

Test Date: _____

APPLICATION FOR ADMISSION
(Please Type or Print in Ink)

A \$5.00 Fee MUST accompany this form. Check or money order only.

1. Name _____ Name used on previous records _____
Last First Middle

2. Address _____ Social Security No. _____
Number Street Apt. No.

3. Telephone: Home () _____ Daytime () _____
City State Zip Code

4. [] Male [] Female Date of Birth _____ Birthplace _____

5. Application for: [] Basic RN Program [] LVN Option I
[] LVN Option II [] Transfer/ Advanced Placement

6. Application for: [] Spring, 20 _____ [] Fall, 20 _____

7. Campus site: [] Los Angeles [] Olive View [Fall entry only]

8. Have you applied previously to this program? [] Yes [] No If yes, date _____

9. U.S. Citizen: [] Yes [] No Type of Visa and Number _____

10. Educational Background:

Table with 4 columns: Education, Name and Location of Institution, Mo/ Yr Attendance (From To), Degree Received and date of Graduation. Rows include High School, College/University, and Other.

11. Have you ever been a student in a health-related program? [] Yes [] No

Please Specify: [] RN [] LVN [] LPT [] Other _____

If yes, Name of School _____ Location _____

Date on Entrance _____ Date of Leaving _____

12. How did you learn about this program? _____

13. RN licensure may be denied or crimes or acts which are substantially related to the practice of nursing. If you have been convicted of a crime, please contact the California Board of Registered Nursing prior to applying to this program.

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge or belief. I understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to admission or I may be subject to dismissal by the Los Angeles County College of Nursing and Allied Health.

Signature _____ Date _____

Optional Information

Your response to questions marked with an asterisk (*) will be used to provide information on college programs and services and/or for research and statistical purposes. Refusal to provide this information will not be used to deny admission to the school or any of its programs.

*1. List any work experience you have had in the last 5 years. Begin with the most recent experience.

<i>Position</i>	<i>Employers Names and Locations</i>	<i>Full Time</i>	<i>Part Time</i>	<i>From</i>		<i>To</i>	
				<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>

*2. List health-related volunteer work you have done _____

*3. The nursing program exists to serve the community. Will you please help us by completing the following information. This information will be confidential and will not be used to make a decision about your application.

Ethnic Group: Please check one box which identifies you.

- | | |
|--|--|
| <p>1. <input type="checkbox"/> White</p> <p>3. <input type="checkbox"/> Black</p> <p>5. <input type="checkbox"/> Hispanic
(Mexican-American, South American,
Cuban, Puerto Rican)</p> <p>6. <input type="checkbox"/> American Indian</p> | <p>7. <input type="checkbox"/> Asian-Pacific Islander
(Japanese, Chinese, Korean,
Southeast, and persons having
origins on the Indian Sub-continent)</p> <p>8. <input type="checkbox"/> Filipino</p> <p>0. <input type="checkbox"/> Undeclared</p> |
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