



Health and Safety Sciences

## Verification of Prerequisites for Enrollment in Nursing Science 101A of the Associate Degree Nursing Program (Registered Nursing)

### **THIS APPLICATION IS NOT FOR CURRENT LVN'S INTERESTED IN THE BRIDGE PROGRAM OR TRANSFER STUDENTS.**

Prerequisites for Nursing Science 101A in the Associate Degree Nursing (ADN) Program are: Completion of BIOL 201 (General Human Anatomy - 4 units), BIOL 202 (General Human Physiology - 4 units), BIOL 204 (Microbiology - 5 units), MATH 115 (Statistics - 4 units) and ENGL 101 (Academic Composition - 3 units) at Antelope Valley College, or the equivalent at another accredited college. Students are also required to meet the following prerequisites: minimum GPA of 2.5 for all college courses taken; minimum GPA of 2.5 for BIOL 201, 202 and 204; minimum GPA of 2.5 for MATH 115 and ENGL 101; no more than one repeated science course of the three required.

Applications will be accepted January 2 – March 1 for fall consideration. Applications will be accepted July 1 – September 1 for spring consideration. No applications for generic nursing will be accepted outside of these dates. If any of the dates falls on a weekend, students will have until the next business day directly following. All documents, including results of **the most current version of the ATI TEAS**, must be on file by the last day of application period. If the ATI TEAS was taken elsewhere, student must contact ATI to request a copy of all scores be sent to AVC. **If you have taken the TEAS multiple times, ALL test results must be sent by the deadline to be considered. Students must achieve at least a 62% to be considered passing. Should a student fail on their first attempt, they must pass on the second attempt in order to be considered. Should a student fail on the second attempt, it will disqualify you from the program. Students may retest for higher test score as long as all attempts are passing. The Health and Safety Sciences department does offer codes for students to take the TEAS at no cost to them however you must apply to the program first in order to receive the code.**

#### **1. Fill out the form attached to these instructions.**

**NOTE:** You are responsible for notifying the Health and Safety Sciences Division (Nursing Department) office when you change your address or telephone number. Please call 661-722-6300, extension 6402, to do this.

#### **2. Attach proof of high school graduation or high school equivalency.** If you have a degree awarded by an accredited United States college, skip to step 3.

We accept the following proof of high school graduation or equivalency:

- Official transcript from an accredited high school in the United States, showing date of graduation.
- Official GED results.

- Official evaluation of foreign transcripts by an agency accredited by the National Association of Credential Evaluation Services (NACES). The evaluation must state that the student has the equivalent of senior (12th grade) graduation in the United States.
- We do not accept diplomas or certificates as proof.

**3. Attach official transcripts from ALL colleges attended (including Antelope Valley College).**

One set of transcripts from other colleges/universities must also be on file in the Admissions and Records Office. If you have Advanced Placement (AP) credits, an official transcript must be included, if credit was awarded for English 101 or Math 115. "Official" college transcripts must be submitted in sealed envelopes that have not been opened by the student and must reflect all grades completed at the time the packet is submitted to the Nursing Department.

**4. Attach a copy of the Educational Plan completed by one of the listed AVC Counselors assigned to the Health & Safety Sciences Division.**

Appointments can be made by email at [counseling@avc.edu](mailto:counseling@avc.edu) or by calling 661-722-6300, extension 6338, to schedule an appointment.

The form should be completed no more than one semester prior to submitting the enrollment packet. **If you are requesting an equivalency or substitution, allow at least six weeks for the process to be completed.** All students must see an AVC counselor before they submit an enrollment packet. Counselors complete Educational Planning and Evaluation Forms by appointment only.

**Please note, counseling WILL NOT schedule students for an educational planning and evaluation of transcripts two weeks from the application deadline. Please do not wait until the last minute to schedule this appointment if you are trying to apply by the deadline.**

**It is important that your educational plan is current and up to date. If you have any courses in progress, if you are waiting on any substitutions or equivalencies, it is important that you have your educational plan updated once courses are completed and substitutions/equivalencies are approved. Should you turn in a educational plan with any items pending, your application will be deemed incomplete and will not be processed. It is your responsibility to ensure this is completed and updated.**

**5. Submit relevant items listed above to the Health and Safety Sciences Division (Nursing Department) office (UH 198, first floor, Uhazy Hall). Enrollment packets may also be mailed.**

**Incomplete enrollment packets will not be considered.**

**Only official high school and college transcripts will be accepted. They must be received in sealed envelopes that have not been opened by the student and reflect all grades completed at the time the packet is submitted to the Nursing Department. Faxed or electronic documents are not official and are not accepted.**

**All prerequisites must be completed and a grade posted in order to apply. If you are transferring courses from another institution, all equivalencies/substitutions must be**

**APPROVED and posted on your educational plan as approved otherwise your application will not be considered.**

Applications will be active for a two year (24 month period) beginning on the date the application is turned in. Should any student not be admitted with that 24 month period, their application will automatically be removed from the applicant list. If the student is interested in keeping their application active, they will be required to reapply to the program.

Antelope Valley College prohibits discrimination and harassment based on sex, gender, race, color, religion, national origin or ancestry, age, disability, marital status, sexual orientation, cancer-related medical condition, or genetic predisposition. Upon request, we will consider reasonable accommodation to permit individuals with protected disabilities to (a) complete the employment or admission process, (b) perform essential job functions, (c) enjoy benefits and privileges of similarly-situated individuals without disabilities, and (d) participate in instruction, programs, services, activities or events.



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Health and Safety Sciences

3041 West Avenue K, Lancaster, CA 93536-5426  
(661) 722-6300, Ext. 6402

**For Office Use Only**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**VERIFICATION OF PREREQUISITES FOR NURSING SCIENCE COURSES  
FOR ENROLLMENT IN THE REGISTERED NURSING PROGRAM**

**(Please print or type information and sign on the  
back of the page where indicated)**

AVC ID Number \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden and Other Names Used

Address \_\_\_\_\_  
Number and Street City State Zip Code

	Name of School	Address	Entrance Date	Graduation or Departure Date
High school(s) attended				
College(s) attended NOTE: All colleges must be listed, including AVC				

**Initial the spaces that apply to you:**

- \_\_\_\_\_ I have completed BIOL 201 (General Human Anatomy – 4 units) and BIOL 202 (General Human Physiology – 4 Units) at Antelope Valley College.
- \_\_\_\_\_ I have completed \_\_\_\_\_ units of Anatomy and Physiology at \_\_\_\_\_ (if not taken at AVC).
- \_\_\_\_\_ I have completed ENGL 101 (Academic Composition – 3 units) at Antelope Valley College.
- \_\_\_\_\_ I have completed ENGL 101 (Academic Composition – 3 units) at \_\_\_\_\_ (if not taken at AVC).
- \_\_\_\_\_ I have completed BIOL 204 (General Microbiology – 5 units) at Antelope Valley College.
- \_\_\_\_\_ I have completed \_\_\_\_\_ units of Microbiology at \_\_\_\_\_ (if not taken at AVC).
- \_\_\_\_\_ I have completed MATH 115 (Statistics – 4 units) at Antelope Valley College.
- \_\_\_\_\_ I have completed \_\_\_\_\_ units of Statistics at \_\_\_\_\_ (if not taken at AVC).
- \_\_\_\_\_ I have met with an Antelope Valley College counselor within the last 6 months for completion of an Educational Planning and Evaluation Form.
- \_\_\_\_\_ I understand that my application will only be kept for two years from date of submittal. If I am not offered a space within those 24 months, I understand I will be required to reapply to the program.
- \_\_\_\_\_ Official sets of all transcripts, including AVC, vocational nursing training program (for LVNs), and AP credits (if credits were awarded for English 101 or Math 115), are attached. Transcripts must include all courses taken.
- \_\_\_\_\_ I was previously enrolled in AVC RN Program in \_\_\_\_\_(year)

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you taken the TEAS® v7?  Yes  No If yes, ALL attempts/scores must be on file in the Nursing Department by March 1 for fall consideration, September 1 for spring consideration.

Would you like to request a code be sent to take the TEAS at no cost to you:  Yes  No

I understand that this form is a request for review of prerequisites for nursing science courses. Final admission to the Associate Degree Nursing Program (registered nursing) depends upon completion of all institutional and departmental prerequisites. I understand that it is my responsibility to notify the Health and Safety Sciences Division office of any change in mailing address, email or telephone number. I understand that I will be required to have a physical examination, drug/alcohol screening and background screening, before registering for nursing science courses, and the results may affect admission to the program. I understand that my application will stay active for a two year (24 month) period from my application turn in date, should I not be admitted, my application will automatically be removed and I will be required to reapply.

Students are notified of admission to the program by email.

**By signing this form I am stating that all information provided is accurate and I have submitted transcripts from ALL colleges and universities that I have attended. I understand that falsifying or omitting any information is fraud. At any point if it is discovered that a student has omitted or falsified academic or personal information required by the college or program, the student will be disciplined according to Antelope Valley College Board Policies, Section 5500, and the college disciplinary process.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

12/14, 9/15, 3/17, 9/17, 9/18, 8/19, 9/22, 7/24

**NOTE:** All students must have a social security number in order to file the background screening/social security number verification which is required before being admitted to the program. A social security number or individual taxpayer identification number (ITIN) is also required to apply for licensure to the California Board of Registered Nursing.

## QUESTIONNAIRE RELATED TO MULTI-SCREENING CRITERIA for RN AND ADVANCED PLACEMENT

Please put an X in the appropriate column and provide the information requested

	YES	NO
<p>I have earned:</p> <ul style="list-style-type: none"> <li>• BS/BA</li> <li>• C.N.A</li> <li>• EMT</li> <li>• LVN</li> <li>• Medical Corpsman</li> <li>• Monitor Technician</li> <li>• Paramedic</li> <li>• Radiology Technician</li> <li>• Respiratory Therapist</li> <li>• Surg./Psych. Technician</li> </ul> <p><b>Must attach official license. For the BS/BA degree, official transcripts showing degree awarded.</b></p>		
<p>I have life experience or a special circumstance listed below , or another special circumstance that is not listed:</p> <ul style="list-style-type: none"> <li>• Disabilities</li> <li>• Low family income</li> <li>• First generation of family to attend college</li> <li>• Need to work</li> <li>• Disadvantaged social or educational environment</li> <li>• Difficult personal and family situations or circumstances</li> <li>• Refugee or veteran status</li> </ul> <p>Active military or spouse (copy of Military ID must be included, with active status)</p>		
<p>I am proficient or have taken advanced level coursework in one of the following languages:</p> <ol style="list-style-type: none"> <li>(1) American Sign Language</li> <li>(2) Arabic</li> <li>(3) Chinese, including its various dialects</li> <li>(4) Farsi</li> <li>(5) Russian</li> <li>(6) Spanish</li> <li>(7) Tagalog</li> <li>(8) The various languages of the Indian subcontinent and Southeast Asia</li> </ol> <p><b>Note: Language proficiency verification form must be submitted.</b></p>	<p>Which language?</p> <hr style="width: 50%; margin-left: 0;"/>	

Community support: All required prerequisites taken at AVC.		
Work Experience: Documentation of 50 hours paid or volunteer work in acute, long term, clinical, or community settings which involves direct human-client/patient interactions. Hours may be combined from multiple locations. Template and form must be included.		

“By signing this form, I affirm that I have answered correctly and honestly to all questions on this form. If I indicated that I can speak a language on the list fluently, I agree that I can be called upon to translate from that language to English and from English to the language that I indicated.”

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

900  
\_\_\_\_\_  
AVC Student Number



## LANGUAGE PROFICIENCY VERIFICATION

**Instructions to the applicant:** If you are proficient in a language **other than English** you may use this form to verify language proficiency. A hard copy of this form must be submitted with the Antelope Valley College Registered Nursing enrollment packet.

Applicant's Name (print) _____	Student ID _____
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Have a community member, not a relative, who has adequate interaction with you and who can verify that you are proficient in a foreign language (**other than English**), or American Sign Language, complete the information below. The person completing this proficiency verification must:

1. Be proficient in the identified foreign language, and
2. Have known the applicant and observed his/her language skills the past year, and
3. Not be a close family member or friend/neighbor/classmate (foreign language instructor or employer preferred).

Verification of proficiency in the language of \_\_\_\_\_

Contact information for individual verifying language proficiency

Name (print) _____	Title _____
Organization _____	Phone _____
Address _____	Email _____
City, State, Zip _____	

Please answer all the following questions:

1. How long have you known the applicant and in what capacity?  
\_\_\_\_\_
  
2. How often have you observed the applicant conversing/translating in this language?  
 a. Daily    b. 2+ days per week    c. 1 day per week    d. Other \_\_\_\_\_
  
3. Is the applicant proficient in reading this language?                      Yes                      No  
 \*Reading Definition: Able to read standard newspaper items addressed to the general reader, routine correspondence, reports and technical materials in the individual's special field.
  
4. Is the applicant proficient in speaking this language?                      Yes                      No  
 \*Speaking Definition: Able to speak language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social and professional topics.

For additional information including the full spectrum of reading and speaking proficiency definitions, see U.S. Department of State "Language Proficiency definitions" link, <http://careers.state.gov/gateway/langprofdef.html>

Signature \_\_\_\_\_

Date \_\_\_\_\_



# LANGUAGE PROFICIENCY DEFINITIONS

PROFICIENCY CODE	SPEAKING DEFINITIONS	READING DEFINITIONS
0 – No Practical Proficiency	No practical speaking proficiency.	No practical reading proficiency.
1 – Elementary Proficiency	Able to satisfy routine travel needs and minimum courtesy requirements	Able to read some personal and place names, street signs, office and shop designations, numbers and isolated words and phrases
2 – Limited Working Proficiency	Able to satisfy routine social demands and limited work requirements	Able to read simple prose, in a form equivalent to typescript or printing, on subjects within a familiar context
3 – Minimum Professional Proficiency	Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics	Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field.
4 – Full Professional Proficiency	Able to use the language fluently and accurately on all levels pertinent to professional needs.	Able to read all styles and forms of the language pertinent to professional needs.
5 – Native or Bilingual Proficiency	Equivalent to that of an educated native speaker.	Equivalent to that of an educated native.

\*\* (Language Proficiency Definitions from the U.S. Department of State at [http://careers.state.gov/gateway/lang\\_prof\\_def.html](http://careers.state.gov/gateway/lang_prof_def.html)) \*\*



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All students applying to the Antelope Valley Nursing program who have 50 hours or more of paid or volunteer work experience(Direct Patient Care) must have their immediate work supervisor complete this form. Once completed, please return to the Antelope Valley College Nursing Department.

Student Name \_\_\_\_\_

Position at place of employment \_\_\_\_\_

Work Title \_\_\_\_\_

Dates of employment in this position \_\_\_\_\_

Acute care \_\_\_\_\_ Extended care \_\_\_\_\_  
(check one)

Job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of institution \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  
(please print)

Supervisor's Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_