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 VII exam results with a composite score of >62% (unofficial). **No photographs accepted**.
- ❑ Copy of current CPR American Heart Association for Healthcare Provider.
- ❑ Copy of current California LVN License with IV therapy certification (HLH 173 or equivalent transcript if not stamped on your license). No photographs accepted.
- ❑ LVN School transcripts showing pediatrics, obstetrics, and fundamentals
- ❑ Letter from Employer attesting to one year LVN experience in previous three years
- ❑ Include copy of HS diploma, transcripts, or GED/HiSET unless college degree is posted on transcript (HS Diploma or GED/HiSET 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.

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REGISTERED NURSING PROGRAM APPLICATION

Pre- Application Workshop Number:
(Mandatory within the previous 2 years of this application)

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

_____

Submit to:

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

Application for:

Spring 2027

☐ LVN-to-RN Associate Degree Program

☐ LVN-to-RN Certificate 30 UNIT OPTION

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 was permitted to defer my application to this year.

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

☐ 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	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 in chronological order.)

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

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Name: _____

NURSING PREREQUISITE COURSE INFORMATION						
Course Area	**Course Name & Number of Course** (e.g. Reading Composition, ENGL C1000)	**School**	**Date Completed (Month & Year)**	**Sem. Units**	**Grade**	**Number of Repeats**
Anatomy						
Physiology						
Microbiology						
English						
Nutrition						
Sociology						
Psychology						
Speech						
LVN Pediatrics						
LVN Obstetrics						

ATI TEAS Exam Composite Score **REQUIRED**	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: check *all* that apply

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

2: Age:

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

3. Gender:

- ☐ Female
- ☐ Male
- ☐ Unknown

4. Language(s) Spoken at Home:

Primary Language:

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ Farsi
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Other: _____

Secondary Language(s):

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ Farsi
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Other: _____

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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 the publication of each year's Mendocino College School Catalog and that I should check with Academic Counseling for degree clearance criteria based on my catalog rights.
- ☐ I understand Mendocino College reserves the right to revise program requirements and/or selection procedures.
- ☐ 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 incomplete, or does not meet application/ program requirements, it will be considered an invalid application.
- ☐ I understand that if I am offered admission to the program, failure to notify the Nursing Department with a "Confirmation of Acceptance" by the deadline given in acceptance letter will result in this offer being withdrawn.
- ☐ I understand that I will need to successfully pass a background check prior to gaining formal admission to the program.
- ☐ I understand I will be required to demonstrate proficiency in first year nursing skills as part of the LVN-to-RN Transition course and failure to demonstrate these skills proficiently will cause me to be dismissed from the program.
- ☐ I understand as part of the LVN-to-RN Transition course I will be required to pass comprehensive exams on Pediatrics, Maternal Health, Nutrition, and Nursing Fundamentals. Failure to pass these exams with a minimum score of 65% or Level II of the ATI exam will preclude me from taking other nursing courses.
- ☐ I understand that if I begin nursing courses and fail to successfully complete any nursing coursework for any reason and wish to re-enter, I will be considered a new applicant and receive no special consideration in future application cycles.
- ☐ 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

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