Important information for prospective Nursing students:

California Senate Bill 1309 was implemented in academic year 2007-2008. All students meeting the established prerequisites and selection criteria for enrollment will be required to complete an assessment/readiness test. Those students that do not meet the minimum score will be referred to appropriate remediation. Students will be allowed one year to remediate and successfully retake the assessment/readiness test. Any student not meeting the remediation requirements will be required to restart the application process as a new student.

Thank you.

K. Bedell, RN, MSN, FNP
Director Allied Health Programs
Checklist for Completing 2015 Application to the Nursing Program Curriculum

DEADLINE: All documents should be placed in one envelope and must be postmarked no later than December 1, 2014. 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: Allied Health Dept.
Gavilan College
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 1, 2014 or coursework completed by Fall 2014. Placement test scores for consideration of enrollment in the vocational nursing curriculum must be:
   Math – Eligible for College Level Math

   *** 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 must be American Heart Association Basic Cardiac Life Support for the Healthcare Provider - 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) High School Transcripts or equivalent (such as GED) each in separate envelopes. 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 current Gavilan students, complete attached request for transcripts from Admissions.

___ Foreign transcripts must be evaluated through the independent agency referred to in the program information packet.

___ All prerequisite courses must be completed by Fall semester 2014. Courses in progress during Fall 2014 semester must be marked “In Progress”.

After notification of acceptance into the program, students will be required to have additional screening, vaccines, or titers and meet the background clearance requirements of all affiliating agencies for clinical placement.

Application for Admission to the Nursing Curriculum

1. Name: ___________________________________________  ___________________________________________  ___________________________________________  
                      Last                         First                         MI               G00 #

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)*

   Attended: ___________________________________________  Name(s) during ________

   (check one below) ___________________________________________  attendance: ____________________________

   Date of  Graduation or GED*: ____________

   Are you a veteran, spouse or widow(er) of a veteran? _____ Yes. If Yes, attach a copy of form DD214

* 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 ________

   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:

   (The courses listed below may require prerequisite courses. Please consult your counselor for more information.)

<table>
<thead>
<tr>
<th>VN Prerequisite Courses</th>
<th>Course Discipline, Number &amp; Title</th>
<th>Name of College/School Where Completed or Date of Placement Test</th>
<th>Semester &amp; Year Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH 233* Intermediate Algebra or equivalent OR</td>
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<tr>
<td>MATH 235* Integrated Algebra OR</td>
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<tr>
<td>MATH 240* Algebra II OR</td>
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<tr>
<td>MATH 242* Algebra II for Statistics</td>
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<tr>
<td>ENGL 1A Composition</td>
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<td></td>
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<tr>
<td>AH 180** Fundamentals of Nursing/Convalescent</td>
<td></td>
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<tr>
<td>BIO 10 Principles of Biology (if needed)</td>
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<tr>
<td>AH 3** Person in the Life Cycle</td>
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<tr>
<td>AH 11** Nutrition</td>
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<tr>
<td>BIO 15** Survey of Anatomy and Physiology or BIO 7** Human Anatomy and BIO 9** Human Physiology</td>
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<tr>
<td>PSYC 1A** Introduction to Psychology</td>
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</tr>
</tbody>
</table>

*Courses may be satisfied by Gavilan College Placement Test

**Overall GPA of 2.5 in specified courses.

Minimum of ‘C’ in all courses listed above. Please consult a counselor for more information.
7. Describe prior work experience including the following (most recent first): Use additional paper as needed

<table>
<thead>
<tr>
<th>Dates Employed</th>
<th>Name of Agency</th>
<th>Address</th>
<th>Title and Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
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</tbody>
</table>

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 _________________________________ G00# ________________________

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: ____________________
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.

Signature of Reference: ______________________________________ Date: __________________________

Printed Name of Reference: ____________________________ Phone: __________________________
# Reference Letter/Questionnaire for Nursing Application

**TO BE COMPLETED BY THE STUDENT:**

Name of Applicant: ______________________________________________________________

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<table>
<thead>
<tr>
<th>Factor</th>
<th>Rating 1</th>
<th>Rating 2</th>
<th>Rating 3</th>
<th>Rating 4</th>
<th>Rating 5</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
<tr>
<td>Physical stamina</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
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<td>Ability to learn quickly</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
<tr>
<td>Neatness and attention to detail</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
<tr>
<td>Response to constructive criticism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
<tr>
<td>Integrity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
<tr>
<td>Performance under stress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NO</td>
</tr>
</tbody>
</table>

Please comment on any rating of “below average.”

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

Additional comments, if any.

Signature of Reference: ___________________________ Date: ___________________________

Printed Name of Reference: ___________________________ Phone: ___________________________
Reference Letter/Questionnaire for Nursing Application

TO BE COMPLETED BY THE STUDENT:

Name of Applicant: _____________________________________________________________

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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.

Signature of Reference: ___________________________________ Date: ______________________

Printed Name of Reference: ___________________________________ Phone: ______________________
Nursing Student Request for Advising Transcripts and Records

1. Fill out the form below.
2. Submit to the Admissions & Records Office.
3. Deadline to submit the Advising Transcript Request Form is 5 working days prior to the application deadline.

Transcripts requested via this form AFTER that deadline will not be processed. The Records Department will not be held responsible for any late requests.

- Name of Student ___________________________ ID# G00___________________________
- Phone #: ___________________________ Email Address: ___________________________
- Other names used on Gavilan records: ___________________________________________
- Dates of attendance at Gavilan: From: ____________________ To: _________________
- Department to which records should be sent: Allied Health Department
- Date of your Nursing Application Deadline: _____________________________________
- Gavilan College Records Requested: ☐ Transcript
- Other Official Transcripts/Records on file in Admissions & Records:
  1. Please list the name of the College/School(s) you attended.
  2. Please write how your name was listed on the record if different than above.

  ☐ High School Transcript or GED test: __________________________________________

  ☐ CLEP or Advanced Placement (AP) test scores: _________________________________

  ☐ Other College or University transcripts: _______________________________________

  ☐ Other (specify): ___________________________________________________________

Student’s Signature: ___________________________ Date: __________________

Admissions & Records Office SC 110 (408) 848-4733

OFFICE USE ONLY
Date Submitted to A & R: ______________