

CERTIFIED NURSE ASSISTANT

to

VOCATIONAL NURSE

PREREQUISITE VERIFICATION ONLY

Spring 2009

CNA to VN

Prerequisite Verification Spring 2009 Entry

Complete Prerequisite Courses with a GPA of at least 2.5. In addition, each prerequisite course must be completed with a grade of "C" or better.
(See attached VN curriculum plan)



Complete the Prerequisite Verification form and submit with the following documentation:

1. Copy of current California Nurse Assistant Certificate
2. Copy of driver's license or birth certificate
3. Evidence of completion of high school or the equivalent or AA or higher degree by one of the following:
 - a) Official High School Transcript
 - b) Official GED Certificate or High School Proficiency Certificate
 - c) Official Transcript documenting AA or high degree
 - d) Official evaluation of foreign transcript to meet high school requirement only
4. Copy of transcripts of prerequisite courses completed at other regionally accredited U.S. colleges.



Submit Prerequisite Verification to Nursing Department Office, Locke 213,
between September 2nd and October 1st



Official transcripts and course descriptions (from the year that courses were taken)
for prerequisite courses completed at colleges
other than Delta College must be submitted in a sealed envelope
with this Prerequisite Verification packet.



Prerequisite Verifications screened. Incomplete Prerequisite Verifications will be disqualified.



Qualified Prerequisite Verifications will be ranked by random selection. Candidates will be
notified of their ranking order in writing by the program director.



Notification of space in VOC NURS 002 will be made to qualified candidates
based on their random selection ranking.

Acceptance of Prerequisite Verification does not guarantee that there is space available in the program.

**** Official means the document arrives in an envelope sealed at the origination site.**

PREREQUISITE VERIFICATION FOR CNA-VN ADMISSION
PART A
VOCATIONAL NURSING PROGRAM SPRING 2009
SAN JOAQUIN DELTA COLLEGE

Candidate Name: _____
(Last Name) (First Name) (Middle) / (Maiden)

Address: _____
(Number) (Street) (Apt. #)

(City) (State) (Zip)

Telephone Numbers: (_____) _____ (_____) _____
(Daytime Phone) (Cell / Evening Phone)

Student Email Address: _____@students.deltacollege.edu

Student ID Number: _____

(Candidate Signature) (Date)

Date and Time Received in Nursing Office: _____ By: _____ (Date & Time)
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COURSE COMPLETION FORM Part B

Each prerequisite course must be completed with a grade of "C" or better. The cumulative prerequisite GPA must be 2.5 or greater.

1. BIOL 31 (Human Anatomy)

___ Grade Earned
___ San Joaquin Delta College
___ Other: **Name of Institution**

Class Name & Number/Year

OR

BIOL 33 (Anatomy and Physiology)

___ Grade Earned
___ San Joaquin Delta College
___ Other: **Name of Institution**

Class Name & Number/Year

2. HS 19/FCS 29 (Human Development)

___ Grade Earned
___ San Joaquin Delta College
___ Other: **Name of Institution**

Class Name & Number/Year

3. HS 36 (Medical Terminology and Speech)

___ Grade Earned
___ San Joaquin Delta College
___ Other: **Name of Institution**

Class Name & Number/Year

4. PSYCH 1 (Introduction to Psychology)

___ Grade Earned
___ San Joaquin Delta College
___ Other: **Name of Institution**

Class Name & Number/Year

If you completed any of the above prerequisites at another regionally accredited U.S. college, you must request an official transcript from the school where you took the course(s) and enclosed it with this packet. Transcripts must be sealed and unopened by the college at which courses were completed.

Course descriptions from the college catalogue year must also be included. Course descriptions are the responsibility of the student, NOT of the college issuing transcripts and may be obtained either from the institution's online catalogue or the college library.

CERTIFICATE AND AGE VERIFICATION FORM
Part C

I. Certificate Verification:

Photocopy of current California Certified Nurse Assistant certificate.

Photocopy of identification verifying minimal age of 17 years.

CERTIFICATION OF COMPLETED PREREQUISITE VERIFICATION

Part D

Read the following carefully. Initial each line to verify that each item is included with your Prerequisite Verification.

1. Prerequisite Verification for Admission is completely filled out. _____
2. Application for Admission to San Joaquin Delta College has been completed and submitted online. Students who have never attended Delta or have not attended in the past 2 semesters or more, must apply online to the college prior to submitting prerequisite verification. _____
3. College assessment testing has been completed. _____
4. An official transcript in original sealed/unopened envelope for all college courses taken at other regionally accredited U.S. colleges has been submitted with this Prerequisite Verification. **Course descriptions for all college courses taken at other colleges for year taken.** _____
 - _____ official high school transcript
 - _____ official GED or HS Proficiency Certificate
 - _____ official college transcript showing AA degree or higher
 - _____ official evaluation of foreign transcript
6. Photocopy of current California Certified Nurse Assistant Certificate is enclosed with this Prerequisite Verification. _____
7. Photocopy of age verification by a driver's license or birth certificate is enclosed with this Prerequisite Verification. _____
8. **I understand that all correspondence regarding this Prerequisite Verification will be sent utilizing my San Joaquin Delta College student e-mail address. It is my responsibility to review and respond to e-mail in a timely manner and within prescribed timelines. I further understand that failure to review and respond to student e-mail within prescribed timelines may result in disqualification of my Prerequisite Verification.** _____
9. I understand that my Prerequisite Verification cannot be processed if I owe fees or am not in good standing with San Joaquin Delta College. _____

I acknowledge by my signature below, that I have read this entire document. I further acknowledge that incomplete Prerequisite Verifications will be disqualified.

(Signature)

(Date)

(Printed Name)