SANTA ANA COLLEGE INSTRUCTIONS for COMPLETING REGISTERED NURSING PREREQUISITE VERIFICATION FORM

Check off when completed:

- 1.__ Satisfactory Completion (C or better) of ALL Prerequisites. A combined GPA of 2.5 or higher is required. Science courses require seven year recency.
 - » Anatomy (Biol 239 or Equivalent) Lecture & Lab, 4-5 Semester Units
 - Physiology (Biol 249 or Equivalent) Lecture & Lab, 4-5 Semester Units
 - » Microbiology (Biol 139 or 229 or Equivalent) Lecture & Lab, 4-5 Semester Units
 - >> Freshman Comp (Engl 101 or Equivalent) 3-5 Semester Units
- 2.__ Apply to Santa Ana College to obtain a student ID number through www.sac.edu and click on "Apply to College".
- 3. Official High School Transcripts (NOT A DIPLOMA) or GED Transcripts must be on file in the Admissions Office.
 - » This is REQUIRED if you DO NOT have an AA/AS or BA/BS degree from an accredited United States institution.
 - » Graduates from foreign countries (without a U.S. degree) must have their transcript officially evaluated stating the equivalency of a U.S. senior high school graduation
- 4. Official Transcript(s) From All Schools Attended Must Be on File in the Admissions Office.
 - Confirm with Admissions Office if your transcript(s) are on file.
- STOP
- » Allow at least two weeks for Admissions Office processing time BEFORE submitting your Prerequisite Verification Form.
- » Transcript(s) attached to Prerequisite Verification Form will NOT be processed. The form will be returned to the applicant to be resubmitted when transcript(s) are on file.
- 5.__ Prerequisite Verification Form
 - » Form A: Complete All Sections
 - » Form B: Complete Sections A, D, and E only DO NOT COMPLETE SECTIONS B&C.
 - » Forms A and B: Be sure to Initial & Date after on Sections A & D. Sign & date section E.
 - » St. Joseph Hospital Employees must enclose a copy of their hospital badge.

6. For Advance Placement:

» Advance Placement Students must enclose a copy of the approval letter from Becky Miller, Associate Dean of Health Sciences.

7. For LVN's:

- » LVN's must provide a copy of your license/page from the BVNPT <u>www.bvnpt.ca.gov</u> showing your license.
- » LVN Transcript must be on file with Admissions/Records.

Send Transcripts to: Santa Ana College, Admissions/Records, 1530 W. 17th Street, Santa Ana, CA 92706 **Mail or Deliver Prerequisite Verification Forms to:** Santa Ana College, Health Sciences/Nursing, Russell Hall, R-213, 1530 W. 17th Street, Santa Ana, CA 92706

If delivering the Prerequisite Verification Forms, submit the completed packet to the Health Sciences Nursing Office, Russell Hall, Room R-213 Monday-Friday 8:30am-4:00pm. Incomplete Prerequisite Verification Forms will be returned to the applicant. A new Prerequisite Verification Form must be submitted after satisfying the incomplete area(s). Your name will not be added to the Entry/Wait List until all prerequisite information has been completed and verified. In approximately six to eight weeks, after verifying that all prerequisites have been completed, you will receive a copy of your signed Prerequisite Verification Form, an instruction letter, and notification of your number on the Entry List.

Questions: Health Sciences/Nursing (714) 564-6825

These forms can be obtained on-line at www.sac.edu/Nursing.

THANK YOU FOR YOUR COOPERATION
BECKY MILLER
ASSOCIATE DEAN HEALTH SCIENCES/NURSING

SANTA ANA COLLEGE – NURSING DEPARTMENT PREREQUISITE VERIFICATION FORM



St. Joseph Hospital Employee	LVN
Advanced Placement	Re-Submission

A	Student ID #		Email Add	ress			
		social security number	er)				
	NAME	LAST		FIRST			MIDDLE
	PHONE			TIKST			MIDDLE
		(cell)		(home)			(work)
\mathbf{A}	DDRESS						
		STREET		CITY			ZIP CODE
> -	Initial/Date	mail is returned will be remove	it is my responsibility ed due to an incorrect red from the Entry Lis	address or st.	if I do not resp	ond to pho	one calls, my name
For a	administrative pur	poses, please provide th	he name, address and pho	one number of	someone who wi	ll know wher	e you can be reached.
Na	ame		Address		Phone	#	Relationship
		raduate (year) & college)			(year & colle		
7	AA/AS (year & Prerequisites	Verified by Officiates having a combined	al Transcripts – (All p	□ BA/BS	(year & colleg	ge) m grade of "(C" or better with all
7	AA/AS (year & Prerequisites	& college) Verified by Officia	al Transcripts – (All p	□ BA/BS	(year & colleg	ge) m grade of "(C" or better with all
7	AA/AS (year & Prerequisites	Verified by Officiates having a combined	al Transcripts – (All p	□ BA/BS orerequisites r. a recency of 7	(year & collegative quire a minimum years for the science	ge) m grade of "(C" or better with all
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7)	Prerequisites prerequisite cours Anatomy Physiology	Verified by Official ses having a combined of Semester/Year Taken	al Transcripts — (All p GPA of 2.5 or above and o Course Name/Number	□ BA/BS prerequisites r. a recency of 7 Units	(year & collegeneral collegener	ge) n grade of "(ence courses)	C" or better with all . College Name
7)	AA/AS (year & Prerequisites prerequisite cours Anatomy Physiology Microbiology	Verified by Official ses having a combined of Semester/Year Taken	Al Transcripts — (All p GPA of 2.5 or above and o Course Name/Number	□ BA/BS prerequisites r. a recency of 7 Units	(year & collegequire a minimum years for the scients) Grade	ge) n grade of "(ence courses)	C" or better with all . College Name
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SANTA ANA COLLEGE – NURSING DEPARTMENT PREREQUISITE VERIFICATION FORM



□ St. Joseph Hospital Employee
 □ LVN
 □ Advanced Placement
 □ Re-Submission

A	Student ID #		Email Address		
	NAME	cial security number)			
		LAST	FIRST		MIDDLE
	PHONE	(cell)	(home)		(work)
1	ADDRESS				
		STREET	CITY		ZIP CODE
⇒	Initial/Date		y responsibility to keep my add e to an incorrect address or if I c om the Entry List.		
Fo	r administrative purpos	es, please provide the name	e, address and phone number of some	eone who will know wh	here you can be reached.
N	fame	Ac	ddress	Phone #	Relationship
	1 AA/AS (year & c		□ BA/BS (year	ar & college)	
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