RIO HONDO COLLEGE
VOCATIONAL NURSING
APPLICATION

Please Print Information

Year to Enter VN Program _____

1. Name: _____ M F
(Last) (First) (M.I.) (Maiden) Sex

2. Permanent Address: _____
(Number, Street, Apt#) City State Zip

_____
Home Phone Cell Phone E-mail address

3. RHC I.D #: _____ S.S. #: _____

4. _____
Name and telephone number of person to notify in case of emergency

5. High School attended: _____

6. Date of graduation: _____ GED Examination: _____

7. Schools attended since graduation from high school:

Name: _____ Location: _____ Units: ____ GPA: _____

_____ _____ ____ _____

8. Applicant Status (Please check only one):

_____ Generic Student (does not have a current CNA certificate)

_____ C.N.A. Certificate # _____ Expiration Date: _____

9. For student requesting course substitution for previous nursing courses completed, please answer the following:

Program: ADN _____ LVN _____ Psych Tech _____

School attended: _____ Year _____

Identify the course(s) requesting to substitute: _____

_____

10. I hereby acknowledge that all of the above information is true and correct.

_____ _____
Signature Date

Revised 2003
Reviewed 2009

VN Application Form