



SANTA BARBARA CITY COLLEGE
VOCATIONAL NURSING PROGRAM
APPLICATION FORM

Name Last First Middle Other Last Names

Address Street Apt.# City State Zip

SBCC Student ID # K _____

Telephone # () -

Email address _____

Date of Birth (MM/DD/YYYY): ___/___/___

Person to be notified in an emergency:

Name Relationship Telephone () -

Address Street Apt # City State Zip

1. PREREQUISITES COMPLETED

Table with 2 columns: Prerequisite Name and Details. Rows include TEAS TEST, ENGLISH (minimum TEAS Reading score of 66%), MATH (minimum TEAS Math score of 62% OR college level Intermediate Algebra, or higher, MATH 107 at SBCC), ANATOMY and Physiology (3 or 4 unit college course), and CNA (certificate obtained in the past 5 years OR active CNA license).

2. **HIGH SCHOOL COMPLETION** Must be filled out even if you have a college degree.

High School Name _____

Graduation Date (MM/DD/YYYY) ____/____/____

3. **ETHNIC GROUP** Response optional, but appreciated.

- | | |
|--------------------------------------|----------------|
| _____ American Indian/Alaskan Native | _____ Black |
| _____ Anglo | _____ Filipino |
| _____ Asian/Pacific Islander | _____ Hispanic |
| _____ Other | |

4. **PRIMARY LANGUAGE**

Is English your Primary Language? YES ___ NO ___

If "NO," what is your Primary Language? _____

Number of years of formal schooling you have had in your Primary Language _____

5. **WHERE DID YOU HEAR ABOUT OUR PROGRAM?** How did you become interested in the SBCC VOCATIONAL NURSING PROGRAM?

- | | |
|--------------------------------|------------------------------------|
| ___ Friend/Relative in program | ___ Career Days/Class Presentation |
| ___ CNA Class | ___ High School Counselor |
| ___ SBCC Counselor | ___ Other |

If accepted, I understand that I must furnish my own transportation for clinical experience in the community.

I certify under penalty of perjury that all information I have included in this application is correct.

Signature _____

Date ____/____/____