

MENDOCINO COLLEGE REGISTERED 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
- ☐ Complete Nursing Department Application, Demographic Form, and Confirmation Statement. Complete all forms online, print, sign, and submit hard copies.
- ☐ Send sealed Official College Transcripts to the Nursing 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: NURSING DEPARTMENT** in order to ensure they are received.)
 - All transcripts from other colleges must be received in the Nursing Department before an application is considered “complete.” Applicants do not need to provide transcripts for coursework taken at Mendocino College. The nursing program will supply these transcripts.
 - Electronic official copies are acceptable and should be sent directly from the college or university to nursing@mendocino.edu.
- ☐ Copy of TEAS exam results (unofficial). **No photographs accepted.**
- ☐ 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.
- ☐ Copy of current/valid CA Driver’s License or other I-9 identification.
- ☐ 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 Nursing Program Department by phone (707-468-3099) or via email (nursing@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 8 weeks.



REGISTERED NURSING PROGRAM APPLICATION

Submit to:

**Mendocino College
Nursing Department [6520]
1000 Hensley Creek Road
Ukiah, CA 95482**

Application for:

Fall 2026 - RN 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 RN Program.

If yes, year(s): _____

☐ I've enclosed a note about a previous application.

☐ I've enclosed a note to clarify another issue.

☐ I am a veteran.

☐ I am a resident of a medium or high RNSA.

☐ I was permitted to defer my application to this year.

☐ I've 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 OR Country		Social Security Number OR ITIN		Primary Phone Number	
Email Address					Alternate Phone Number	

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

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APPLICATION.**

Name: _____

NURSING PREREQUISITE COURSE INFORMATION						
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						
Microbiology						
English						
Nutrition						
Sociology						
Psychology						
Speech						

ATI TEAS Exam Composite Score	Date Taken

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 Registered 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 Registered Nursing Program

This information below is requested for compliance with United States Department of Education reporting procedure and the annual Board of Registered 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 (rank the ethnicity/ethnicities you most identify with: 1=primary, 2=secondary, etc.):

Black/African-American	White/Caucasian (Non-Hispanic)
American Indian or Alaskan Native	Hispanic/Latino
Asian (including Filipino)	South Asian (e.g., Indian, Pakistani, etc.)
Native Hawaiian or Other Non-Filipino Pacific Islander	Other
	Unknown

2. Age:

17-20 years of age	41-50 years of age
21-25 years of age	51-60 years of age
26-30 years of age	61 years and older
31-40 years of age	

3. Gender:

Female
Male
Other/Unknown

4. Language(s) Spoken at Home:

Primary Language (select one):

Arabic	Russian
ASL (American Sign)	Spanish
Chinese	Tagalog
English	Other
Farsi	

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

Arabic	Russian
ASL (American Sign)	Spanish
Chinese	Tagalog
English	Other
Farsi	

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Confirmation Statement

Mendocino College Registered Nursing Program

- ☐ I have read all of the material contained in the Nursing Program Application Handbook and understand the application and selection process.
- ☐ I understand that the general education requirements for the A.S. Degree are subject to change with each publication of each year's new Mendocino College School Catalog and that I should check with Academic Counseling for degree 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 degree 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 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 a student on the alternate list 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.

Applicant Signature

Date Signed