Mission College
Registered Nursing (LVN-RN) Program
2020/2021 Cohort

APPLICATION PACKET

Application Dates: February 7, 2020 – March 20, 2020
Application Deadline: Friday, March 20, 2020 at 4:00pm

Applications must be submitted in person by no later than 4 pm on March 20, 2020. No postmarks accepted.

TEAS Testing Timeframe: Saturday, March 21, 2020
Mandatory Orientation: Saturday, May 16, 2020; Time 8 AM
Program Start Timeframe: Monday, July 8, 2020
Mission College Registered Nursing (LVN-RN) Program
Application and Program Requirements

I. **Eligibility Requirements:**
   All of the following must be met in order to be eligible to apply to the Registered Nursing (LVN-RN) Program:
   
   A. California Vocational Nursing License in good standing
   B. Overall cumulative grade point average (GPA) of 2.5 for all college coursework (No recency requirement for any class)
   C. Completion of the following **Science Prerequisites** with a combined GPA of 2.5 with no grade less than “C” for each course and no more than one repetition for a substandard grade in any one of the 3 courses:
      1. Human Anatomy (BIOSC 047) 5 semester Units or equivalent
      2. Human Physiology (BIOSC 048) 5 semester units or equivalent
      3. Microbiology (BIOSC 004) 5 semester units or equivalent
   D. Completion of the following prerequisites:
      1. English Composition (ENGL 1A) 3 semester units or equivalent with a grade of “C” or better
   E. Satisfactory score of 62% or higher on the first attempt of the ATI TEAS (6) examination (ADN or BSN) only.
   F. GPA calculation:
      You must calculate your GPA and you must include a printed copy of your GPA calculation. **ENTER ALL COURSEWORK FROM ALL COLLEGES ATTENDED.**
      
      **Note:** You must use the online GPA calculator at [www.back2college.com/gpa.htm](http://www.back2college.com/gpa.htm) or [https://www.nursingexplorer.com/gpa-calculator](https://www.nursingexplorer.com/gpa-calculator) or you may make an appointment with the counseling office for assistance, but counseling cannot complete the GPA calculation for you.

II. **Application and Selection Process:**
   A. Application available online from February 7, 2020 at [http://nursing.missioncollege.edu](http://nursing.missioncollege.edu)
   B. The completed application with all required supporting documents **MUST** be received in person in the Health Occupations Department GC-235 no later than Friday, March 20, 2020 at 4:00pm (no exceptions).
   C. The supporting documents include but is not limited to unopened official transcripts, a printout of your active LVN license from www.breeze.ca.gov, a copy of the individual course catalog descriptions for courses completed at colleges other than Mission College, TEAS test score, GPA calculation of all course work.
   D. Applicants will be randomly selected from the pool of all eligible applicants by the Admission Promotion and Graduation Committee.
   
   **E. Applicants will be notified in writing by e-mail by Friday, April 17, 2020 of their acceptance status.**
   F. This application is only valid for 2020-2021 cohort admission process.

III. **Transcript Requirement:**
   A. Transcripts must be submitted from each college or university attended and submitted with the application along with the individual course catalog descriptions for courses completed at colleges other than Mission College.
   B. All transcripts submitted must be official transcripts in a sealed envelope.
   C. Foreign transcripts:
1. All foreign transcripts must be evaluated by a credential evaluation service for determining U.S. equivalency such as: World Education Services [www.wes.org](http://www.wes.org) or International Evaluation Service [www.iescaree.com](http://www.iescaree.com).

2. If a foreign degree was earned, the evaluation must state its equivalency to a U.S. degree by official evaluation.

**IV. Applicant Conditions for Eligibility:***

- **A.** Complete the application. Incomplete or unsigned application packages will not be considered.
- **B.** Comply with requirements, deadlines and submit a **complete** application package.
- **C.** Maintain currency and accuracy of file, including:
  1. Name, address, email, and telephone number changes
  2. Transcripts (updated to include courses completed after applying that are not prerequisites)
- **D.** All applicants must pass the ATI TEAS examination with the designated cut score for the State Chancellor’s Office. If an applicant fails the ATI TEAS examination, remediation will be provided. After the remediation has been successfully completed, the applicant may retake the TEAS examination. Upon successful completion of the TEAS examination, the student will be eligible for the next application process. Proof of **formal** remediation is required if you have not met the cut score of (62% ≥). If you have taken the ATI TEAS examination more than once because of a substandard score (< 62%), call (408) 855-5386 for a **formal** remediation appointment. **If proof of remediation requirement has not been met and submitted with the application, eligibility requirements have not been met; your application will not be accepted.**

- **E.** Please do not call the office for information about your application. We cannot release information via telephone. We will contact all applicants eligible to take the TEAS Test by mail and/or email.

**V.** Applicants who have been notified that they are conditionally accepted for program enrollment, must complete the following additional requirements prior to the start of the program:

- **A. Health Requirements:**
  Applicants selected for enrollment in the program are required to have a physical examination within the past year, updated immunizations record including evidence of titers for Rubella, Rubeola, Mumps, Varicella, Hepatitis B Surface Antibody; evidence of Tdap (within the last 10 years); evidence of Flu vaccine (within the current year); evidence of Pertussis vaccination within the past 5 years; evidence of two step TST (PPD/TB Test) within the past year or QuantiFERON-TB within the past year; if TB test positive, a chest X-Ray within the past 5 years; an annual TB test surveillance survey prior to starting the Nursing Program. *The student must meet the California, Board of Registered Nursing (BRN) requirements for safe clinical practice in performance of the essential requirements while in the program with or without reasonable accommodations for disability.*
B. **Background Check and Urine Drug Screening:**
Our affiliating clinical facilities mandate that a background investigation must be completed prior to student clinical experience. This background check will include the following: criminal history record search, SSN trace, Medicare/Medicaid fraud, Nationwide Sex Offender Registry and urine drug screening. Once accepted into the LVN-RN Program, students will be given instructions for completing the background investigation. Students are responsible for the cost of their background investigation. **Please note:** If a Mission College Nursing Student is denied access to clinical site by the clinical agency based on information obtained during the screening and background check, the student will not be able to continue in the LVN-RN Program.

C. **Orientation Session:**
Applicants selected for enrollment must attend the Orientation Session on Saturday, May 16, 2020 to be eligible to participate in the program.

D. **Proof of Social Security Number:**
Applicants selected for enrollment must submit a signed copy of the social security number policy form and verify their social security number with the program administrative assistant prior to the start of the program.

VI. **Denial of Licensure:**
The California Board of Registered Nursing may deny licensure as outlined in the Business and Professional Code, Section 480, on the basis of:
- Conviction of crime substantially related to the practice of nursing
- Any act involving dishonesty, fraud, or deceit with intent to substantially benefit self or another or to substantially injure another
- Any act which is grounds for revocation of license
- Making a false statement on the application for license
- Breach of examination security

VII. **LVN to RN 30-Unit Option**
Any student with a current LVN license may apply for the 30-Unit Option Program. The 30-Unit Option Plan provides the necessary course work required to take the National Council Licensure Examination for Registered Nursing (NCLEX-RN). Completion of the program does not constitute graduation from the Mission College Nursing Program eligibility for the Associate Degree in Nursing. Licensure is limited to California when taking the 30-Unit option. Students interested in this option MUST meet with the Registered Nursing (LVN – RN) Program Director to obtain an application.
Applicant Name: ___________________________________

Registered Nursing (LVN-RN) Program
Application Checklist

Before submitting your application, please read the application directions and eligibility criteria requirements carefully. You must submit ALL application materials in one packet and in person. Use this checklist to make certain that your application is processed:

☐ **Application** Applications and all supporting documents must be placed in a sealed 10 x 13 manila envelope.

  o Envelope should have applicant’s name, student ID#, and program name clearly visible on the outside of the envelope.

☐ **Supporting documents** (if any of the following documents are not submitted with the application, your application will not be considered as your application packet is incomplete)

  ☐ Official sealed (unopened) transcripts from all colleges or universities attended including Mission College

  ☐ Copy of the course descriptions from the college catalogue (only required if Anatomy, Physiology, Microbiology, English 1A, Communications 1, and Psychology 1 or 12 courses were completed at a college or university other than West Valley or Mission College. All courses must be completed at a WASC accredited college or university to be accepted for credit at Mission College)

  ☐ GPA calculation worksheet (you may use any online GPA calculator or make an appointment with the counseling office to complete the worksheet)

    ☐ Completed Application Review Form

    ☐ Copy of ATI TEAS examination (ADN or BSN only) score

    ☐ Copy of current California VN license

    ☐ Printout of current California VN license status (this information can be located at https://www.breeze.ca.gov/)

☐ **Mission College ID** (Mission College ID number should be included on page 1 of the application)

☐ **Self-addressed stamped envelope** (Envelope size 4” x 9.5”)

  A. **Other Info** During the selection process, please do not contact the office by e-mail or phone. Applicants will be notified in writing by e-mail by Friday, April 17, 2020 of their acceptance status.

  ☐ a. Keep duplicate copies of all materials submitted, including your own copy of all transcripts.

In signing this checklist, I understand that I am required to submit all of the above listed documents.

Signature _________________________________   Date __________________________
### Mission College
#### Registered Nursing (LVN-RN) Program

**A. Application for Enrollment – 2020/2021**

<table>
<thead>
<tr>
<th>Date of Application:</th>
<th>MC Student ID number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mr. / Mrs. / Miss / Ms. (circle one):</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous names appearing on Transcripts or Maiden Name:</th>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Other contact number</th>
</tr>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
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<tr>
<th>E-mail</th>
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<table>
<thead>
<tr>
<th>Have you previously attended Mission College?</th>
<th>YES ☐</th>
<th>NO ☐</th>
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</thead>
<tbody>
<tr>
<td>If YES, give last session attended</td>
<td>Fall ☐</td>
<td>Spring ☐</td>
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<tr>
<th>Year:</th>
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<table>
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<tr>
<th>Have you previously applied to the LVN-RN Program?</th>
<th>YES ☐</th>
<th>NO ☐</th>
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<tbody>
<tr>
<td>If YES, specify year</td>
<td>Year:</td>
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</table>

<table>
<thead>
<tr>
<th>U.S. Citizen</th>
<th>YES ☐</th>
<th>NO ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Citizenship:</td>
<td></td>
<td></td>
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</tbody>
</table>

If you are NOT a U.S. Citizen, please complete the following:

<table>
<thead>
<tr>
<th>Alien #</th>
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<tr>
<th>TYPE OF VISA</th>
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<tr>
<th>Do you have a Social Security Number?</th>
<th>YES ☐</th>
<th>NO ☐</th>
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<tbody>
<tr>
<td>Proof required upon admission.</td>
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<tr>
<th>Are you a veteran?</th>
<th>YES ☐</th>
<th>NO ☐</th>
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<tbody>
<tr>
<td>If yes, please attach a copy of DD214.</td>
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### A. Demographic Information:

(Statistical and demographic purposes are only for the Board of Registered Nursing and State Chancellor’s Office data collection, information not used for acceptance.)

<table>
<thead>
<tr>
<th>Gender:</th>
<th>☐ Female</th>
<th>☐ Male</th>
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<tr>
<th>Ethnicity: (check one)</th>
<th>☐ African American</th>
<th>☐ American Indian</th>
<th>☐ Filipino</th>
<th>☐ Non-Filipino Asian</th>
<th>☐ Pacific Islander</th>
<th>☐ Caucasian</th>
<th>☐ Hispanic</th>
<th>☐ Other (please specify): ________________</th>
<th>☐ Unknown</th>
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<tr>
<th>Disability:</th>
<th>☐ Disabled</th>
<th>☐ Not Disabled</th>
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<tr>
<td>If disabled, please state disability (statistical purposes only):</td>
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<th>List all languages spoken at home: (Required)</th>
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<tr>
<th>How did you find out about the program?</th>
<th>☐ Website</th>
<th>☐ Classmate and/or friend</th>
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<tbody>
<tr>
<td>☐ Mission College Catalogue</td>
<td>☐ Program brochure</td>
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<tr>
<td>☐ Mission College Instructor</td>
<td>☐ Newspaper advertisement</td>
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<tr>
<td>☐ Other (please specify): ____________</td>
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</tbody>
</table>
A. Academic History:

1. List all colleges or universities you have attended in chronological order, beginning with the most recent and including the college you are currently attending. Include each institution attended regardless of length of attendance.

<table>
<thead>
<tr>
<th>College Name</th>
<th>City/State</th>
<th>Dates attended</th>
<th>Degree Received</th>
<th>Degree Date</th>
</tr>
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<tbody>
<tr>
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**Attach copy of a total of two (2) separate GPA calculations: one for the Sciences; and another one for all completed college courses.**

1. What is your overall College GPA (Grade Point Average)? (All college units)
   ___________________________ (2.5 Minimum)

2. What is your GPA for the sciences: Anatomy, Physiology and Microbiology?
   ___________________________ (2.5 Minimum)

Have you taken Anatomy more than one time or received a W? Yes □ No □
If yes, how many repeats_________
If W’s, how many W’s __________
Please explain the circumstances including recency or withdrawals: ____________________________

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

________________________________________________________________________________________
________________________________________________________________________________________

Have you taken Physiology more than one time or received a W? Yes □ No □
If yes, how many repeats_________
If W’s, how many W’s __________
Please explain the circumstances including recency or withdrawals: ____________________________

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

________________________________________________________________________________________
Applicant Name: _____________________________________

Have you taken Microbiology more than one time or received a W?  Yes □  No □
If yes, how many repeats ______
If W’s, how many W’s _________

Please explain the circumstances including recency or withdrawals: _______________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

____________________________________________________________

3. Have you ever taken the ATI TEAS (6) Examination for ADN or BSN?  Yes □  No □
(DO NOT include ATI TEAS V-PN Test scores)
If yes, how many times: __________
Write the date and the percentile score for the ATI TEAS
ATI TEAS (6) Test Date: ____________ Percentage: __________
ADN □  BSN □

Proof of remediation is required if you have taken the ATI TEAS (6) Examination more than once because of a substandard cut score (<62%).

Have you ever participated in formal remediation for the ATI TEAS?  Yes □  No □
Did you complete the remediation?  Yes □  No □
If formal remediation was completed at Mission College:  Date of Completion: ___________

*** Attach a copy of ATI TEAS (6) Examination score to your application.

4. Have you ever been placed on college probation?  Yes □  No □
Have you ever been dismissed from any college?  Yes □  No □

If yes, please explain the circumstances: _____________________________________________
_________________________________________________________________________________

Failure to disclose the circumstances will invalidate your application.

5. Have you ever attended another RN Nursing Program?  Yes □  No □

If yes, explain the circumstances: ___________________________________________________
### APPLICANT COURSE REVIEW FORM

(Complete by Applicant)

Applicant Name: ___________________  Student ID: ___________________

**Prerequisites Courses:** These courses are prerequisites to enrollment. Courses must be completed prior to submitting an application. Please state the course name, number and units of all equivalent courses. **Do NOT write see transcripts.**

<table>
<thead>
<tr>
<th>COURSE</th>
<th>UNITS</th>
<th>SEMESTER COMPLETED</th>
<th>COLLEGE &amp; COURSE NUMBER</th>
<th>FINAL GRADE</th>
<th>Repeats/W’s/F’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOSC 047 - Human Anatomy or equivalent</td>
<td>5 units</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>BIOSC 048 - Human Physiology or equivalent</td>
<td>5 units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOSC 004 - Microbiology or equivalent</td>
<td>5 units</td>
<td></td>
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<tr>
<td>ENGL 1A – English Composition</td>
<td>3 units</td>
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</table>

**General Education:** These courses are graduation requirements established by the college

**NOTE:** If any of these courses were completed at a college other than Mission or West Valley, attach the catalog course descriptions.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>UNITS</th>
<th>SEMESTER COMPLETED</th>
<th>COLLEGE &amp; COURSE NUMBER</th>
<th>FINAL GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMM 1 – Oral Communication</td>
<td>3 units</td>
<td></td>
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<td></td>
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<tr>
<td>PSYCH 1 or PSYCH 12 General or Developmental Psych</td>
<td>3 units</td>
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<td></td>
<td></td>
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<tr>
<td>MATH C – Intermediate Algebra or Higher Level Math</td>
<td>4-5 units</td>
<td></td>
<td></td>
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<tr>
<td>Reading 53 or Reading Department Approved Equivalency (see counseling)</td>
<td>3 units</td>
<td></td>
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<tr>
<td>HIST 17A, or 17B –or POLIT 1-American Government</td>
<td>3 units</td>
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<tr>
<td>HUMANITIES COURSE</td>
<td>3 units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIB 10 - Basic Information Competency ***</td>
<td>1 unit</td>
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</table>

***Course waived if applicant has previous degree from a WASC accredited college/university

Fill in the name of the California Community College or University within the U.S., if / where degree was earned:


☐ I plan to concurrently enroll in an ADN to BSN program.  ☐ I plan to concurrently enroll in an BSN to MSN program.

☐ I plan to concurrently enroll in an ADN to MSN program.

**Leave Blank: For application reviewer only**

<table>
<thead>
<tr>
<th>Overall College GPA</th>
<th>Science GPA</th>
<th>English GPA 1A , 1B</th>
<th>Science Repetition (s) and Withdrawals</th>
<th>ATI TEAS #6 Score</th>
<th>Chancellors Formula %</th>
</tr>
</thead>
</table>

Rev. 01/31/2020
Applicant Name: ________________________________

I, the undersigned, have read and understand the entrance requirements for the Registered Nursing (LVN-RN) Program at Mission College. I am aware that because of the number of applicants for the program, completion of all entrance requirements does not assure my selection for the program. In submitting this application, I understand that the Admission Selection Committee utilizes a modified random selection process.

I certify that I have considered each question carefully and that my statements are true and complete. My signature is my certification of the accuracy and completeness of the information I have provided. Further, I understand that admission to or enrollment in the Registered Nursing (LVN-RN) Program at Mission College may be denied if any information I have provided on this application is found to be incomplete or inaccurate.

I am aware that if I am denied access to the clinical practicum by the clinical agency, I will be unable to continue in the Registered Nursing (LVN-RN) Program.

I am aware that as an applicant selected for enrollment in the program, my acceptance is contingent upon requirements which include a physical examination within the past year, updated immunizations record including Tdap or evidence of pertussis vaccination within the past 5 years, immunization titers, 2nd Step TB test or QFT (if TB test positive, a chest X-Ray within the past 5 years), an annual TB test surveillance survey, and submission of copy of social security card, being completed by Saturday, May 23, 2020; Orientation Day. These additional requirements must be completed prior to starting the nursing program. The student must meet the California, Board of Registered Nursing (BRN) requirements for safe clinical practice in performance of the essential requirements while in the program with or without reasonable accommodations for disability.

Vocational Nursing Program completed at: ________________________________

Month/Year _______________ CA ☐ OTHER ☐

Are you licensed as an VN in the State of California? YES ☐ NO ☐

VN License # _______________ Expiration Date ________

Has your license ever been suspended, revoked, or denied? YES ☐ NO ☐

If yes, explain the circumstances:
________________________________________________________________________________________
________________________________________________________________________________________

* Failure to disclose the circumstances will invalidate your application

Signature ___________________________ Date ___________________________

Rev. 01/31/2020