

CERTIFIED NURSE ASSISTANT

to

PSYCHIATRIC TECHNICIAN

Prerequisite Verification
SPRING 2009

CNA to PT 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 PT 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 higher degree
 - d) Official evaluation of foreign transcript to meet high school requirement only

Copy of transcripts and course descriptions 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.



Prerequisite Verification screened. Incomplete Prerequisite Verifications will be disqualified.



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



Notification of space in PT 02 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.

**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 all of the schools where you took the course(s) and enclose them with the completed Prerequisite Verification. Official transcripts are those that have been sealed at the college of origin and have not been opened. Please also include course descriptions of required course work and prerequisite work with this packet.

**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 18 years.

VERIFICATION 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 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.** _____
5. An official transcript and course descriptions for prerequisite courses taken at other regionally accredited U.S. colleges has been with this Prerequisite Verification. _____
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 Certified Nurse Assistant Certificate 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 returned.

(Signature)

(Date)

(Printed Name)