

LICENSED VOCATIONAL NURSE

To

ASSOCIATE DEGREE NURSE

PREREQUISITE VERIFICATION ONLY

SPRING 2009

LVN to ADN Prerequisite Verification SPRING 2009 Entry

- Complete prerequisite courses with a cumulative GPA of at least 2.5 (HS 43 is not included in this calculation only), complete each prerequisite course with a grade of "C" or better, and obtain a minimal numerical score of 70% (See attached ADN curriculum plan). Select option you wish to be considered for:

Graduate Option
Complete all prerequisites:
BIOL 31 and BIOL 32
BIOL 22 or BIOL 23
FCS 6
ENG 1A
Health Science 43, Nursing Synthesis

30 Unit Option
Complete Prerequisites:
BIOL 32 and BIOL 22 or BIOL 23
Qualifies candidate to take exam for California RN licensure.
Candidate is not a graduate of the San Joaquin Delta College
Nursing Program.

Spaces will be offered to 30-unit option candidates after all
qualified degree option candidates have been offered spaces.

OR

- Provide the following documentation with the prerequisite verification packet:
1. Copy of valid Vocational Nurse License issued by the State of California.
- OR**
- Official notification from BVN-PT of successful passage of state licensing examination.
2. Copy of transcripts for prerequisite courses taken at other regionally accredited U.S. colleges.
 3. Documentation of 60 hours each of clinical for obstetrical nursing and pediatric nursing for vocational nursing program director (to waive Nursing 6 and Nursing 8)

- Provide the following documentation with the prerequisite verification packet:
1. Copy of valid Vocational Nurse License issued by the State of California.
- OR**
- Official notification from BVN-PT of successful passage of state licensing examination.
2. Copy of transcripts for prerequisite courses taken at other regionally accredited U.S. colleges.

Submit Prerequisite Verification by deadline date:
September 2nd - October 1st for Spring Admission or February 2nd - March 2nd for Fall Admission.
Submit packet to Nursing Department Office, Locke 213
Submit an official transcript and course descriptions of lower level courses taken at other regionally accredited U.S. colleges with this packet.

Prerequisite verifications screened. You will be notified by Student email if you have met each of the above requirements.
Incomplete or disqualified prerequisite verifications will be returned to the candidate.

Candidates who meet the above requirements will be ranked utilizing the program selection criteria. A list of qualified candidates to fill space(s) in the program, should any become available, will be created every semester.

- Acceptance of prerequisite verification does not guarantee that there is space available in the program.

**Prerequisite Verification Spring 2009
Licensed Vocational Nurse
Admission to the
Associate Degree Nursing Program
Part A**

Date: _____ Student ID # _____

Name: (please print) _____
(Last) (First) (Middle) (Maiden)

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

(City) (State) (Zip)

Daytime Phone: () _____ Cell/Message Phone: () _____

Delta College email address: _____@students.deltacollege.edu

When are you requesting to enter the program? Fall ____20____ Spring ____20____

Student Signature: _____

Date received by the Nursing Office: _____ Time Received: _____

LVN-ADN Prerequisite Verification Spring 2009
Part B

REQUIRED PREREQUISITE COURSES

(All courses completed at other regionally accredited U.S. colleges or universities must be equivalent to the Delta College courses as verified by official transcript and course description).

1. BIOL 31 (Human Anatomy) _____ Grade earned
(Prior to Fall 2000 this course was listed as Anatomy 1) _____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number/Year

2. *BIOL 32 (Human Physiology) _____ Grade earned
(Prior to Fall 2000 this course was listed as Physiology 1) _____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number/Year

3. *BIOL 22 (Intro to Microbiology) _____ Grade earned
(Prior to Spring 2000 this course was listed As Micro 2) _____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number/Year

4. FCS 6 (Nutrition) _____ Grade earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number/Year

5. English 1A (Written Communications) _____ Grade earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number/Year

6. HS 43 (Nursing Synthesis) _____ Grade earned
_____ San Joaquin Delta College
_____ Other: **Name of Institution**

Class Name & Number/Year

*Prerequisites for 30-unit option.

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). The unopened transcript should be submitted with this Prerequisite Verification packet. Course description from the college catalogue, for the school year that the course was taken, must also be submitted with this packet.

LVN-ADN Prerequisite Verification Spring 2009
Part C

WAIVER OPTION FORM

1. Instructions

- a. Read each option and indicate Option 1 (30-unit Option) or Option II (ADN Degree)
- b. **For Option II ONLY**
Indicate your choice for admission.
- c. Sign, date and return to Nursing Department Office, Locke 213.
- d. **NOTE THAT NO CHANGES ARE ALLOWED ONCE AN OPTION HAS BEEN SELECTED.**

2. Options:

_____ OPTION 1: 30 UNIT OPTION

_____ OPTION II: ASSOCIATE DEGREE OPTION

3. **FOR OPTION II ONLY.** Select your option to enroll in nursing courses.

_____ Enroll in Nursing 101 for lecture content of N1 and/or N2, no credit/no grade; enroll in Nursing 4 and Nursing 5, and all remaining nursing courses.

_____ Enroll in Nursing 4 and Nursing 5 followed by Nursing 7, Nursing 9 and Nursing 10 only. Progress pending space availability for **Nursing 7, Nursing 9, and Nursing 10.**

_____ Enroll in Nursing 4 and Nursing 5 and all remaining nursing program courses. I understand it will take 18 months to complete the program if I select this option. **(Note: This option will guarantee the candidate space in each nursing course.**

LVN License Number: _____ Date of Issuance: _____

Signature of Candidate: _____

Printed Name of Candidate: _____ Date: _____

LVN-ADN Prerequisite Verification Spring 2009

Part D

CERTIFICATION OF COMPLETED PREREQUISITE VERIFICATION PACKET

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

- 1. Prerequisite Verification form is correctly and completely filled out. _____
- 2. Application for Admission to San Joaquin Delta College has been completed and submitted online with a printed, signed copy submitted to the Admissions Office. _____
- 3. A copy of official transcripts for all prerequisite courses taken at other regionally accredited U.S. college is submitted with this verification. _____
- 4. A copy of the course description(s) has been submitted with the official transcript. _____
- 5. A copy of a current and valid Vocational Nurse License issued by the state of California or official notification of successful passage of the licensing exam is attached to this verification. _____
- 6. Documentation of 60 clinical hours in obstetrics and pediatrics is attached. (If the candidate opted to complete all 2nd, 3rd, and 4th semester nursing courses or cannot provide this documentation, indicate by N/A and your initials). _____
- 7. I understand that once I select an option, I may not make any changes. _____
- 8. I understand that communication regarding this prerequisite verification will be done by Delta College student email. _____

I acknowledge, by my signature below, that I have read this entire document. I further acknowledge that incomplete Prerequisite Verification packets will be disqualified and returned. Prerequisite Verification packets will be accepted during the identified acceptance periods of September 2nd to October 1st and February 2nd to March 2nd. Packets submitted at any other times will not be considered.

Signature

Date

Printed Name