

## Directions for Submitting a Complete Application for the LVN to RN Upward Mobility Nursing Program

This application must be legible, complete, and **received in the Nursing office prior to the deadline.** Only one submission will be accepted per applicant; multiple applications will result in disqualification.

**APPLICATION ACCEPTANCE BEGINS: April 1**  
**DEADLINE: 4:00 p.m. April 30** (or last business day prior)

***Enclose all materials in a large manila envelope.***

**MAIL applications to:**

***Sierra College Nursing Department  
Bldg RN-1, Room 100  
5100 Sierra College Boulevard  
Rocklin, CA 95677***

***Application only accepted by mail.***

### **A complete application consists of the following:**

<b>1</b>	<b>Attach official transcripts of colleges where prerequisite courses were completed to your Application. You do not need to provide transcripts for classes taken at Sierra College. Pre-requisite courses cannot be "in progress."</b> <b>If you need to email your transcripts, please email them to <a href="mailto:nursingdepartment@sierracollege.edu">nursingdepartment@sierracollege.edu</a>.</b> <b>If you need to mail your transcripts make sure they are sent to the attention of the nursing department. *High School transcripts only need to be attached if you are using high school math to meet the math pre-requisite.</b>
<b>2</b>	<b>Course descriptions required for all prerequisite courses taken outside of Sierra College and not listed on the online Equivalency Grid. The course descriptions must be from the institution/college attended and match the year the course was taken.</b> <b>If you are using upper division courses for any prerequisites, it is mandatory to contact a Sierra College academic counselor to obtain a course substitution PRIOR to turning in your Application.</b>
<b>3</b>	<b>Official transcripts from institution where LVN courses were completed.</b>
<b>4</b>	<b>Latest edition of the TEAS Exam Results - Copy of results if not sent electronically; minimum cumulative score required = 62%.</b>
<b>5</b>	<b>Active, legible email address. This is the means by which QUALIFIED applicants will be notified. Only Qualified applicants will be contacted.</b>
<b>6</b>	<b>Copy of a current and active/unrestricted LVN License.</b>
<b>7</b>	<b>Signature (page 1) and printed name (pages 2 and 3).</b>

**PLEASE NOTE:** If any item is missing, the application packet will not be processed. **Selected applicants (only) will receive notification by email.** Notification occurs approximately 4 weeks after the submission deadline. No telephone verification is provided by the nursing department or the counseling department. If not selected, all submitted materials will be destroyed; transcripts of selected students only will become property of the District and posted.

Admission into the nursing program is contingent upon a clear background check, drug screening, health screening, and CPR certification.

In accordance with Regulation 480 of the State Board of Registered Nursing, a person convicted of any offense other than a minor traffic violation, may not qualify to be licensed as a registered nurse. If there are any questions regarding this regulation, please contact the State Board of Registered Nursing, or visit their website at [www.rn.ca.gov](http://www.rn.ca.gov).

# Sierra College LVN to RN Upward Mobility Application

**Demographics** (Please Print)

- Male                   Female
1. Name \_\_\_\_\_  
Last First Middle
2. List maiden and all other names used \_\_\_\_\_
3. Address \_\_\_\_\_  
Number and Street City State Zip  
County (Sacramento, Placer, Yolo, etc.) \_\_\_\_\_
4. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Date of High School Graduation \_\_\_\_\_ or GED Completion \_\_\_\_\_
6. LVN Education – Institution \_\_\_\_\_ Graduation Mo/Yr \_\_\_\_\_

**Contact Information**

1. Home Telephone \_\_\_\_\_  
    Cell \_\_\_\_\_
2. E-Mail Address (Required) \_\_\_\_\_
3. All colleges attended **where pre-requisites were completed**, including Sierra College. **(ALL TRANSCRIPTS MUST BE ATTACHED OR SENT ELECTRONICALLY FROM THE COLLEGE TO NURSINGDEPARTMENT@SIERRACOLLEGE.EDU).**

College	City/State	Dates Attended

**The following information is requested for compliance with Section 56110, Title V California Administrative Code reporting procedure and will be used for statistical purposes only. Please check applicable information.**

	Veteran	
1	American Indian/Alaskan Native	
2	Asian/Pacific Islander	
3	Black/African	
4	White/Caucasian	
5	Hispanic/Latino	
6	Other	

I certify that all information contained on this form is true and accurate. I understand that failure to disclose or falsify any documents will automatically and permanently disqualify my application and admission into the nursing program.

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

## Sierra College LVN to RN Upward Mobility Program Prerequisite Course Work Verification

**ATTENTION: All Prerequisites must be completed, with a grade posted to applicable transcript, at the time application is submitted.** Courses "in progress" are not accepted.

Prerequisite Course	Course Number	Grade	Completion Date	College where Completed	Units
<b>English 1A:</b>					
<b>Microbiology:</b> (Completed in last 7 years.)					
<b>Anatomy:</b> (Completed in last 7 years.)					
<b>Physiology:</b> (Completed in last 7 years.)					
<b>Math:</b> Math A, D, E, 12, 13, 16A, 16B, 24, 29, 30, 31, 42, or two semester HS algebra or higher, grade "C" or better.					
<b>Psychology: 100:</b>					
<b>Human Development 1:</b>					
<b>Nutrition 10:</b> (Completed in last 7 years.)					

**ATTENTION:** Co-requisites do not need to be completed to apply to the program; however, if selected, students must be complete them before entering the last semester of the program.

Co-Requisite if completed	Course Number	Grade	Completion Date	College where Completed	Units
<b>Comm 1:</b> Fundamentals of Public Speaking					
<b>Soc I:</b> Intro to Sociology <b>OR</b> <b>Anth 2:</b> Cultural Anthropology					

Applicant Name \_\_\_\_\_

## Sierra College LVN to RN Upward Mobility Program Work Experience

Please provide a brief description of your LVN work experience:

<b>Employer</b>	<b>Dates Employed</b>
<b>Duties Performed</b>	

<b>Employer</b>	<b>Dates Employed</b>
<b>Duties Performed</b>	

<b>Employer</b>	<b>Dates Employed</b>
<b>Duties Performed</b>	