



NURSING PROGRAM READINESS FORM

Dear Waiting List Member:

This form is to be used when you are on a RN Program Waiting List and have been notified by the De Anza Nursing Department, via an announcement (for full RN program) or email/letter (LVN, Adv. Placement), to indicate your readiness to begin an upcoming quarter.

This form must be returned by the deadline announced on the Nursing Web Site. If you do not return it by the time posted, you will not be considered for a **Fall 2014** start.

The De Anza College Nursing Program, following the policy of the California Board of Registered Nursing, requires that every student admitted to the program have a United States Social Security Card that allows employment in the United States. See the policy statement on the nursing web site announcements page.

I have a Social Security Card that permits me to work in the United States. YES___ NO___

Please indicate below whether you are ready to start the RN Program next quarter.

I am READY / NOT READY (CIRCLE ONE)

To start the Nursing program in **Fall 2014.**

If NOT READY is circled above:

I will be ready to start the Nursing program in (CIRCLE ONE of the quarters below)

WINTER 2015 SPRING 2015 FALL 2015 WINTER 2016 SPRING 2016 FALL 2016 Unknown

Your signature

Print your name clearly

Date

RN Prog Wait List ID

RN Wait List Position

ADDRESS: _____

PHONE Home: _____ **Cell:** _____

EMAIL ADDR: _____

Returning this form:

Send the Readiness Form to the Nursing Department in one of the following ways:

- 1) Mail the form, using certified mail, to the Nursing Department. Keep your certified mail receipt as proof of sending the form. The mailing address is:
De Anza College
Registered Nursing Department
Attn: Screening and Selection Coordinator
21250 Stevens Creek Blvd
Cupertino, CA 95014
- 2) Place the form in an unstamped envelope addressed to the Nursing Department and drop it in the Faculty & Staff Drop Box located outside of the De Anza College Administration Building, Room 111.
- 3) Fax a copy of the completed form to the Nursing Department at 408-864-5681.
- 4) Email a copy of the completed form as an attachment to nursing@fhda.edu

Confirmation:

Send the Screening and Selection Coordinator an email requesting confirmation OR include a Self-Addressed Stamped Envelope with the form.