

LICENSED PSYCHIATRIC TECHNICIAN

To

ASSOCIATE DEGREE NURSE

PREREQUISITE VERIFICATION ONLY

SPRING 2009

**PT to ADN  
SPRING 2009  
PREREQUISITE VERIFICATION Only**

- 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 ADN curriculum plan in Information packet). Select option you wish to apply for:

**Graduate Option**

Complete all prerequisites;  
Enroll in second, third and fourth semester  
Nursing courses.

**Credit by Examination Option**

Complete all prerequisites;  
Enroll in Nursing 4,  
then 3<sup>rd</sup> and 4<sup>th</sup> semester Nursing courses.  
Obtain Credit by Examination for Nursing 5.

Provide the following documentation  
with the prerequisite verification:

1. Copy of valid Psychiatric Technician 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 and all lower division courses taken at other regionally accredited U.S. colleges.

Provide the following documentation with the prerequisite  
verification:

1. Copy of valid Psychiatric Technician 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 and all lower division courses taken at other regionally accredited U.S. colleges.

**Submit Prerequisite Verification packet by deadline date:**

September 2<sup>nd</sup> - October 1<sup>st</sup> for Spring Admission or February 2<sup>nd</sup> - March 2<sup>nd</sup> for Fall Admission.  
Submit Prerequisite Verification packet to Nursing Department Office, Locke 213  
Submit an official transcript and course descriptions of courses taken at other regionally  
accredited U.S. colleges to Evaluations Department, Holt 101A.  
Submit a copy of transcripts of courses taken at other colleges with packet.  
Submit a copy of the transcript evaluation

Prerequisite Verifications screened. You will be notified 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 packet does not guarantee that there is space available in the program.

# Prerequisite Verification

## PSYCHIATRIC TECHNICIAN Admission to the Associate Degree Nursing Program Spring 2009 Part A

Date of Submission: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name: (please print): \_\_\_\_\_  
(Last Name) (First Name) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Number) (Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Daytime Phone: ( ) \_\_\_\_\_ Cell/Message Phone: ( ) \_\_\_\_\_

Delta College email address: \_\_\_\_\_ [students@deltacollege.edu](mailto:students@deltacollege.edu)

When are you requesting to enter the program? Fall \_\_\_20\_\_\_ Spring \_\_\_20\_\_\_

Signature: \_\_\_\_\_

Date & Time received by the Nursing & Health Science Office: \_\_\_\_\_ Received By: \_\_\_\_\_

**PT-ADN PREREQUISITE VERIFICATION  
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 or BIOL 23 (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**  
\_\_\_\_\_

If you completed any of the above prerequisites at another regionally accredited U.S. college, you must request that 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 be submitted with this packet.

**PT-ADN PREREQUISITE VERIFICATION  
Part C**

**WAIVER OPTION FORM**

**1. Instructions:**

- A. Read each option and indicate Option 1 or Option II (Credit by Examination for Nursing 5)
- B. Indicate your choice for admission and progression.
- 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:**

**PT OPTION #1:**

- \_\_\_\_\_ Enroll in NURS 101 for lecture content of NURS 001 and/or NURS 002, no credit/no grade; enroll in all second, third, and fourth semester nursing courses
- \_\_\_\_\_ Enroll in all second, third, and fourth semester nursing courses

**PT OPTION #2**

- \_\_\_\_\_ Enroll in NURS 101 for lecture content of NURS 001 and/or NURS 002, no credit/no grade; enroll in NURS 004 and all remaining nursing courses. Obtain Credit by Examination for NURS 005\*
- \_\_\_\_\_ Enroll in NURS 004, 006, 007, 008, 009, and 010 Obtain Credit by Examination for NURS 005\*

Provide the following information and photocopy of your current certificate:

PT License Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

(Be sure to attach a copy of your current, valid Psychiatric Technician License to this Prerequisite Verification).

Signature of Candidate: \_\_\_\_\_

Printed Name of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

\* Must complete comprehensive exam with 72.0% or greater and demonstrate appropriate NURS 005 clinical skills in a simulated environment to receive credit.

**PT-ADN PREREQUISITE VERIFICATION**  
**CERTIFICATION OF COMPLETED PREREQUISITE VERIFICATION**  
**Part D**

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

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.** \_\_\_\_\_
5. A copy of a current and valid Psychiatric Technician License issued by the state of California or official notification of successful passage of the licensing exam is attached to this form. \_\_\_\_\_
6. I have made a copy of this form and supporting documents. \_\_\_\_\_
7. I understand that once I select an option, I may not make any changes. \_\_\_\_\_
8. I understand that communication regarding the 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 Verifications will be accepted during the identified periods of September 2<sup>nd</sup> to October 1<sup>st</sup> and February 2<sup>nd</sup> to March 2<sup>nd</sup>. Prerequisite Verifications submitted at any other times will not be considered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name