



Rio Hondo College Health Science & Nursing Division Nursing Program Application

Generic ADN:

LVN to ADN:

30 Unit Option

Psychiatric Technician
to ADN:

Transfer from another ADN
Program:



PERSONAL INFORMATION

Last Name:

First Name:

M.I.

Street Address:

City:

State:

Zip Code:

Phone Number:

Cell Phone:

E-mail Address:

RHC I.D. #:

Female

Male

Social Security:

Name of person to
notify in case of
Emergency:

Phone Number:



EDUCATION

High School Attended:

Transcripts Attached:

High School Diploma
Attached:

GED:

College Attended:

Street Address:

City:

State:

Zip Code:

All Official College
Transcripts Required:

Sent to
Admissions/
Records

Yes
No

If you are an International Student-

Official International Evaluation with G.P.A:	Sent to Admissions/ Records	Yes No
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List Current Medical/Nursing Certificates or Licenses (Provide copies)

List Current Health Care work or Volunteer experience (provide proof on letterhead, within last 3 years)

Verification of Life Experience - must provide proof if applicable. (May check up to five areas)

- a. Disabilities - The same meaning as used in Section 2626 of the unemployment insurance code.
- b. 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 or Cal/WORKS.
- c. Need to work - the student is working at least part-time while completing academic work that is pre-requisite for admission to the nursing program.
- d. First generation of family to attend college.
- e. Disadvantaged social or educational environment.
- f. Difficult personal and family situations or circumstances.
- g. Refugee or veteran status.

List all languages that you are proficient, both verbal and written (provide proficiency test results or College advanced level course work on transcripts).

Provide ATI TEAS results which must be sent directly from ATI. (1st time results accepted only).

If you currently hold an **LVN** License please complete the following:

LVN School attended:

Date of Graduation License Number

Applying for the:

Did you challenge the California Licensed Vocational Nursing Board Examination?

Have you ever been accepted into <u>any</u> Rio Hondo College nursing programs?	Yes No
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If so, which program

Signature: _____ Date: _____

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