



NURSING PROGRAM APPLICATION

Refer to the Application Checklist to make sure you have completed the application process thoroughly and accurately. No section on the application may be left blank. Incomplete applications will not be eligible.

Date: _____

Student Name:

Last

First

Middle

Social Security #: _____

Student ID #: _____

Previous/Maiden Name(s) (if any) _____

Address: _____

Phone: _____

Email: _____

(Mandatory: Only use your COC student email address at my.canyons.edu)

High School Graduation Date: _____

GED Date: _____

List All Colleges Attended (include COC, universities/military, USA/foreign) Degrees Earned:

Check all that apply:

- Applying for RN Program
- Letter of Employment attached (accepted Aug. 1 – Aug. 31 only) **NOTE:** Employees of participating hospitals, who meet program requirements and provide a letter of employment (original letterhead) from the hospital, are given priority.
- Applying for LVN to RN Program (accepted Aug. 1 – Aug. 31 only) **NOTE:** must attach copy of LVN license, proof of approved IV Certification course, and proof of at least 4 months employment as LVN on original letterhead
- Applying for transfer (accepted year round) **NOTE:** must attach letter from Director of previous program stating student is clinically safe and eligible to return to the program
- Previously applied to COC RN Program
- Nursing Prerequisite Evaluation approved in a previous application cycle
- Completed a COC Remediation Plan
- Previously completed the **TEAS V** test If yes, where _____

Persons with Disabilities

It is your responsibility to notify the Disabled Students Programs and Services office at the College with verified documentation from a health or learning specialist in order to receive reasonable accommodation.

Non Discrimination Policy

The Allied Health Division does not discriminate on the basis of ethnic group identity, religion, sex, age, color, national origin, marital status, sexual orientation, veteran’s status, mental disability or physical disability including persons with AIDS/ARC/HIV in any of its policies, procedures, or practices. This non-discrimination statement covers admission and access to, and treatment and employment in the programs, services and activities.

Multicriteria Screening

Select all that apply:

Education/Experience: BS/BA LVN CNA

Relevant Work or Volunteer Experience (*list*):

Life Experience:

Disabilities

(The same meaning as used in Section 2626 of the Unemployment Insurance Code)

Low Family Income

(Measured in terms of a student's eligibility for, or receipt of, financial aid under a program that may include, but is not necessarily limited to, a fee waiver from the Board of Governors, The Cal Grant Program, the federal Pell Grant program or CalWORKS)

First generation of family to attend college

Need to work

(The student is working at least part time while completing academic work that is a prerequisite for admission to the nursing program)

Disadvantaged social or emotional environment

(Includes but is not limited to the status of a student who has participated in EOPS)

Difficult personal and family situations or circumstances

Refugee or veteran status

Language Proficiency:

Proficiency or advanced level coursework in languages other than English (*list*):

My signature is mandated and indicates that I have completed all sections truthfully and am aware that any falsification on my application will deem me ineligible. I authorize the release of College of the Canyons transcripts to the COC Nursing Department when I apply and each semester that I am a part of the program. I will provide further documentation if requested.

Student Signature

Affirmative Action Information

This information is confidential and is gathered for statistical purposes only. The information provided below, or the failure to provide the information below, will in no way affect your ability to enter the nursing program.

Gender: Male Female

Ethnicity:

White

(All persons having origins in Europe, North Africa or the Middle East and not of Hispanic origin)

Hispanic

(All persons of Chicano, Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture origin regardless of race)

American Indian

(All persons having origins in the original peoples of North American and who maintain cultural identification by virtue of tribal association or community recognition)

Asian/Pacific Islander

(All persons having origins in the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands, including the Philippine Islands)

Black

(All persons having origins in any of the black racial groups of Africa and not Hispanic in origin)

Other (*please describe*) _____

Education: Highest level of education obtained to date

Associate Degree Baccalaureate Degree Master's Degree Doctoral Degree No Degree

Age: _____

Language Spoken in the Home: _____