

**Mendocino College  
Vocational Nursing Program  
Application**



**Due March 13, 2026**

To interested applicants,

Thank you for your interest in our new Vocational Nursing program at Mendocino College! We are excited to welcome you to a program that is new to the college, yet grounded in strong foundations, experience, and commitment to nursing education in our community.

Although this program is new to Mendocino College, it has been developed using best practices and guidance from other established Vocational Nursing programs. We are committed to keep high-quality vocational nursing education accessible and thriving in our community.

Please read the application handbook carefully and complete **all steps** outlined in the application checklist. It is your responsibility to ensure that your completed application is submitted directly to the LVN Department or sent by certified mail. Please note do not send applications by UPS or FedEx. **The application must arrive at the office no later than 5 pm on the due date written above.**

Thank you again for your interest in our Vocational Nursing program.

Warm regards,

Leslie Kline Udarbe  
Director, Vocational Nursing Program  
Mendocino College, Room 6640  
1000 Hensley Creek Road, Ukiah, CA

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## MENDOCINO COLLEGE VOCATIONAL NURSING APPLICATION CHECKLIST

**(THIS PAGE FOR REFERENCE ONLY, DO NOT TURN IN)**

- ☐ Attend mandatory pre-application workshop within two years of this application
- ☐ Read entire nursing application packet. Use the application form on the vocational nursing website.
- ☐ Complete LVN Department Application, Demographic Form, and Confirmation Statement. Complete all forms online, print, sign, and submit hard copies.
- ☐ Include copy of HS diploma, transcripts, or GED unless college degree is posted on transcript (HS Diploma or GED does not need to be official). No photographs accepted.
- ☐ College Transcripts to the LVN Department from all other colleges attended (transcripts from other colleges can be included with your application if sealed. If requesting transcripts from other colleges that are not included with your application, they must be sent **ATTN: LVN DEPARTMENT** in order to ensure they are received.)
  - a. All transcripts from other colleges must be received in the LVN Department before an application is considered “complete.” Applicants do not need to provide transcripts for coursework taken at Mendocino College. The vocational nursing program will supply these transcripts.
  - b. Electronic official copies are acceptable and should be sent directly from the college or university to [LVN@mendocino.edu](mailto:LVN@mendocino.edu).
  - c. For applicants who completed high school outside the United States, please refer to the foreign transcript requirements as listed in Application Handbook.
- ☐ Copy of current/valid CA Driver’s License or other I-9 identification.
- ☐ Copy of TEAS exam results (unofficial is acceptable). **No photographs accepted.**
- ☐ If born outside of United States, submit copy of Social Security Card or federally issued Individual Tax Identification Number.

**NOTE: ONLY COMPLETE APPLICATION PACKETS WILL BE CONSIDERED AND PROCESSED. DO NOT TURN IN THIS FORM, PLEASE KEEP FOR YOUR RECORDS.**

DO NOT INCLUDE LETTERS OF RECOMMENDATION, ADDITIONAL CERTIFICATES OF ACHIEVEMENT, OR OTHER DOCUMENTATION AS THESE ARE NOT PART OF THE ESTABLISHED ACCEPTANCE CRITERIA.

Contact the LVN Department by phone (707-467-1066) or via email ([LVN@mendocino.edu](mailto:LVN@mendocino.edu)) if you have a change of address and/or telephone number after submitting an application. Failure to do so may result in a delay or non-receipt of information regarding your application.

**Application processing can take up to 4 weeks.**

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# VOCATIONAL NURSING PROGRAM APPLICATION

## Submit to:

**Mendocino College  
LVN Department [6640] 1000  
Hensley Creek Road Ukiah,  
CA 95482**

## Application for:

Fall 2026 -  
VN Program

## Pre- Application Workshop Number:

(Mandatory within the previous 2 years of this application)

☐ Attached ☐ I don't have a copy, here's my #

# \_\_\_\_\_

## Check only those that apply:

- ☐ I have previously applied to the Mendocino College VN Program.
- ☐ If yes, year(s): \_\_\_\_\_
- ☐ I have enclosed a note about a previous application.
- ☐ I have enclosed a note to clarify another issue.
- ☐ I have completed both an Anatomy & Physiology course within the last 5 years.
- ☐ I have an active CNA certificate.
- ☐ I am a resident of Mendocino or Lake County
- ☐ I was permitted to defer my application to this year.
- ☐ I am a veteran.
- ☐ I have had a health care license or certificate revoked. (CNA, EMT, Paramedic, MD, RN, Phlebotomist, LVN)
- ☐ If yes, attach explanation.

## PERSONAL INFORMATION:

Last Name		First Name		Middle Initial	Former Name (Maiden, Other)	
Mailing Address			City		State	Zip Code
Physical Address (If Different From Above)			City		State	Zip Code
Date of Birth	Place of Birth - City & State <b>OR</b> Country		Social Security Number <b>OR</b> ITIN		Primary Phone Number	
Email Address					Alternate Phone Number	

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Name:

**EDUCATION:** (Begin at High School and list all schools and colleges attended.)

<u>ALL</u> Institutions attended: School/College Name, Location (City/State)	From: Month/Year	To: Month/Year	Degree Received or Total Units Completed

**COURSE INFORMATION, IF COMPLETED**

Course Area	Course Name & Number of Course (e.g. Reading Composition, ENG 200)	School	Date Completed (Month & Year)	Sem. Units	Grade	Number of Repeats
Anatomy						
Physiology						

ATI TEAS Exam Composite Score	Date Taken or Date Registered

**I certify that all information provided in connection with this application is true, correct, and complete. Providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Vocational Nursing Program. I also certify that I have never held a nursing or other allied health license/certificate that has been revoked for any reason.**

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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## Demographic Survey

### Mendocino College Vocational Nursing Program

This information below is requested for compliance with United States Department of Education reporting procedure and the annual Board of Vocational Nursing Program Survey. This data will be used for statistical purposes **only** and it is not used for selection purposes.

Please check the appropriate box(es) below:

#### 1. Ethnicity: check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Black/African-American                                 | <input type="checkbox"/> White/Caucasian (Non-Hispanic)              |
| <input type="checkbox"/> American Indian or Alaskan Native                      | <input type="checkbox"/> Hispanic/Latino                             |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> South Asian (e.g., Indian, Pakistani, etc.) |
| <input type="checkbox"/> Native Hawaiian or Other Non-Filipino Pacific Islander | <input type="checkbox"/> Unknown/Other:                              |

#### 2. Age

- |   |   |
|---|---|
| <input type="checkbox"/> 17-20 years of age | <input type="checkbox"/> 41-50 years of age |
| <input type="checkbox"/> 21-25 years of age | <input type="checkbox"/> 51-60 years of age |
| <input type="checkbox"/> 26-30 years of age | <input type="checkbox"/> 61 years and older |
| <input type="checkbox"/> 31-40 years of age |   |

#### 3. Gender

- ☐ Female
- ☐ Male
- ☐ Other/Unknown

#### 4. Language(s) Spoken at Home

Primary Language (Select one)

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi   | <input type="checkbox"/> Other   |

Secondary Language(s), (select all others that apply):

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi   | <input type="checkbox"/> Other   |

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## Confirmation Statement

### Mendocino College Vocational Nursing Program

**Please read this form carefully and check every box.**

- ☐ I have read all of the material contained in the Vocational Nursing Program Application Handbook and understand the application and selection process.
- ☐ I have read and understand the Schedule Expectations as described in the Description of the Vocational Nursing Certificate Program.
- ☐ I understand that the education requirements for the Vocational Nursing Certificate of Achievement are subject to change with each publication of each cohort's new Mendocino College School Catalog and that I should check with Academic Counseling for certificate clearance information.
- ☐ I understand Mendocino College reserves the right to revise program requirements and/or selection procedures at any time.
- ☐ I understand it is my responsibility to meet program requirements, ensure equivalency, follow proper application procedures, provide transcripts, and keep informed on revisions regarding certificate requirements, program requirements, and selection process.
- ☐ I understand that if I submit an application packet that is not complete, or if I do not meet application/program requirements, I will not be considered for admission and that the application becomes null and void.
- ☐ I understand that I must show a TEAS composite score of at least 54% to gain formal acceptance to the program.
- ☐ I understand that I will need to successfully pass a background check prior to gaining formal admission to the program.
- ☐ I understand that failure to submit the "Confirmation of Acceptance" by given deadline as stated in admission letter will result in the admission offer becoming null and void.
- ☐ I understand that if I am admitted into the nursing program and I decline acceptance, my place will go to another applicant and I will receive no preference if reapplying.
- ☐ I understand that if I fail to successfully start coursework and leave for any reason, and wish to re-enter, I will be considered as a new applicant and receive no special consideration.
- ☐ I understand that if accepted in the program I must maintain internet access, have access to a computer for coursework, and maintain a permanent Mendocino College email address throughout the program.

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Applicant Signature:

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Date Signed: