Santa Barbara City College
Associate Degree Nursing Program

721 Cliff Drive • Santa Barbara, California 93109-2394 • (805) 965-0581 x2366

APPLICATION

Applicant Name

_____

First   Middle   Last

For office use

_ If you have changed your name, please list all the names you have previously used:

_____

First   Middle   Last   Date name changed

_____

First   Middle   Last   Date name changed

Mailing Address

Phone Number(s)

_____

Number   Street   Apt #

Home _____

Work _____

_____

City   State   ZIPCode

Cell _____

email Address

Other _____

_____

Emergency Contact

_____

Name   Relationship   Phone Number

Gender   **Date of Birth**   **Valid Social Security Number**

☐ Female

☐ Male

mm / dd / yyyy

Ethnic Group

☐ African-American, non-Hispanic   ☐ Filipino

☐ American Indian or Alaskan Native   ☐ Hispanic   ☐ Other: _____

☐ Asian or Pacific Islander   ☐ White, non-Hispanic

Language(s)

_____

Primary   Second, if any   Third, if any

Have you previously applied to any of the programs in the SBCC Health Technologies division?

☐ No

☐ Yes   If Yes, complete the following: _____

Program name   Year

Certifications and Licenses: Include the certification or license type (e.g., CNA, EMT, LVN), the institution issuing the certificate or license, and the date of issue or most recent renewal date.

	Type	Issued by	Issue date
1			
2			
3			

(continued on reverse)

ADN Application Form 10-18-2002

Indicate which (if any) of the SBCC Assessment tests you have taken:

English _____ Math _____
           Test Date   Test Date

Education: List in chronological order all educational institutions attended, beginning with high school.

	School and Location Location not required for local schools (SBHS, SMHS, DPHS, SBCC, UCSB, Alan Hancock, VCCC, etc); otherwise indicate the city, state (or province), and nation if not U.S.A.	GED	Courses Taken						Diploma / Degree
			English	Math	Chemistry	Anatomy	Physiology	Microbiology	
HS		☐			☐				☐
1			☐	☐	☐	☐	☐	☐	☐
2			☐	☐	☐	☐	☐	☐	☐
3			☐	☐	☐	☐	☐	☐	☐
4			☐	☐	☐	☐	☐	☐	☐

Work Experience: List in chronological order all work within the past 5 yrs, as well as prior **medically-related** work.
                           (use additional paper if more than four employers)

	Employer and Location Indicate the city, state (or province), and nation if not U.S.A.	Start date & end date	Type of work
1			
2			
3			
4			

How did you become interested in the SBCC ADN Program? (mark all that apply)

☐ Friend/relative   ☐ Career Days/Class presentations   ☐ CNA Program   ☐ LVN Program

☐ High school counselor   ☐ Flyers/brochures

☐ College counselor   ☐ Newspaper   ☐ Other: _____

For LVN's Only	I have received and reviewed information on the <u>LVN to ADN Program</u> and the <u>30 Unit Option Program</u> for LVN's. I choose the: ☐ LVN to ADN Program ☐ 30 Unit Option Program	Initial

I certify under penalty of perjury that all information contained herein is correct.

Signature _____ Date _____