

LICENSED VOCATIONAL NURSE

to

PSYCHIATRIC TECHNICIAN

**PREREQUISITE VERIFICATION
ONLY**

SPRING 2009

PREREQUISITE VERIFICATION FOR LVN-PT ADMISSION SPRING 2009
PSYCHIATRIC TECHNICIAN PROGRAM
SAN JOAQUIN DELTA COLLEGE
PART A

APPLICANT NAME: _____
(Last Name) (First Name) (Middle) (Maiden)

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

(City) (State) (Zip)

TELEPHONE NUMBERS: (_____) _____ (_____) _____
(Daytime Phone) (Evening / Cell Phone)

EMAIL ADDRESS: _____@students.deltacollege.edu

STUDENT IDENTIFICATION NUMBER: _____

(Candidate's Signature)

(Date)

Date & Time Received in Nursing Department Office: _____ By: _____

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

OR

BIOL 33 (Anatomy and Physiology) _____ Grade Earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number

2. HS 19/FCS 29 (Human Development) _____ Grade Earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number

3. HS 36 (Medical Terminology and Speech) _____ Grade Earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number

4. PSYCH 1 (Introduction to Psychology) _____ Grade Earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number

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 enclose the unopened, official transcript with this Prerequisite Verification. You must also include copies of the course descriptions for prerequisite and general education courses from all accredited colleges.

**OPTION SELECTION AND CERTIFICATE VERIFICATION FORM
PART C**

I. Option Selection

Select **one** of the following options:

_____ Waive PT 001, enroll in PT 002, space available

_____ Waive PT 001 and PT 002, enroll in PT 82, space available

_____ Enroll into either PT 002 or PT 82, whichever has space available first.

(Signature)

(Date)

(Printed Name)

II. Certificate Verification:

Photocopy current California Vocational Nurse license in the space below.

**LVN-PT ADMISSION TO THE PSYCHIATRIC TECHNICIAN PROGRAM
VERIFICATION OF COMPLETED APPLICATION
PART D**

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

1. Prerequisite Verification is completely filled out. _____
2. Application for Admission to San Joaquin Delta College has been completed and submitted online. _____
3. College assessment testing has been completed. _____
4. A copy of official transcripts for prerequisite courses taken at other regionally accredited U.S. colleges is enclosed with this Prerequisite Verification. _____
5. An official transcript for all lower division and prerequisite courses taken at other regionally accredited U.S. colleges has been submitted with this Prerequisite Verification. Course descriptions for courses taken at other colleges are also enclosed. _____
6. Official documentation, in a sealed envelope, verifying high school completion is enclosed with this Prerequisite Verification. Verify type of documentation:

_____	official high school transcript
_____	official GED or HS Proficiency Certificate
_____	official college transcript showing AA degree or higher
_____	official evaluation of foreign transcript
7. Photocopy of current California Vocational Nurse license is enclosed with this Prerequisite Verification. _____
8. Photocopy of age verification by a driver's license or birth certificate is enclosed with this Prerequisite Verification. _____
9. 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. _____
10. 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 and shredded.

(Signature)

(Date)

(Printed Name)