



APPLICATION CHECKLIST – SBCC ADN PROGRAM

This form must be completed in its entirety, signed, dated, and included with your application.

Check each box when complete or write N/A if not applicable to your circumstance

An incomplete checklist will result in your application not being accepted.

SBCC K# Student ID #: K \_\_\_\_\_

- ADN Application. Completely filled out, signed and dated.
Reliable Email Address. The email address you provide will be used for communication.
SBCC College Application. I have submitted an application to the college, it is currently active, and my Pipeline email address is active.
Official Transcripts. One set of transcripts is required.
All colleges attended. All credit courses must be submitted.
High School or GED if no college degree.
Degree posted on college transcript(s), if applicable.
ADN Prerequisites. Passed with a grade of "C," or better, posted on transcript.
Science prerequisites.
English prerequisite:
For evaluation of English coursework NOT taken at SBCC, submit this Form to have English Coursework evaluated (Instructions).
If English prerequisite was met with an AP Score of 3 or higher, official AP Score Report from College Board must be submitted.
Current, Non-Expired License(s), if applicable.
Documentation of paid work or volunteer hours, if applicable.
Documentation of life experiences and/or special circumstances, if applicable.
Documentation of proficiency in a language other than English, if applicable.
Form DD 214 for all applicants applying for veteran/spouse of veteran eligibility.
TEAS Exam Results. Must demonstrate a minimum total score of 62%.
All documents must be placed in a large envelope, with applicant's name clearly written on the outside.

Applicant Signature \_\_\_\_\_

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



## Associate Degree Nursing Program Application

[https://sbcc.edu/nursing/adn/application\\_requirements.php](https://sbcc.edu/nursing/adn/application_requirements.php)

### Applicant Name

First	Middle	Last		
▶ If you have changed your name, please list all the names you have previously used:				<i>For office use</i>

First	Middle	Last		Date name changed
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### Mailing Address

Number	Street	Apt #
City	State	ZIP Code

### email Address

@pipeline.sbcc.edu /
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SBC email address Personal email address

### Phone Number(s)

Home	
Work	
Cell	
Other	

### Emergency Contact

Name	Relationship	Phone Number
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### Gender

- Female
- Male
- Decline to State

### Date of Birth

\_\_\_\_\_ mm / dd / yyyy

### Social Security Number

\_\_\_\_\_

### Ethnic Group

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> African-American, non-Hispanic    | <input type="checkbox"/> Filipino            | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic            |                                       |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> White, non-Hispanic |                                       |
|  | <input type="checkbox"/> Decline to State    |                                       |

### Language(s)

Primary	Second, if any	Third, if any
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**Certifications and Licenses:** Include the certification or license type (e.g., CNA, EMT, LVN), the institution issuing the certificate or license, and the date of issue or most recent renewal date.

Type	Issued by	Issue date

Education: List in chronological order all educational institutions attended, beginning with high school.

School and Location Location not required for local schools (SBHS, SMHS, DPHS, SBCC, UCSB, Allan Hancock, VCCC, etc); otherwise indicate the city, state (or province), and nation if not U.S.A.	GED	Courses Taken				Diploma / Degree
		English	Anatomy	Physiology	Microbiology	
HS	<input type="checkbox"/>					<input type="checkbox"/>
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prerequisite course	Course information i.e. name and title	Semester taken	Grade earned
English			
Human Anatomy			
Human Physiology			
Microbiology			

<b>For LVN's Only</b>	I have received and reviewed information on the <u>LVN to ADN Program</u> and the <u>30 Unit Option Program</u> for LVN's. I choose the: <input type="checkbox"/> LVN to ADN Program <input type="checkbox"/> 30 Unit Option Program	Initial
	I would like to be considered for the generic ADN program if I am not selected for the LVN to ADN program <input type="checkbox"/>	

**I certify under penalty of perjury that all information contained herein is correct.**

**I acknowledge that an incomplete application will not be included in the current admission selection. I am aware that it is my responsibility to be certain that all application requirements have been submitted. I am aware that I will not be notified during the application cycle if I have missing items.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



SUPPORTING DOCUMENTATION FORM – SBCC ADN PROGRAM

Check the box next to the criterion that fits your circumstance(s), check as many as apply. Submit with your application any required documentation listed below as proof of eligibility.

Applicant’s signature: \_\_\_\_\_

K \_\_\_\_\_

Criteria 5 – Life experiences or special circumstances

5A. Disabilities – Documented disability from college Learning Disability Program or Disability Programs & Services.

5B. Low Family Income – Proof of eligibility or receipt of financial aid under a program that may include, but not limited to, California College Promise Grant (CCPG, Area A or B only), Cal Grant, Pell Grant, CalWorks, etc.

5C. First Generation to Attend College – Please briefly explain your situation or circumstances below (use a separate piece of paper if necessary).

5D. Need to Work – Specify which semester(s) \_\_\_\_\_ Paycheck stub during period of time enrolled in prerequisite courses – OR – Letter from employer verifying employment was at least part-time while completing prerequisite courses (must be on organization letterhead)

5E. Disadvantaged Social or Educational Environment – Participation or eligibility for Extended Opportunity Programs & Services (EOPS)

5F. Difficult Personal and Family Situation/Circumstances – Please briefly explain your situation/circumstances below (use a separate piece of paper if necessary).

5G. Refugee Status – Documentation or letter from USCIS.

5H. Veteran Status/Veteran’s Spouse – Copy of DD-214. Service in the active military, naval, or air service, and discharge under circumstances other than dishonorable. Active service includes full time duty in the National Guard. An eligible spouse would include the widow/widower of a veteran that otherwise meets this criteria.

Criteria 6 – Proficiency or college level coursework in language(s) other than English

College Level Coursework – Student must be proficient in all aspects of the language (reading, writing, speaking) to qualify. Examples include: (1) Completion of SPAN 146 & 147 Spanish for Native Speakers, (2) Completion of four semesters (or equivalent) of college coursework of a language other than English, (3) Completion of TIS 116 Basic Medical Terminology, Spanish OR Complete of TIS 117 Medical Spanish/English Interpretation

Statement of Proficiency – Please have a person of authority (professor, supervisor, etc) who is proficient in the language, and who has adequate interaction with you and who can verify your proficiency in said language fill out the following (cannot be a relative):

Contact information for the individual verifying language proficiency:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

I verify that \_\_\_\_\_ is able to speak, read and write in \_\_\_\_\_ language, at a level that allows common everyday communication. I am proficient in the language listed above and I am not related to the applicant. To the best of my knowledge, the above information is true and correct.

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

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

NOTE: If at any time after admittance it is discovered that the applicant is not able to communicate in the proclaimed language during the course of the program, the student will be dismissed from the program.