

# APPLICATION for the

30 UNIT OPTION for LVN and LPN NURSING APPLICANT

***Fall Admissions*** - Submit Application Packet between

**February 1st - April 1st**

* **Applications postmarked after April 1st will not be accepted.**

**Check each box to ensure your application is complete.**

* 30 Unit Option for LVN and LPN Nursing Application requesting admission to the nursing program.
  + Submit official college transcripts from ALL INSTITUTIONS ATTENDED. (You do not have to submit transcripts from Contra Costa College,

Los Medanos College, or Diablo Valley College).

* + Application to Contra Costa College via opencccapply.net.
* Personal Statement Letter addressed to CCC Nursing Dept.
* Copy of your current LVN or LPN license.
  + Mail or walk-in your completed nursing application packet to:

## Contra Costa College Admissions & Records SSC #115 ATTN: Nursing Application

2600 Mission Bell Drive San Pablo, CA 94806

## Incomplete applications will not be accepted.

**Last** Name **First** Name CCC Student ID



APPLICATION



***O f f i c e U s e O n l y***

Forwarded To Committee

**Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section. Please Read the Entire Application Carefully.**

## R e g i s t e r e d N u r s i n g P r o g r a m

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| --- | --- | --- |
|  |  |  |

**Last** Name **First** Name **Middle** Name

|  |  |  |
| --- | --- | --- |
| List ALL Previous Names Used: |  | |
| - - |  | @insite.4cd.edu |

Social Security Number CCC Student ID# *XXXXXXX* Email Address

**\***For Statistical Purposes Only

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Home** Address City State Zip Code

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ( | ) | ( | ) |  |

**Home** Phone **Cell** Phone Birthdate

*MM/DD/YY*

**Did you previously apply to the CCC Nursing Program?: US Citizen:** Yes No If **No**, Indicate Status:

Yes No If **YES**, list the year you applied:

**Language Spoken in the home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have ever been enrolled or accepted in any R.N. nursing program, please state:**

College: Year: Phone:

Courses Completed: Reason for withdrawal:

***Emergency Contact Information***

Day Phone Number:

Relative that doesn’t live with you:

Name:

Relation to you:

Evening Phone Number:

Name: Relation to you:

Day Phone Number: Evening Phone Number:

*I, , understand that any omission(s) and/or information stated on my CCC nursing program application found to be inaccurate and/or fraudulent may be cause for my application to be withdrawn from the qualified applicant pool.*

Signature: Date:

Contra Costa College



Full Name: CCC Student ID:

**Print Clearly & Do Not Leave Blanks. If not applicable, please write N/A in the pertaining section.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Required Course | Course Number/ Name | Units | Grade | College/City | Year | Repeated?  *No. of Times* | OFFICE USE ONLY  Reviewer: |
| **Area A:** |  |  |  |  |  |  |  |
| **Human Physiology**  **Biosc-134** |  |  |  |  |  |  | ^Must Contain Lab |
| **Microbiology**  **Biosc-119** |  |  |  |  |  |  | ^Must Contain Lab |
| **Drug Dosage Calculation**  **Nurs-205** |  |  |  |  |  |  | Minimum  2.0 units |
| **Pharmacology for Nurses**  **Nurs-212** |  |  |  |  |  |  | Minimum  2.0 units |

**Minimum 3.0 GPA required for Area A**

**Prerequisite courses must be completed before the applicant will be considered eligible for admission to the nursing program. Students who have not completed all prerequisites with the minimum GPA requirements will be omitted from consideration. Incomplete applications will not be accepted.**

I, , certify that all information provided in connection with my application is true, correct, and complete. I understand that providing false information or omitting required information is grounds for denial of enrollment from the Nursing Program.

Signature: Date:

Contra Costa College