

# ADVANCED PLACEMENT APPLICATION CHECKLIST

- Advanced Placement Application
  - Official Transcripts (see Advanced Placement Packet)
1. LVN Applicant submit:
    - Copy of current LVN license or confirmation from [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov) website.
    - TEAS V or ATI TEAS electronic results. Request electronic results be sent to VC, if taken at other location.
  
  2. Transfer students from other nursing programs submit:
    - TEAS V or ATI TEAS electronic results. Request electronic results be sent to VC, if taken at other location.
    - Two letters of recommendation (one from School of Nursing Director and one from a clinical faculty member).
    - Previous nursing school course syllabi and college catalog will be required after testing.
    - Meet with program Director regarding challenge exam and dates.
  
  3. Readmission applicants to Ventura College Nursing Program submit:
    - Proof of completion of requirements for reentry.
    - TEAS V or ATI TEAS electronic results. Request electronic results be sent to VC, if taken at other location.
    - Ventura College nursing program faculty approval for readmission.

# VENTURA COLLEGE SCHOOL OF NURSING

## APPLICATION FOR ADVANCED PLACEMENT

NAME: \_\_\_\_\_ Social Security or Student ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

License Number & Type of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
(where course work for license obtained)

History of health care related experience within the past two years:

\_\_\_\_ I have worked in acute care                      \_\_\_\_ I have worked in skilled nursing

\_\_\_\_ I have worked in another setting as an LVN                      \_\_\_\_ I have not worked in health care

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### Option I

I am seeking advanced placement in the **associate degree nursing** (ADN) program and am requesting to be scheduled for theory and clinical competency assessment testing. Test #1 must be completed prior to taking #2. (Please check all that apply.)

\_\_\_\_\_ Assessment Testing for Clinical Competency #1 (credit for NS V10)

\_\_\_\_\_ Assessment Testing for Clinical Competency #2 (credit for NS V20)

\_\_\_\_\_ I understand I will submit a Petition for Credit by Examination form to a nursing counselor for each course challenged and place a copy on file in the School of Nursing.

\_\_\_\_\_ I understand I will be charged for the competency examination and any required per unit fees for courses challenged.

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### Option II

\_\_\_\_\_ **I am requesting the 30-unit option.** I understand that if admitted to the nursing program as a 30-unit option candidate I may NOT later become a candidate for the associate degree in nursing. I understand that registered nurses licensed in California under this option may not be recognized in other states.

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### Option III

\_\_\_\_\_ I am a licensed vocational nurse requesting **admission into NS V20 without challenge testing.**

\_\_\_\_\_ I understand I will submit a Petition for Credit by Examination to a nursing counselor to receive credit for NSV10 after successful completion of NSV20.

\_\_\_\_\_ I understand i will be charged the per unit fee associated with NSV10 after successfully completing NSV20.

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**COUNSELING TO COMPLETE:**

\_\_\_\_\_ Overall GPA \_\_\_\_\_ Science GPA \_\_\_\_\_ Number of Science Repeats \_\_\_\_\_

\_\_\_\_\_ Satisfactorily completed all required ADN prerequisite coursework identified in the college catalog including:

Anatomy \_\_\_\_\_ Physiology \_\_\_\_\_ Human Development \_\_\_\_\_

Math \_\_\_\_\_ Microbiology \_\_\_\_\_ Chemistry with Lab \_\_\_\_\_

\_\_\_\_\_ Currently enrolled in:

Human Development \_\_\_\_\_

\_\_\_\_\_ Remediation completed for:

\_\_\_\_\_ Overall GPA \_\_\_\_\_ Science GPA \_\_\_\_\_ Repeats \_\_\_\_\_ TEAS

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- TEAS results on file at Ventura College \_\_\_\_\_  
OR requested ATI to send electronic TEAS results to Ventura College if taken at another site  
  
(Site Name) \_\_\_\_\_ Date taken \_\_\_\_\_
  - If TEAS not taken, you have 1 year from this application to submit electronic results or your name will be removed.
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Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_