



Rio Hondo College Health Science & Nursing Division Vocational Nursing Application



PERSONAL INFORMATION

Last Name First Name M.I.

Street Address

City Zip Code

Phone Number Cell Phone

E-mail Address Female Male

RHC I. D #

Social Security

Name of person to notify in case of Emergency

Emergency Phone Number



EDUCATION

High School Attended

High School Diploma Transcripts Attached

GED Examination Date of Graduaton

College Attended

Street Address

City

State Zip Code

All Official College Transcripts Sent to Admissions/Records Yes
No

Units G.P.A.

Application Status (Please check only one)

Generic Student (does not have a current CNA certificate)

C.N.A. Certificate #

Expiration Date

Student requesting course substitute for previous nursing courses completed, please answer the following:

Program:

ADN

LVN

Psych Tech

School attended

Year

Identify the course(s)
requesting to substitute

I understand I may not add any additional documents to this application once it is submitted.

Signature

Date