



Registered Nursing Program: Application and Admission Process

San Joaquin Valley College

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RIGHT TO CHANGE REQUIREMENTS: This application, its contents and attachments are subject to change, without notice, as *San Joaquin Valley College* deems necessary or appropriate.

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San Joaquin Valley College is in compliance with Title IV of the Civil Rights Act of 1964 as amended, Title IX of Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and all other applicable federal, state and local laws. ***SJVC*** does not discriminate on the basis of race, ethnicity, sex, national origin, age, disability, medical condition, marital status, sexual orientation or any other characteristics protected by law.

INTRODUCTION

Thank you for your interest in San Joaquin Valley College's RN Program! We can say with great assurance that since SJVC was founded, our cornerstone principle has not changed: we have an unwavering commitment to our students and their success. Please consider us your partner as you move through steps in the application process.

GENERAL INFORMATION

PROGRAM OVERVIEW

Enrollment in the *San Joaquin Valley College* RN program is open to those individuals who meet the entrance requirements, have completed the application process, and are selected for the program.

The program is approved by the California Board of Registered Nursing (BRN). The complete curriculum is offered in linear 20-week terms. There are two entry level options:

Option 1 - For the RN Program – with completed pre-requisite and degree requirement GE courses

These applicants have completed their GE courses at another college and may request transfer credit for that course work. These courses must have been completed by time of application submission: Anatomy, Physiology, Microbiology, English 1A, Intermediate Algebra, Psychology, Sociology, Speech, General Chemistry and Philosophy 1C.

This curriculum covers the RN Course Requirements which includes RN Terms 1 – 4.

Option 2 - For the RN Program- with all pre-requisite courses completed except co-requisite course Phil 1C

These applicants have completed all of their pre-requisite GE courses with the exception of the degree requirement Phil 1C, and may apply for admission. Transfer credit is available for all completed GE course work. The curriculum includes the Phil 1C course, as well as the RN Course Requirements including RN Terms 1 – 4. Phil 1C must be completed at SJVC for this option.

Upon successful completion of the Nursing Program, the college will award the candidate an Associate of Science Degree in Nursing and recommend him/her as an eligible applicant for the National Council Licensure Examination for Registered Nursing (NCLEX-RN). (Except for the Non-Degree option students.)

NOTE: When applying for licensure to the State of California Board of Registered Nursing, applicants are required to report any disciplinary action against a professional license and/or misdemeanor or felony convictions; certain convictions may result in denial of licensure. Each case is considered individually by the BRN.

TUITION AND FEES

The admissions advisor will provide current tuition information. Included in tuition are textbooks, lab supplies, library access, parking, health assessment, titers and immunizations [as applicable], drug testing, background check, liability insurance, school pin and graduation ceremony, licensure application and NCLEX fees.

Not included in tuition are required uniforms, shoes, watch with second display, CPR certification, transportation, meals, child care, and housing.

CURRICULUM OVERVIEW

The General Education courses total 35 credit units. In order to progress from one term to the next, the student must meet all course requirements, including earning a grade of C or better in each course. After completing all GE courses, the student may take the nursing courses in the RN Program which are presented in four consecutive, sequential terms, totaling 51 credit units. All these courses are required for licensure. The Ethics, and Career Services Seminar courses are additional courses required by SJVC in order for the AS degree to be awarded.

GENERAL EDUCATION REQUIREMENTS

| | | |
|---------|-------------------------------|---------|
| BIOL 10 | Human Anatomy with lab | 4 units |
| MTH 55 | Intermediate Algebra with lab | 3 units |
| ENG 1 | Writing/Composition | 3 units |
| BIOL 45 | Human Physiology with lab | 5 units |
| SOC 1 | Intro to Sociology | 3 units |
| BIOL 14 | Microbiology with lab | 4 units |
| SPC 1A | Intro to Public Speaking | 3 units |
| PSY 1 | General Psychology | 3 units |
| CHEM 3 | General Chemistry with lab | 4 units |
| PHIL 1C | Ethics | 3 units |

REGISTERED NURSING COURSE REQUIREMENTS

RN Term 1- 20 weeks

| | | |
|------------------------------|------------------------------------|-----------------|
| RN 10 | Fundamentals of Nursing - Theory | 3 units |
| RN 10L | Fundamentals of Nursing – Clinical | 3 units |
| RN 43 | Mental Health Nursing- Theory | 3 units |
| RN 43L | Mental Health Nursing - Clinical | 2 units |
| RN 12 | Nursing Seminar 1: Pathophysiology | 2 units |
| <i>Total units per term:</i> | | 13 units |

RN Term 2- 20 weeks

| | | |
|------------------------------|---|-----------------|
| RN 23 | Maternal Newborn Nursing - Theory | 3 units |
| RN 23 L | Maternal Newborn Nursing - Clinical | 2 units |
| RN 24 | Beginning Medical/Surgical Nursing - Theory | 3 units |
| RN 24L | Beginning Medical Surgical Nursing - Clinical | 3 units |
| RN 22 | Nursing Seminar 2: Pharmacology | 2 units |
| <i>Total units per term:</i> | | 13 units |

RN Term 3 - 20 weeks

| | | |
|-----------------------|---|----------|
| RN 35 | Intermediate Medical/Surgical Nursing -Theory | 3 units |
| RN 35L | Intermediate Medica/ Surgical Nursing -Clinical | 3 units |
| RN 36 | Health Appraisal | 2 units |
| RN 37 | Pediatrics - Theory | 3 units |
| RN 37L | Pediatrics - Clinical | 2 units |
| Total units per term: | | 13 units |

RN Term 4 - 20 weeks

| | | |
|---------------------------------|--|-----------------|
| RN 30 | Geron-Comm Health Nursing-Theory | 1 unit |
| RN 30L | Geron-Comm Health Nursing Clinical | 1 unit |
| RN 46 | Advanced Medical Surgical Nursing - Theory | 3 units |
| RN 46L | Advanced Medical Surgical Nursing - Clinical | 4 units |
| RN 44 | Leadership | 3 units |
| RN 50 | Work Study | 0 units |
| RN 51 | NCLEX Review | 0 units |
| Total units per term: | | 12 units |
| Total ADN Program units: | | 85 units |

TRANSFER OF CREDIT

The College has well-defined policies that govern the acceptance of credit for coursework completed at other institutions. For specific information, please contact the Registrar; in general:

Credits Earned at Accredited Institutions

SJVC may accept credits from regionally accredited institutions, nationally accredited institutions, or specialized and professional accrediting bodies as recognized by the Council on Higher Education Accreditation, the U. S. Department of Education or regulating commission.

An applicant may be permitted to obtain credit by examination (Competency-based credit) in subject matter fields in which he/she is especially qualified through previous training or experience for which credit or advanced placement has not been given. The examination may include written, oral, or skill tests, or a combination of all three, and will be sufficiently comprehensive to determine that the student has essentially the same knowledge and skills as those students who successfully complete the course in regular course enrollment.

Credits Earned in Foreign Institutions

A course-specific evaluation is required for students seeking to transfer foreign education credentials. Any of the following sources may be used:

International Education Research Foundation, Inc.
Credentials Evaluation Service
P.O. Box 3665
Culver City, CA 90231
Phone: (310) 258-9451
Fax: (310) 342-7086
Email: www.iers.org

Institute for International Credentials Evaluation
At California State University, Fresno
5150 North Maple Avenue, M/S JA56
Joyal Administration, Room 211

California State University, Fresno
Fresno, CA 93740-8026
Phone: (559) 278-7622
Fax: (559) 278-7879
Email: www.iicecsufresno@cvip.net

International Education Research
[Medically related credentials]
P. O. Box 66940
Los Angeles, CA 90066
www.info@ierf.org

ENTRANCE REQUIREMENTS

For ALL applicants:

- Proof of graduation from high school or achievement of GED.
- Cumulative GPA of 2.5 on all previous college coursework, as verified on official transcript
- Current CPR certification from the American Heart Association. Certification must be maintained, at student's expense, throughout the program.

APPLICATION PROCESS

It is the responsibility of the applicant to provide required documentation as evidence of meeting entrance requirements.

1. The first step in the admissions process is to obtain and review the application and admission process packet. The packet may be downloaded from the SJVC web site at www.sjvc.edu.
2. The 2nd step is to contact the SJVC RN Admissions Advisor: (559) 651-2500 for Visalia, (909) 948-7582 for Ontario and schedule an appointment to attend one of the RN information sessions on campus.
3. The 3rd step is to complete the RN application file for admission. The admissions advisor is available to provide a tour of the campus and assist the applicant with gathering all information needed to complete the application file.

Follow up appointments will be scheduled as needed to answer questions, assist with financial aid, and schedule required exams and assessments.

All applicants will be required to submit transcripts of previous college coursework. Transcripts must be in an unopened, sealed envelope and have an official stamp embossed on the document.

An application file must be submitted prior to the stated deadline for each class start.

The completed file must include the following documents:

1. Application for Admission RN Program PLUS supporting forms
2. Official Transcripts
3. Two letters of recommendation
4. Copy of High School Diploma/GED
5. Copy of AHA CPR card
6. Copy of Social Security card
7. Copy of Drivers License
8. Reference Sheet (minimum of 3 required)

When an applicant's file is complete, ATI TEAS assessment exams will be scheduled. After testing is complete, the applicant information will be scored. Applicants with the highest total points will be scheduled for panel interviews. It is the applicant's responsibility to take tests on scheduled dates.

SELECTION PROCESS

The final selection will be based on points earned in the following categories:

- ATI TEAS test results (www.atitesting.com)
- Personal Goal Statement written on site
- GPA scores for general education pre-requisite classes

Only applicants with the highest point totals will be scheduled for panel interviews. You must be selected for a panel interview to be considered for enrollment in to the RN program at SJVC.

When the number of qualified applicants exceeds the capacity of the class, applicants may apply for admission the following year. It is the applicant's responsibility to reapply. No waiting list is maintained or priority given for previous applicants. Each class is selected of candidates with the highest points.

ACCEPTANCE

Applicants will be notified of acceptance or non-acceptance by mail. No selection results will be given by phone.

NOTE: It is the applicant's responsibility to notify the college of any address or phone number changes.

The student's written acceptance of admission must be received within two weeks after notification. Failure to notify the college with a "Confirmation of Acceptance" in the prescribed time is assumed to be a request to withdraw an application for enrollment.

The student will complete an enrollment agreement and make arrangements for payment of tuition in order to secure their space in the class.

Prior to the first day of class, students will be required to have a background check, drug screening and health assessment completed. SJVC will be responsible for fees associated with these requirement areas. Final clearance to enter the RN Program is contingent on passing these final requirements.

Health Assessment

Students are required to submit a health assessment by a primary care provider documenting satisfactory health and negative mantoux intradermal tuberculosis (TB) skin test or chest x-ray results.

Students are expected to have current immunizations including tetanus, measles, rubella, varicella, and hepatitis B. A valid immunization record or a laboratory report showing immunity must be provided prior to the beginning of classes.

NOTE: Students with known latex allergy or who develop a sensitivity/allergy must report this to their instructor/advisor immediately. **SJVC** will make available latex free products if available and with documented sensitivity.

Student must meet established physical and emotional requirements for safe clinical practice. Any concerns regarding health status issues should be forwarded to the RN Program Director.

CONSIDERATIONS

The demands of the nursing program are many. Most students find it difficult to carry the load of the nursing program and work more than part time. Clinical scheduling, assignments, etc. cannot be altered due to an individual's outside employment.

Personal life issues need to be in balance to be successful. One must have reliable transportation, reliable childcare (if applicable), and an ability to be punctual to assigned classes and clinical locations.

Clinical labs may be scheduled for day, evening, and/or weekend shifts. Students rotate to various clinical facilities and must be able to meet the demands of a variable schedule.

CONCLUSION

Should your education and career path lead you to ***San Joaquin Valley College***, it will be our privilege to work with you, to contribute to the value of a better future for you and for those you love and for whom you provide.

Supplemental Forms



Application for Admission RN Program

Please Print or Type

Date application submitted: _____ Application for Entry in Year: _____

Name: _____
Last
First
Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Alt. Ph#: _____

Permanent Legal Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Alt. Ph#: _____ SSN#: _____

Citizenship status: United States Other (Please specify) _____

Sex: Male Female Place of birth: _____ Date of birth: _____

Marital Status: Single Married # of dependents: _____

Which group do you most identify with: American Indian Asian Black
 Pacific Islander White Hispanic

Can you provide proof of a high school diploma or GED for a four year high School? Yes No

School and location: _____ Date of diploma: _____

UNDERGRADUATE COLLEGES OR SCHOOLS

| Name of Institution | City and State | Dates attended | Degree/Cert rcvd. |
|---------------------|----------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Complete table below indicating previous coursework:

| Course | Units | Grade | School | Date Completed |
|----------------------------|-------|-------|--------|----------------|
| Writing and Composition | | | | |
| Intermediate Algebra | | | | |
| General Chemistry with lab | | | | |
| Human Anatomy with lab | | | | |
| Intro to Sociology | | | | |
| General Psychology | | | | |
| Intro to Public Speaking | | | | |
| Ethics | | | | |
| Microbiology with lab | | | | |
| Human Physiology with lab | | | | |

Is your post-secondary cumulative GPA 2.5 or higher? Yes No

Do you have any chronic or reoccurring illnesses, emotional problems, or physical disabilities that might require special accommodations while in school or in clinical rotations? Yes No

If yes, please explain: _____

Please list any health care related working experience:

| Name of Employer | Dates of Employment |
|------------------|---------------------|
| | |
| | |
| | |
| | |

Do you have a current CPR card from the American Heart Association? Yes No
 (Proof of current CPR card is required to complete the application process for this program)

BACKGROUND CHECK

A criminal background check is required for enrollment in the RN program. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for a violation of any law or ordinance or the commission of any felony or misdemeanor (including traffic violations)?

Yes No

If yes, please explain on a separate piece of paper and attach here.

The information completed above is true and accurate to the best of my knowledge.

 Signature of Applicant

 Date



RN Program Enrollment Options

I was given the following options at the time of application to the Registered Nursing Program:

1. Regular admission to the Registered Nursing program and completion of the full RN Terms 1 - 4. All pre-requisite courses and GE degree requirements have been completed at an accredited college(s) and I am requesting evaluation of these courses for equivalency and transfer credit.
2. Admission to the Registered Nursing program with all pre-requisite courses completed with the exception of the Phil 1C course. I am requesting evaluation of all the pre-requisite courses for equivalency and transfer credit, and enrollment for Phil 1 C and the full RN Terms 1-4.

I have selected _____ as the option to pursue.

Student Signature

Date

RN Program Director Signature

Date



RN Program ADA Compliance

In compliance with the 1990 Americans with Disabilities Act (ADA), the School of Nursing does not discriminate against qualified individuals with disabilities.

Disability is defined in the Act as a (1) physical or mental impairment that substantially limits one or more of the major life activities of such individuals; (2) a record of such impairment; or (3) being regarded as having such an impairment.

For the purposes of nursing program compliance, a "qualified individual with a disability" is one who, with or without reasonable accommodation or modification, meets the essential requirements for participation in the program.

The nursing faculty endorses the recommendations of the Southern Council on Collegiate Education for Nursing (SCCEN) and adopts the "Core Performance Standards" for use by the program (see over). Each standard has an example of an activity that nursing students are required to perform to successfully complete the program. Each standard is reflected in the course objectives.

Admission to the program is not based on the core performance standards. Rather, the standards are used to assist each student in determining whether accommodations or modifications are necessary. The standards provide objective measures upon which students and faculty based informed decisions regarding whether students are "qualified" to meet requirements. Every applicant and student receives a copy of the standards.

If a student believes that he or she cannot meet one or more of the standards without accommodations or modifications, the nursing program will determine, on an individual basis, whether or not the necessary accommodations or modifications can reasonable be made.

STATEMENT OF AWARENESS

I have read the above ADA Compliance Statement and have received a copy of the Core Performance Standards which identify the essential eligibility requirements for participation in the nursing program.

Name (Print)

Signature

Date

CORE PERFORMANCE STANDARDS*

Essential eligibility requirements for participation in the nursing program

Nursing is a practice discipline, with cognitive, sensory, affective, and psychomotor performance requirements. The following Core Performance Standards identify essential eligibility requirements for participation in the nursing program.

| <u>ISSUE</u> | <u>STANDARD</u> | <u>EXAMPLES OF NECESSARY ACTIVITIES</u> <u>(not all inclusive)</u> |
|-------------------|---|--|
| Critical Thinking | Critical thinking ability sufficient for clinical judgment | Identify cause-effect relationships in clinical situations, develop nursing care plans |
| Interpersonal | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds | Establish rapport with patients/clients and colleagues |
| Communication | Communication abilities sufficient for interaction with others in verbal and written form | Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses |
| Mobility | Physical abilities sufficient to move from room to room and maneuver in small spaces | Move around in patient's rooms, work spaces, and treatment areas; administer cardio-pulmonary procedures |
| Motor Skills | Gross and fine motor abilities sufficient to provide safe and effective nursing care | Calibrate and use equipment, lift and position patients/clients |
| Hearing | Auditory ability sufficient to monitor and assess health needs | Hears monitor alarm, emergency signals, auscultatory sounds, cries for help |
| Visual | Visual ability sufficient for observation and assessment necessary in nursing care | Observes patient/client responses |
| Tactile | Tactile ability sufficient for physical assessment | Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter |

If you believe that you cannot meet one or more of these standards without accommodations or modifications, you may request appropriate assistance and guidance. The nursing program will determine, on an individual basis, whether or not the necessary accommodations or modifications can reasonably be made.

* Adopted from the Southern Council on Collegiate Education for Nursing (SCCEN), 1993



Acknowledgment of Enrollment Process RN Program

Name (Please print)

- I have read all of the material contained in the SJVC RN Program Application Packet and understand the application and selection process.
- I understand the 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, I will not be considered for admission.
- I understand that after my application is accepted and verified, it is my responsibility to notify the College of any changes in address and/or telephone number.
- I understand that if I am admitted into the program, failure to notify the Nursing Program office with a "Confirmation of Acceptance" in the allotted time prescribed constitutes grounds to assign my position to an alternate applicant.
- I understand that if I am admitted into the program and I must decline acceptance due to financial or other reasons, my slot will go to another applicant.

Signature

Date

Student Information

| | | | |
|-------------------------------------|---------------------------|----------------------|------------------|
| Name | Phone () | Employer | Phone () |
| Permanent Address: | City | Zip | Employer Address |
| | | | City |
| | | | Zip |
| Driver's License Number | How long at this address? | Length of Employment | |
| Residence (if different than above) | | | |

References: Family or friends that would be able to contact you in case of emergency. Complete contact information is required for three references.

| | | | |
|---------------------------|--------------------------------------|----------------------|------------------|
| Name | Phone () | Employer: | Phone () |
| Permanent Address | City | Zip | Employer Address |
| | | | City |
| | | | Zip |
| Relationship | How long have you known this person? | Length of Employment | |
| How long at this address? | | | |

| | | | |
|---------------------------|--------------------------------------|----------------------|------------------|
| Name | Phone () | Employer: | Phone () |
| Permanent Address | City | Zip | Employer Address |
| | | | City |
| | | | Zip |
| Relationship | How long have you known this person? | Length of Employment | |
| How long at this address? | | | |

| | | | |
|---------------------------|--------------------------------------|----------------------|------------------|
| Name | Phone () | Employer: | Phone () |
| Permanent Address | City | Zip | Employer Address |
| | | | City |
| | | | Zip |
| Relationship | How long have you known this person? | Length of Employment | |
| How long at this address? | | | |