APPLICATION FOR ALL NURSING PROGRAMS

Please keep information on pages 1 – 4
Please mail in the application on pages 5 – 7

Dear Candidate:

Thank you for your interest in the De Anza College Registered Nursing Program. This document contains the Application Form for the De Anza College Nursing Programs. It also should be used for subsequent applications in response to a rejection letter. Please read the entire application before filling it out.

Please plan ahead. You should allow adequate processing time for all documents and transcripts you may need to submit to the College. In order to provide all candidates a fair and equal opportunity in the application process, we will only review application packets that are properly completed, include all necessary transcripts and other documentation, and are mailed to the Nursing Department by the deadline date. **NO EXCEPTIONS.**

This application should be downloaded and printed by the applicant. In the event that an applicant is unable to print the application from the web page at home, you may be able to do so at your local library. A copy may be printed on the De Anza campus at the Allied Health and Nursing Resource Center, located in S-82 (408-864-8687). Please call ahead for hours of operation. Please bring your own paper for printing. There is a 10 cents per page charge for printing to cover printer maintenance costs.

Application Instructions (please read carefully):

1. Read the **Program Information** document on the Nursing Program Information page (http://www.deanza.edu/nursing/programs.html). The **Program Information** document contains detailed information about the nursing program prerequisites, other eligibility requirements, and many other relevant issues concerning preparation, application, selection and admission to the De Anza Nursing program.

2. Fill out the application clearly and carefully. Note that **Application Workshops** are offered monthly during the fall, winter and spring quarters for your benefit – take advantage of them. You can bring a completed application (as if you were about to mail it) to the workshop for review. Check the Information Meetings web page for workshop times & locations: http://www.deanza.edu/nursing/infodates.html

3. Make copies of all materials you plan to mail to the Nursing Department.

4. Make sure that you send in your application during one of the Application periods documented on the Nursing Program Information web page. Check the Announcements web page for instructions specific to each application period.

5. **Application Checklist:** A complete application package for mailing must include all of the following relevant to your situation in ONE envelope:

_____ Completed Application form (pages 5-7 of this document)

_____ Unofficial college transcripts for all classes listed on the application (stapled behind the Application Form) with those classes highlighted.

_____ Copy of the one or two page summary of your scores for the Evolve Reach Admission Assessment Exam (stapled to application.

_____ If you have received equivalent credit for any nursing prerequisite by **General Petition**, please indicate so in the left margin next to the class in Section B. An approved petition must be present in Admission and Records by the deadline date.

Two (2) Self-Addressed, Stamped Envelopes (SASEs):
1) To receive a letter that your application was received, and

_____ 2) To receive a letter giving you the results.

_____ Copy of currently active LVN License & proof of IV Certification if not on your LVN license. Copy of an unofficial transcript of your LVN Education (**LVN Transition applicants only – stapled to application**)

_____ Detailed documentation of previous nursing school classes (**Advanced Placement applicants only** – please check the Program Information document for details)

_____ Please note that an Introductory Sociology or Cultural Anthropology class is a prerequisite that must be completed prior to applying to the **LVN Transition or Advanced placement** programs (See sections B & C).

Your completed application packet **<u>MUST</u>** be mailed to:

> De Anza College
> Registered Nursing Program
> Attention: Screening and Selection Coordinator
> 21250 Stevens Creek Blvd
> Cupertino, CA 95014

Mail your completed application via <u>Certified Mail</u>. Keep the United States Postal Service (USPS) receipt as proof that you mailed the application on or before the deadline.

If you do not receive one of the Self-Addressed Stamped Envelopes (SASE)* that you included with your application within a reasonable amount of time for postal delivery, please contact the Screening and Selection Coordinator at 408-864-5618 to confirm that your application was received.

If your address changes, email the Nursing Department with your new address.

★ *<u>The Nursing Department is closed for the summer. Students who send in an application before the official September 1st to 15th application period will not receive SASE confirmation until early September. The Screening and Selection Coordinator usually returns at the beginning of September.</u>*

Use the following example as a guide to completing Section B of the application.

Prerequisite Course Required	Equivalent Course # And Course Name	College	Semester/Quarter and year taken	Semester Units	Quarter Units	Letter Grade
BIOLOGY 40C ANAT/PHYSIOLOGY		De Anza	Spring 2008		5	B
BIOLOGY 26 MICROBIOLOGY	Biology 41 Microbiology	Foothill	Fall 2008		6	A
BIOLOGY 45 HUMAN NUTRITION	NUFS 8 Nutrition for Health Professionals	SJSU	Spring 2010	3		A

If you have completed a prerequisite at De Anza College, you do not have to enter information in the second column (see Bio 40C in the example above). If you have taken a prerequisite class outside of De Anza College, please be sure to include the Equivalent Course number <u>and</u> longer Course Name in the second column.

If you have taken the De Anza College Math Placement Test to meet your Math prerequisite, enter the test name in the second column and date you took the test. If you have a printout of the results, include a copy with your application.

If the college name is too long to fit in the narrow College column, use an abbreviation in section B (e.g., NYU for New York University, as shown above) and put the abbreviation next to the full college name at the bottom of Section A of the Application.

Students no longer need to convert semester units to quarter units, as was required in the past. Please use the appropriate column for each class as shown above.

The only nutrition classes that can be used to meet the nutrition requirement is Biology 45 from De Anza or Foothill Colleges OR other nutrition classes considered directly equivalent to Biology 45 by the De Anza Biology Department.

See the College Course Equivalency Spreadsheet (CCES) on the nursing web site for accepted nutrition classes and other prerequisites at other local community colleges.

If you have to retake classes because your grades are too low, please note that you cannot repeat any classes in the Foothill-De Anza District if you have received a C or better. In such a situation, you will have to take an equivalent class at a college other than Foothill or De Anza College. **Please contact the screening and selection Coordinator before repeating any biology class to improve a "C or B." It may not be necessary.**

Application to the De Anza College Nursing Program
← Please print your name on the side***

SECTION A (Please Print Clearly):

Application Deadline Date: _____

Program: RN   LVN TRAN   ADV PLACEMENT
(Circle one)

De Anza Student ID#: _____

Name: _____
_____ Last _____ First _____ Middle

Address: _____
_____ Street Number/Name _____ City _____ State _____ Zip

Contact Info: List at least one phone number & email address
Home phone: _____
Cell phone: _____
Other: _____
E-Mail: _____

Have you applied to a De Anza Nursing Program before?   YES   NO   When? _____

Have you passed all required sections of the Evolve Reach Admission Assessment Exam?   YES   NO
If NO, you are not eligible to apply.

Have you repeated any anatomy, physiology, microbiology or nutrition classes within seven years of the application deadline?   YES   NO
  If YES, list both original & repeat classes taken & where/when:

_____

Have you ever registered in college under a different name; for example, maiden name or different first name? If so, please provide that name:

Name: _____
_____ Last _____ First _____ Middle

List ALL colleges where you have completed course work:

Name of College	Dates Attended	Degree(s) Received	Name of College	Dates Attended	Degree(s) Received

Section B: Prerequisites

Prerequisite Course Required	Equivalent Course # And Course Name	College	Semester/Quarter and year taken	Semester Units	Quarter Units	Letter Grade
NURSING 50 (Only RN applicants)	N/A	De Anza		N/A	N/A	
ANTHROPOLOGY 2 or SOCIOLOGY 1 (Only LVN Transition or ADV PL applicants)						
MATH 114 INTERMEDIATE ALGEBRA (or higher)						
EWRT 1A OR ESL 5 COMPOSITION / READING						
SPEECH 1 OR 10 PUBLIC SPEAKING or ORAL COMM.						
PSYCHOLOGY 1 GENERAL PSYCH						
PSYCHOLOGY 14 DEV. PSYCH						
BIOLOGY 40A ANAT/PHYSIOLOGY						
BIOLOGY 40B ANAT/PHYSIOLOGY						
BIOLOGY 40C ANAT/PHYSIOLOGY						
BIOLOGY 26 MICROBIOLOGY						
BIOLOGY 45 HUMAN NUTRITION						

Have you completed all prerequisites with a C or better?   Yes   No

If you answered NO, you are not eligible to apply and you should not continue with the application. Do not mail it to the Nursing Department. Talk with a De Anza counselor/advisor and come to an Information Meeting/Application Workshop offered by the Nursing Department. Please note that you must also pass the Chancellor's Formula with a score of 75% or higher. This is discussed in our online documentation and at our information meetings. You must have ALL required transcripts submitted to accurately compute your score.

Section C: A.S. Degree General Education Requirements

The courses below are <u>not</u> prerequisites for the 2-year RN program.

Anthropology 2 or **Sociology 1** or an equivalent class from another college <u>must be completed prior to the 2nd quarter</u> of the **RN** Program.

For the **LVN Transition** and **Advanced Placement programs**, one of these two classes or an equivalent class must be taken as a <u>prerequisite and must be completed prior to applying</u>. In this case, class information should be entered in Section B of this application.

The other subject areas below are required for the A.S. degree for all nursing programs and they must be completed by the end of the final quarter of the nursing program. If you have taken classes that meet these requirements, please enter them. If you hold a BA/BS degree from an accredited college in the U.S., complete only the information for the Anthropology/Sociology row of the table.

Course	Equivalent Course # and Course Name	College	Semester/Quarter and year taken	Semester Units	Quarter Units	Letter Grade
ANTHROPOLOGY 2 or SOCIOLOGY 1						
CREATIVE ARTS (1 class, Area C**)						
HUMANITIES (1 class, Area C*)						
Intercultural Studies ** (ICS-Area C or D*)						
PE Activity (1 unit, Area E*)						

* *"Area" refers to an area of curriculum in the General Education Requirements for an AS degree at De Anza College. Refer to the De Anza Catalog or a Schedule of Classes for current requirements. Consult Counseling Services for details.*

** *ICS classes exist that can meet both the ICS GE requirement and either the Humanities or Creative Arts GE requirement. Please check the De Anza College catalog GE Requirements section for a complete list.*

<u>Social Security Card:</u>
Please be aware that you must have a U.S. Social Security Card that permits you to work in the U.S. in order to be <u>admitted</u> into the De Anza Nursing Program. You may apply without one.

<u>Disability Statement:</u>
If you have a disability, it is your responsibility to contact the De Anza College Educational Diagnostic Center at 408/864-8839 in order to obtain needed accommodations here at De Anza College. You may be referred to Disability Support Services (408/864-8753

<u>Background Checks:</u> A criminal background check and drug testing will be required at the time of admittance into the RN Program. If a criminal history is found, it may prevent a student from completing program requirements and from obtaining a California RN license.

I affirm that I have read and understood the entire application and that the statements in this application are true to the best of my knowledge and ability. I understand that I am required to submit an accurately completed application in the manner described in all required documentation to have my application screened. I understand that any false information provided will <u>permanently disqualify</u> me from applying to any of the De Anza College Nursing Programs. I agree to abide by the rules and procedures of eligibility and admission of the De Anza College Nursing Program.

_____

Signature of Applicant   Date