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.

D. Amaro, RNC, MSN
Director, Allied Health Programs
Checklist for Completing the Registered Nurse (RN) Program Application

DEADLINE: All documents should be placed in one envelope and must be postmarked no later than December 1, 2016. Obtain a 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: Allied Health Department
Gavilan College
5055 Santa Teresa Blvd
Gilroy, CA 95020

- If you are not currently attending Gavilan College, you must submit an online application on http://www.gavilan.edu/admit/instructions.html
- Please read the entire Allied Health Programs and Career Ladder at: http://www.gavilan.edu/ah/documents/AHprograms2017.pdf
- If you have questions, make an appointment with a Gavilan College counselor at www.gavilan.edu/counseling/

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Program application</td>
<td>Don’t forget to sign the application</td>
</tr>
<tr>
<td>Prerequisite coursework and/or Gavilan placement test scores</td>
<td>Completed by December 1, 2016 or coursework completed by Fall 2016. Math placement test scores for enrollment consideration in the registered nursing program must be eligible for Math 5 or higher. <strong>Completion of ENGL 1A is a prerequisite to the RN Program</strong></td>
</tr>
<tr>
<td>Current health statement</td>
<td>Physical exam performed no more than 90 days prior to the closing date of applications (December 1st) with physician stamp or business card included.</td>
</tr>
<tr>
<td>Current CPR certification</td>
<td>Must be American Heart Association BLS Provider (previously Healthcare Provider)</td>
</tr>
<tr>
<td>Current LVN license</td>
<td>California State Vocational Nursing License or completion of AH 54 or equivalent (must be current throughout the RN program program)</td>
</tr>
<tr>
<td>IV therapy/Blood withdrawal Certification</td>
<td>Proof of valid California State IV therapy/blood withdrawal certification or enrollment in AH16 or equivalent</td>
</tr>
<tr>
<td>Two official (sealed) high school transcripts</td>
<td>High school transcripts or equivalent each in separate envelopes. If currently on file at Admissions, please request a copy for the AH Department using the included interoffice transcript request form.</td>
</tr>
<tr>
<td>Two official (sealed) final transcripts from other schools attended</td>
<td>Each in separate envelopes. If currently on file at Admissions, please request a copy for the AH Department using the included interoffice transcript request form.</td>
</tr>
<tr>
<td>Foreign Transcripts (if applicable)</td>
<td>Must be evaluated through the independent agency referred to in the Allied Health Programs and Career Ladder page.</td>
</tr>
</tbody>
</table>

All prerequisite courses must be completed by Fall semester 2016. Courses in progress during Fall 2016 semester must be marked “in progress” and 2 final transcripts must be sent to the Allied Health Department once final grades post. 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.
Name: ____________________________________________________  G# _________________________________

Mailing Address: _______________                                      D.O.B. ______________________________
Street number              City                State                Zip

Are you a veteran? □ No    □ Yes    If yes, attach copy of DD214

Important: Name and address must be kept current with Allied Health Department and Admissions & Records Office.

Email Address: Gavilan email will be used for all communication      Phone Number (_____) ___________________

High School(s) attended Name during attendance
________________________________   __________________________________
Completed   ☐ High School diploma ☐ GED
________________________________   ☐ College/University Degree
Year of Completion: ______

List colleges/universities attended including Gavilan College Name during attendance Dates attended
________________________________   __________________________________
________________________________   __________________________________

Which registered nursing program do you wish to complete? □ AS degree in registered nursing
☐ 30 unit certificate option

Prerequisite Information
Be aware that courses listed below may require prerequisite courses. Please consult your counselor for more info.
Indicate courses completed:

<table>
<thead>
<tr>
<th>RN Prerequisite Courses</th>
<th>Course Discipline, Number &amp; Title (if different from left column)</th>
<th>School where completed</th>
<th>Grade earned</th>
<th>Semester &amp; Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH (Check one)</td>
<td></td>
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<tr>
<td>☐ 233' Intermediate Algebra or equivalent</td>
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<tr>
<td>☐ 235' Integrated Algebra</td>
<td></td>
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<tr>
<td>☐ 240' Algebra II</td>
<td></td>
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<tr>
<td>☐ 242' Algebra II for statistics</td>
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<tr>
<td>☐ Gavilan College placement scores (eligible for MATH 5 or higher)</td>
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<tr>
<td>ENGL 1A * Composition</td>
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<tr>
<td>CMUN 1A* Intro to Public Speaking</td>
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<tr>
<td>SOC 1A* Intro to Sociology</td>
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<tr>
<td>BIO 8* General Microbiology</td>
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<tr>
<td>BIO 9* Human Physiology</td>
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<tr>
<td>AH 51* Medical-Surgical Nursing</td>
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<tr>
<td>AH 52* Medical-Surgical Nursing</td>
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<tr>
<td>AH 53* Medical-Surgical/Maternal Nursing</td>
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<tr>
<td>AH 54* Medical-Surgical/Pediatric Nursing</td>
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</tr>
<tr>
<td>AH 16 IV Therapy/Blood Withdrawal</td>
<td>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</td>
<td></td>
<td>XXXX</td>
<td>XXXXXXXXXXXXX</td>
</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 info.
List complete prior work experience with most recent first (use additional paper if needed):

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Employer</th>
<th>Dates employed (Month and Year)</th>
<th>Address</th>
<th>Brief Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From: ________________________</td>
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<td></td>
<td>To: ________________________</td>
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</tr>
</tbody>
</table>

Describe briefly your life goals and the role your acceptance into the registered nursing program 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.

Student’s Signature: ___________________________ Date: ___________________
# HEALTH STATEMENT FOR NURSING APPLICANTS

## TO BE COMPLETED BY STUDENT:

<table>
<thead>
<tr>
<th>Name of Applicant: __________________________________________</th>
<th>G# __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
</tbody>
</table>

Please review the attached requirements for nursing students.

After reading the attached physical requirements, do you have any physical condition or other disability which may limit your ability to perform the tasks and functions of a Registered 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:

<table>
<thead>
<tr>
<th>Printed Name/Examiner: ________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calif. License # _____________________________</td>
</tr>
</tbody>
</table>

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

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? __________________________________________

________________________________________________________________________

____________________________________________________________________________.

Signature __________________________________________   Date ______________________
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.
TRANSCRIPT / RECORD REQUEST FORM FOR NURSING STUDENTS

Submit this form to the Admissions and Records office if you wish to have A&R send your records (i.e., transcripts) to the Allied Health Department instead of including them in your nursing application packet. Use this form only if you have submitted official records to A&R in the past. Deadline to submit the Transcript / Record Request Form is 5 working days prior to the nursing application deadline. The 2016/2017 nursing application deadline is December 1st, 2016.

Instructions:

1. Complete form
2. Submit form to the Admissions and Records Office (SC 110) 5 working days prior to the nursing application deadline

Admissions will send the records you select below to the Allied Health Department.

IMPORTANT: Transcripts requested via this form after the deadline will not be processed. The Admissions and Records Department will not be held responsible for any late requests. This form is not intended to request your transcripts from other schools.

Name: ___________________________ G# ___________________________

Main Phone #: ( _____ ) _______ - _______

Alternate Phone #: ( _____ ) _______ - _______

Email: ________________________________________________________________

Other names used on Gavilan records: ______________________________________

Dates of attendance at Gavilan: From ________ To ________

PLEASE SEND THE FOLLOWING RECORDS TO THE ALLIED HEALTH DEPARTMENT AT GAVILAN COLLEGE:

☐ Gavilan College transcripts

☐ Transcripts from other college or university

List School(s): ____________________________ Name (if different) ____________________________

___________________________ Name (if different) ____________________________

___________________________ Name (if different) ____________________________

☐ High School, GED or equivalent transcripts

List School(s): ____________________________

____________________________________

☐ Advanced Placement (AP) Test Scores

Student’s Signature: ____________________________ Date: __________________________

Admissions & Records Office SC110 (408) 848-4733

OFFICE USE ONLY

Date submitted to A&R: ____________________________