



California Healthcare Skills Center

Vocational Nursing Program

18710 Van Buren Blvd. Riverside CA. 92508

Class of 2024-2025 Application

(All applications and paperwork are due on or before August 31, 2024)

APPLICATION PROCEDURE

1. Read and follow all instructions.
2. Provide all names you have been known by, including a maiden name. This information will be needed to match your transcripts.

IT IS VERY IMPORTANT THAT YOUR ADDRESS IS CORRECT AND COMPLETE ON YOUR APPLICATION. PLEASE INFORM CHSC AS SOON AS POSSIBLE IF YOU MOVE.

3. Obtain OFFICIAL High School/GED transcripts and College transcripts for any coursework you have completed even if you don't have a college degree. Please do this early, as it can take quite some time for schools to send transcripts. Transcripts from countries other than the United States MUST be translated and evaluated for equivalency to U.S. High School requirements PRIOR to turning them in. These take up to a month to receive, so order now.
4. Completed applications and paperwork must be turned in to the school office by August 31, 2024. The application must include OFFICIAL sealed High School transcript, (1) Letter of Recommendation if indicated, Completed Live Scan form, Physical/TB form, copies of your State Driver's License/Government Issued Picture ID, copy of Original Social Security Card and a copy of your COVID-19 Vaccination card.

APPLICANTS MUST WEAR A MASK

5. Completed applications may include a copy of current C.N.A. Certification as this certification is preferred for the Vocational Nurse Program at CHSC.
6. Information on T.E.A.S (Test of Essential Academic Skills) will be provided. It will be required to score at the top 50th percentile or higher to be considered.



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Name: _____ Phone: _____

Address: _____

Social Security/ITI Number: _____ Birth date: _____

Email Address: _____

PROGRAM TYPE

Full Time (13 Months)

Part Time (19 Months)

EDUCATION

Must have a High School Diploma or GED to apply for the Vocational Nurse Program.

If applicable, please provide training location for certification of C.N.A.

Training.

List Name of School(s) below along with the date of completion. Transcripts verifying all Education must be official and sealed from the school listed below. Transcripts from other Countries must be translated and evaluated prior to submission.

High School: _____

Address: _____

Diploma:

Yes__ No__

GED Certificate:

Yes__ No__

College/University: _____

Some College__ Certificate__ Degree__

Trade School _____

Some College__ Certificate__ Degree__

Check all that apply and attach a copy of the certificate(s) that applies to you.

C.N.A.____ OTHER____

WORK EXPERIENCE

Please list employment locations for the last FIVE YEARS starting from the most recent.

Can California Healthcare Skills Center contact Employers? Yes____ No____

Employer/Supervisor: _____

Address: _____

Phone Number: _____ Date: _____

Reason for Leaving: _____

Employer/Supervisor: _____

Address: _____

Phone Number: _____ Dates: _____

Reason for Leaving: _____

Employer/Supervisor: _____

Address: _____

Phone Number: _____ Dates: _____

Reason for Leaving: _____

Employer/Supervisor: _____

Address: _____

Phone Number: _____ Dates: _____

Reason for Leaving: _____

Employer/Supervisor: _____

Address: _____

Phone Number: _____ Dates: _____

Reason for Leaving: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Phone: _____

REFERENCES

Applicants are responsible for providing a recommendation letter signed by the person listed below.

Name: _____ Occupation: _____

Address: _____

Phone Number: _____

Why do you wish to enter the vocational nursing program?

I understand that it is my responsibility to obtain my Official sealed transcripts for High School, College, and or GED to be turned into California Healthcare Skills Center, 18710 Van Buren Blvd. Riverside, CA. 92508

I understand if I am selected as a Vocational Nurse Student, I must complete 1,624 hours of Theory and Clinical class hours before I am eligible to take the National Council Licensed Exam (NCLEX-PN) to become a Licensed Vocational Nurse (LVN).

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements may disqualify me from California Healthcare Skills Center Vocational Nursing Program.

Student Signature: _____ Date: _____