



**NURSING AND ALLIED HEALTH DEPARTMENT  
MULTI CRITERIA SUPPORTING DOCUMENTATION FORM**

**Student name:** \_\_\_\_\_ **G#: (If Applicable)** \_\_\_\_\_

Phase 1 Admissions Criteria	Points
<p><b><u>Criteria 1 – Previous Academic Degrees</u></b></p> <p>To receive points for this area, official sealed final transcripts must have AS/AA, BS/BA or higher degree posted.</p>	<p><b>Select one:</b></p> <p><input type="checkbox"/> BS/BA or higher = 5 points</p> <p><input type="checkbox"/> AS/AA = 2 points</p> <p><input type="checkbox"/> None = 0 points</p>
<p><b><u>Criteria 2 – Relevant Health Care Licenses or Certificates</u></b></p> <p><b><u>Held by the Applicant</u></b></p> <p><b>Scan a copy of any relevant document up to (2) of the following licenses or certificates and upload along with this Multi-Criteria Form.</b></p> <ul style="list-style-type: none"> <li>• Licensed Vocational Nurse (LVN)</li> <li>• Certified Nurse Assistant (CNA)</li> <li>• Certified Phlebotomy Tech</li> <li>• Chiropractor</li> <li>• Dental Hygienist</li> <li>• Emergency Medical Technician</li> <li>• Home Health Aide</li> <li>• Medical Assistant</li> <li>• Medical Doctor</li> <li>• Occupational Therapist</li> <li>• Physical Therapist</li> <li>• Physician Assistant</li> <li>• Psychiatric Technician</li> <li>• Registered Dietitian</li> <li>• Respiratory Therapist</li> </ul>	<p><b>Select up to 2:</b></p> <p><input type="checkbox"/> LVN = 5 points</p> <p><input type="checkbox"/> CNA = 5 points</p> <p><input type="checkbox"/> Certified Phlebotomy Tech = 5 points</p> <p><input type="checkbox"/> Chiropractor = 5 points</p> <p><input type="checkbox"/> Dental Hygienist = 5 points</p> <p><input type="checkbox"/> Emergency Medical Technician = 5 points</p> <p><input type="checkbox"/> Home Health Aide = 5 points</p> <p><input type="checkbox"/> Medical Assistant = 5 points</p> <p><input type="checkbox"/> Medical Doctor = 5 points</p> <p><input type="checkbox"/> Occupational Therapist = 5 points</p> <p><input type="checkbox"/> Physical Therapist = 5 points</p> <p><input type="checkbox"/> Physician Assistant = 5 points</p> <p><input type="checkbox"/> Psychiatric Technician = 5 points</p> <p><input type="checkbox"/> Registered Dietitian = 5 points</p> <p><input type="checkbox"/> Respiratory Therapist = 5 points</p> <p><input type="checkbox"/> None = 0 points</p>

<p><b><u>Criteria 3 – Licensed Health Care Work Experience</u></b></p> <p>Attach and upload 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.</p>	<p><b>Have you provided the required letter for criteria 3 points?</b></p> <p><input type="checkbox"/> Yes = 2 points</p> <p><input type="checkbox"/> No = 0 points</p>
<p><b><u>Criteria 6 – Life Experiences or Special Circumstances of a Student.</u></b></p> <p>Applicants can collect points in ONE of the following areas:</p> <p><b>Complete the Life Experiences or Special Circumstances Form and upload if you are requesting points for this criteria.</b></p>	<p><b>Select one:</b></p> <p><input type="checkbox"/> 6a – Disability = 2 points</p> <p><input type="checkbox"/> 6b – Low Family Income = 2 points</p> <p><input type="checkbox"/> 6c – First generation to attend college = 2 pts</p> <p><input type="checkbox"/> 6d – Need to work = 2 points</p> <p><input type="checkbox"/> 6e – Disadvantaged social or educational environment = 2 points</p> <p><input type="checkbox"/> 6f – Difficult personal and family situation/circumstance</p> <p><input type="checkbox"/> 6g – Refugee status = 2 points</p> <p><input type="checkbox"/> None = 0 points</p>
<p><b><u>Criteria 7 – Military service veteran status</u></b></p> <p>Upload copy of Defense Department Form DD-214, honorable discharge required.</p>	<p><b>Are you attaching a DD-214 with honorable discharge?</b></p> <p><input type="checkbox"/> Yes = 3 points</p> <p><input type="checkbox"/> No = 0 points</p>
<p><b><u>Criteria 8 – Proficiency or advanced level coursework in languages other than English</u></b></p> <p>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.</p> <p><b>Complete the Second Language Verification Form and upload if you are requesting points for this criteria.</b></p>	<p><b>Are you collecting points for criteria 8?</b></p> <p><input type="checkbox"/> Yes = 3 points</p> <p><input type="checkbox"/> No = 0 points</p> <p><b>Method of verification:</b></p> <p><input type="checkbox"/> High school, college or university transcript</p> <p><input type="checkbox"/> Written verification of proficiency</p> <p><input type="checkbox"/> Need to schedule proficiency exam</p>

**Phase 2 Admissions Criteria****ATI TEAS**

Must earn a 62% or higher. Only the first attempt where a 62% or higher was earned is accepted. Two failed attempts at the TEAS will disqualify applicants. Official TEAS transcripts must be sent to

**Gavilan College**

**Allied Health Attn: Application Reviewer**

**5055 Santa Teresa Blvd.**

**Gilroy, Ca 95020**

**No later than May 31<sup>st</sup>, 2022.**

**Have you taken the ATI TEAS?**

☐ Yes

**Applicant's Acknowledgement**

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

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Applicant's name (please print)

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Applicant's signature

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Date