

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.
- » 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 www.bvnpt.ca.gov 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

PLEASE PRINT LEGIBLY

A Student ID # _____ Email Address _____
(this is not your social security number)

NAME _____
LAST FIRST MIDDLE

PHONE _____
(cell) (home) (work)

ADDRESS _____
STREET CITY ZIP CODE

⇒ _____ I understand it is my responsibility to keep my address and phone number current and that if
Initial/Date mail is returned due to an incorrect address or if I do not respond to phone calls, my name
 will be removed from the Entry List.

For administrative purposes, please provide the name, address and phone number of someone who will know where you can be reached.

Name	Address	Phone #	Relationship
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B High School / GED / Previous Degree(s) Verified by Official Transcripts *(check all that apply)*

High School Graduate (year) _____
 GED (year) _____
 LVN Transcript (year) _____
 AA/AS (year & college) _____
 BA/BS (year & college) _____

C Prerequisites Verified by Official Transcripts – *(All prerequisites require a minimum grade of “C” or better with all prerequisite courses having a combined GPA of 2.5 or above and a recency of 7 years for the science courses).*

	Semester/Year Taken	Course Name/Number	Units	/	Grade	College Name
<input type="checkbox"/> Anatomy	_____	_____	_____	/	_____	_____
<input type="checkbox"/> Physiology	_____	_____	_____	/	_____	_____
<input type="checkbox"/> Microbiology	_____	_____	_____	/	_____	_____
<input type="checkbox"/> English	_____	_____	_____	/	_____	_____

Overall Prerequisite GPA: _____

D ⇒ _____ I understand that I am responsible for completing the General Education requirements for
Initial/Date the Associate of Science degree prior to the completion of the RN program. A list of general
 education requirements is listed in the college catalog. I understand it is in my best interest
 to schedule an appointment with the Counseling Center for a review of my General
 Education requirements.

E Student Signature _____ Date: _____
 Signature of Evaluator _____ Date: _____

SANTA ANA COLLEGE – NURSING DEPARTMENT

PREREQUISITE VERIFICATION FORM

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

PLEASE PRINT LEGIBLY

A Student ID # _____ **Email Address** _____
 (this is not your social security number)

NAME _____
LAST FIRST MIDDLE

PHONE _____
(cell) (home) (work)

ADDRESS _____
STREET CITY ZIP CODE

⇒ _____
 Initial/Date I understand it is my responsibility to keep my address and phone number current and that if mail is returned due to an incorrect address or if I do not respond to phone calls, my name will be removed from the Entry List.

For administrative purposes, please provide the name, address and phone number of someone who will know where you can be reached.

Name	Address	Phone #	Relationship
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B High School / GED / Previous Degree(s) Verified by Official Transcripts (check all that apply)

High School Graduate (year) _____ GED (year) _____ LVN Transcript (year) _____
 AA/AS (year & college) _____ BA/BS (year & college) _____

C Prerequisites Verified by Official Transcripts – (All prerequisites require a minimum grade of "C" or better with all prerequisite courses having a combined GPA of 2.5 or above and a recency of 7 years for the science courses).

	Semester/Year Taken	Course Name/Number	Units	/	Grade	College Name
<input type="checkbox"/> Anatomy	_____	_____	_____	/	_____	_____
<input type="checkbox"/> Physiology	_____	_____	_____	/	_____	_____
<input type="checkbox"/> Microbiology	_____	_____	_____	/	_____	_____
<input type="checkbox"/> English	_____	_____	_____	/	_____	_____

Overall Prerequisite GPA: _____

D
 ⇒ _____
 Initial/Date I understand that I am responsible for completing the General Education requirements for the Associate of Science degree prior to the completion of the RN program. A list of general education requirements is listed in the college catalog. I understand it is in my best interest to schedule an appointment with the Counseling Center for a review of my General Education requirements.

E Student Signature _____ **Date:** _____
Signature of Evaluator _____ **Date:** _____