, ability to be easily understood.
19. Hearing
95% ability to hear and interpret many people and correctly interpret what is heard; i.e., physicians' orders whether verbal or over telephone, patient complaints, physical assessment, fire and equipment alarms, etc.

20. Seeing
95% acute visual skills necessary to detect signs and symptoms, coloring and body language of patients, color of wounds and drainage, infiltrated IV sites, and possible infections anywhere. Interpret written work accurately, read characters and identify colors on the computer screen.

Reference Letter/Questionnaire for Nursing Application

TO BE COMPLETED BY THE STUDENT:

Name of Applicant: _____

TO BE COMPLETED BY REFERENCE: Please complete this questionnaire for the above named student who is an applicant to the Nursing Program at Gavilan College. Reference letters are confidential. **Return completed form to the student in a sealed envelope. *Sign over the envelope flap.***

In what capacity do you know the above-named applicant?

How long have you known the applicant?

How would you rate this person on the following factors:

(1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = superior, NO = not observed)

1. Emotional stability	1	2	3	4	5	NO
2. Physical stamina	1	2	3	4	5	NO
3. Ability to learn quickly	1	2	3	4	5	NO
4. Ability to apply learning to practical situations	1	2	3	4	5	NO
5. Neatness and attention to detail	1	2	3	4	5	NO
6. Response to constructive criticism	1	2	3	4	5	NO
7. Conscientiousness	1	2	3	4	5	NO
8. Integrity	1	2	3	4	5	NO
9. Performance under stress	1	2	3	4	5	NO

Please comment on any rating of "below average."

Make a statement regarding evaluation of potential for a nursing career.

Additional comments, if any.

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