

Supporting Documents Needed for Completion of Application:

- Transcripts (official only- even if previously submitted- if sending via Parchment please email to Nursing-Applications@redwoods.edu.)
- Copy of any licenses (if applicable)
- Copy of any certifications (if applicable)
- Work Experience Verification Form (if applicable)
- Volunteering Verification Form (if applicable)
- Life Experiences/Circumstances Verification Form(s) (if applicable- up to 4)
 - Disability
 - Family income
 - First generation to attend college
 - Need to work
 - Disadvantage social or educational environment
 - Difficult personal or family situation or circumstances
 - Veteran status
 - Refugee status
- Proficiency in Language (other than English) Verification Form (if applicable)
- TEAS Results

For students applying to the Traditional Associate Degree Registered Nursing Program, prerequisite coursework must be completed by December 31, 2023.

- Microbiology
- Human Anatomy
- Human Physiology
- College Composition
- Consult the CR catalog or CR counseling/advising services for additional degree requirements

OFFICIAL ASSOCIATE DEGREE REGISTERED NURSING (RN) APPLICATION
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For students applying to the ADN and Concurrent Enrollment Program with Cal Poly Humboldt University, all prerequisites for the ADN must be completed by December 31, 2023 which includes **all coursework required for Associate degree with the addition of Statistics.**

- Oral Communication (A1)
- Written Communication (A2)
- Critical Thinking (A3)
- Chemistry: General; Inorganic, organic, or integrated (with associated lab if required at the institution where the course was taken) (B1, B3)
- Human Anatomy (with required lab) (B2, B3)
- Human Physiology (with required lab) (B2, B3)
- Microbiology (with required lab) (B2, B3)
- Statistics (B4)

Connect with Cal Poly Humboldt University regarding enrollment and additional requirements.

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College of the Redwoods RN Program

**Work Experience Verification Form (Page 1) For the
February 2024 Application**

- Dates of employment must be between **1/1/2022 – 1/31/2024**
- To be eligible for points: BOTH Part A and Part B must be submitted.
- No form variations can be accepted, and forms must be submitted in pdf format

Work Experience Criteria

The intent of awarding points in the work experience category is to recognize relevant work experience that would allow students to be well-prepared for success in the RN program. Work duties that facilitate knowledge, understanding, and experience with the RN role, the RN-patient relationship, and the practice of skills in the human healthcare setting may be considered. The following work experiences are examples of work experience that would be considered for points.

- LVN, medical assistant, nurse assistant, paramedic, and psychiatric technician positions
- Multidisciplinary teamwork that includes collaboration with an RN
- Patient health & hygiene, vital signs, feeding, daily living, mobility/transfer techniques.

Personal caregiving positions in private homes without a business license are not able to be considered.

Phlebotomy in a clinic alone does not qualify, but may be considered depending on the job description and duty list if in a healthcare setting where collaboration with RN's or LVN's is evident.

Part A. To be completed by applicant

Applicant Name:

Applicant Address:

Applicant Phone Number:

Place of employment:

Address:

Job title:

Start date of employment under this job title:

End date of employment under this job title:

List of duties in your own words that meet the intent of work experience points (applicant's words):

College of the Redwoods RN Program Application
WORK EXPERIENCE VERIFICATION FORM (Page 2)

- Dates of employment must be between **1/1/2022 – 1/31/2024**
- To be eligible for points: BOTH Part A and Part B must be submitted
- No form variations can be accepted, and forms must be submitted in pdf format

Part B: To be completed by your direct supervisor

Name & Title of Supervisor:

Supervisor phone number:

Supervisor email:

Title of position held by applicant:

Start date of employment under this job description:

End date for this job description, or indicate if still employed:

Criteria 3a: Work Experience. Sign here to verify that the applicant has worked over 200 hours between January 1, 2022, and January 31, 2024, under the healthcare job description that meets RN application work experience criteria:

Direct supervisor signature _____

Criteria 1c: CNA Work Experience Credit. Sign here if the applicant has worked over 500 hours between January 1, 2022 and January 31, 2024 as a CNA to receive education credit for this work experience:

Direct supervisor signature _____

IMPORTANT! Attach the official job description the applicant was hired for that meets the RN work experience point criteria AND write a description of duties performed that meet the criteria in this box or on official letterhead.

Signature of Supervisor: _____ **Date:** _____

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Volunteer in Healthcare or Non-profit Organization Verification Form

- For Volunteer Hours Between January 1, 2022, through January 31, 2024
- No form variations can be accepted, and forms must be submitted in pdf format.
 - Exception – Hours volunteered and signed on the February 2024 volunteer form will be accepted as long as they were completed during the required timeframe
- A minimum of 200 volunteer hours is required to qualify for points

Applicant name:

Email:

Volunteer Experience Criteria for Point Consideration:

Your volunteer experience will be evaluated prior to completing the hours by following the instructions on the RN program website. The intent of awarding points in the volunteer experience category of the RN application is to recognize relevant volunteer experience that benefits the volunteer and healthcare community. For the purpose of points, unpaid volunteer positions in a healthcare setting or a nonprofit organization that allow the applicant to gain knowledge, understanding, and experience while improving the health and well-being of our community may be considered.

The following are examples of volunteer experiences that would be considered for points:

- Hospital, long-term care, assisted living, memory care, clinic
- Hospice
- Health Fair
- Non-profit organizations (i.e. Special Olympics, Alzheimer's Association, American Heart Association, Cancer Society, Food Bank)

Volunteer positions are evaluated on a case-by-case basis, and points are not guaranteed.

Instructions to Applicant and Volunteer Coordinator/Supervisor:

Take this form to each volunteer activity to have the volunteer coordinator date and sign

If hours were performed before this form was published, submit to the supervisor for proof of volunteer service or the form from the last application will be accepted if applicable.

1. Each day & hours are to be listed. Summarized hours cannot be accepted.
2. Use the second page, or as many pages as necessary, to document hours.
3. Keep this form with all signatures to submit with your online application (200 hours minimum required for points).

Date of Service	Agency/Organization	Volunteer Role	# of Hours Worked	Coordinator/Supervisor Name, Phone Number & Initials
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
Cont'd on next page as needed				

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Verification of Proficiency in a Language Other than English

- For applications submitted February 2024
- Submit this form in pdf format. No form variation can be accepted

Requirements:

Coursework does not equal proficiency. Applicant must have the ability to speak, interpret, and write in the language at a conversational level as well as be able to translate during a medical emergency. The person verifying language ability may not be a relative or family member. Applicants claiming proficiency may be asked to verify this through assessment testing at College of the Redwoods.

Instructions to Applicant:

1. Print this form.
2. Ask a community member with whom you have had sufficient interaction and who can verify that you are proficient in a language other than English to complete the Community Member Language Proficiency Verification section. This person must not be a relative or family member.
3. Sign and date the Applicant's Acknowledgment section.
4. Follow the instructions provided in the application to submit this form with your application by the due date.

Community Member Language Proficiency Verification:

Please print clearly:

I verify that _____ is able to speak, read, and write in _____ at a level
 (Name of Applicant) (Language)

that allows common everyday communication, **and** has the ability to translate in a medical emergency.

Signed: _____ **Date:** _____

Name: _____ **Address:** _____

Phone: _____ **Email:** _____

Please describe your relationship to the applicant (you must not be a relative or family member):

Applicant's Acknowledgement:

I acknowledge, by my signature below, that the information on this form is true and correct.

Applicant's name **Applicant's Signature** **Date**



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**ATI TEAS Exam
Remediation/Retest Approval Request**

I received less than 62% on the TEAS test.

I received greater than 63% on the TEAS test and wish to improve my score and retest.

Describe remediation completed, and attach proof of completion. There MUST be 90 days between each TEAS test taken or the first/earliest TEAS test score will be used. You MUST attach an official copy of all TEAS results.

Remediation activities:

I acknowledge that the plan as presented was completed. The re-test approval request is less than one year from the first/earliest TEAS test date (attach official scores).

Student signature: _____ Date: _____

FOR NURSING DEPARTMENT USE ONLY

Reviewed by CR Nursing Department: Approved Denied

Reason for Denial: _____

Faculty/Director signature: _____ Date: _____



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Special Program Participation Verification

The purpose of this form is to verify a student's active engagement in one or more of the College of the Redwoods' Special Programs. Additionally, it serves as a testament, endorsed by the self-identification of the Student and verified by the College of the Redwoods Employee a student is thereby also eligible to participate in these programs.

Student Name (First Name, Last Name): _____

Student ID: _____ Date: _____

Student Signature: _____

Student Special Program Self-Identification

To be completed by the Student knowing and agreeing that by self-identifying as an active participant by initialing next to the listed programs and circumstances below, you are identifying with one or more of the eligibility factors necessary to be active in the programs to the entity/organization that you send this form to.

Students, please initial next to each program that you self-identify as being an active participant in as of the date listed on this form.

- TRIO Student Support Services
- EOPS (Extended Opportunity Programs & Services)
- CARE (Cooperative Agencies Resources for Education)
- CalWORKs
- DSPS (Disability Services and Programs for Student)
- I am a 1st Generation Student (Neither of my Parents have a 4-Year Degree)

Administrator/Faculty/Staff for Special Program Verification

To be completed by a College of the Redwoods Employee who can verify their eligibility and participation.

If the student has self-identified as being a part of the above Special Programs (with the exception of DSPS) and/or identifies as a 1st Generation college student, I validate as a College of the Redwoods Employee that the student is indeed an active participant as of the date of my signature.

Director/Faculty/Staff Name: _____

Position Title: _____

Signature: _____ Date: _____

Disability Services and Programs for Student (DSPS) Verification

To be completed by a College of the Redwoods Employee who can verify their eligibility and participation.

If the student has self-identified as being a part of DSPS, I validate as a College of the Redwoods Employee that the student is indeed eligible to receive support from DSPS.

Director/Faculty/Staff Name: _____

Position Title: _____

Signature: _____ Date: _____