



TULARE ADULT SCHOOL VOCATIONAL NURSING PROGRAM

Deadline: January 31, 2025
TEAS Test Date: _____
Official use only

Application
Please print legibly

Name: _____ Home phone: () - _____
Maiden or other name(s): _____ Work phone: () - _____
E-mail: _____ Cell phone: () - _____
Mailing address: _____
Address: _____

Date of Birth: _____

Requirements: Note: transcripts must be "official" and sealed by the school. Transcripts from countries other than the United States must be translated and evaluated before submission to the LVN Program for consideration.

- GED Certificate/H.S. Diploma/Official Transcript
- TEAS test results
- American Heart Assoc. BSL CPR
- CNA
- Medical Terminology
- Nutrition
- Anatomy & Physiology
- Other: _____

I understand that it is my responsibility to request that my official college and/or high school transcripts, vocational records, and references be sent or taken directly to the Tulare Adult School Vocational Nursing Program and that I must pass the required entrance tests before being considered for acceptance.

Student Signature: _____ **Date:** _____

Credit Granting Requests for previous education/experience must be submitted to the Tulare Adult School Nursing Administration Office.

Applicants are responsible for providing the school with three (3) Professional letters of recommendation (see attached).

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name _____ Relationship _____
Address _____ Phone: () _____ - _____

WORK EXPERIENCE:

Please list places of employment for the last five years. (List most recent first)

Employer	Address	Phone Number	Dates From - To	Supervisor

WHY DO YOU WISH TO ENTER THE VOCATIONAL NURSING PROGRAM?

INITIAL HERE TO CONFIRM APPLICANT IS FREE OF FELONY CONVICTIONS. Initials: _____

I understand that if I am selected as a Vocational Nursing student, I must complete 1,568 hours of academic and clinical class time before I am eligible to take the California State Board examination.

Student Signature: _____ **Date:** _____

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification from the Tulare Vocational Nursing Program.

Student Signature: _____ **Date:** _____

Statement of Non-Discrimination/Harassment (Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 section 504 of the Rehabilitation Act of 1973): The Tulare Joint Union High School District prohibits discrimination, intimidation, harassment (including sexual harassment), or bullying based on a person's actual or perceived ancestry, color, disability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, religion, national origin, parental status, pregnancy status, race, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics.