WEST HILLS COLLEGE LEMOORE

ASSOCIATE DEGREE REGISTERED NURSING PROGRAM
Work or Volunteer Experience in Healthcare Verification

Write legibly (illegible forms will not be accepted) **Save as PDF to upload to online application**

1. Complete sections A and B.
2. Ask your *employer/volunteer* coordinator to complete section C and return this form and their cover letter to you on company letterhead. **Make sure they list the position you hold at the agency**.
3. Make a copy of the front and back of your *active* license or certification to include in the PDF document
4. PDF for online application should include: this form, letter from employer, copy of any active license or certification

A. Applicant Information

Name: *first*   *middle*   *last*

Address: *number & Street*   *city*   *State*   *zip code*

Contact Information: *primary phone number*   *secondary phone number*   *my.whccd.edu email address*

     (   )   (   )   @my.whccd.edu

B. Employer or Volunteer Facility Information

Employer/Volunteer Facility Name:

Type of Health Care Facility:

Name & Title of Supervisor:

Address: *number & Street*   *city*   *State*   *zip code*

Contact Information: *primary phone number*   *secondary phone number*   *email address*

     (   )   (   )

C. Employer or Volunteer Coordinator- Please Complete This Section:

Position held by applicant: *** Minimum 6 months experience**

Dates of Employment: ******Start Date:*   * *End Date:*

( ) Full Time   ( ) Part Time   ( ) Paid Work   ( ) Volunteer Work | **Total number of hours worked per month** | ____ |

( ) Please attach a cover letter on agency letterhead describing the applicant's work and/or volunteer experience. Return this form and letter to applicant so they can submit with their application. Letter must include the applicant's name, start date and end date, employment status (full-time/part-time/volunteer), number of hours worked per month, and approximate total of hours worked. Include job title, department, and example of duties (including patient interaction)

_____
Name and title of person completing Section C   **Signature**   **Date**

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Certification of Language Proficiency
•To be submitted with the Registered Nursing Application•

Instructions:
Please complete the following form to meet the criteria for Native Speaker
_____
•To be completed by student•

Name: _____   Phone:_____

Student Certification of Proficiency

Language *other than English*: _____
English is: ☐ First Language   ☐ Second Language

_____
•To be completed by Professor, Clergy Member, or Supervisor•
(NOT A CLOSE FRIEND/RELATIVE)

Name: _____ Title: _____

Organization:_____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

•How long have you known the student and in what capacity?

_____

_____

•How often have you observed the student conversing/translating in this language?

☐ Daily   ☐ 3+ days per week   ☐ 1= days per week

•Please rate the student on a scale from 1 (low) to 3 (high) •

Student's proficiency in speaking this language: **0   1   2   3**
Student's proficiency in writing this language: **0   1   2   3**
Student's proficiency in reading this language: **0   1   2   3**
_____
I certify that I am fluent in the identified foreign language as listed above and that I have observed the listed student and his/her language skills within the past year.

Signature: _____ Date: _____

Life Experiences or special circumstances of an applicant

For documentation for this category of the Life Experiences or Special Circumstances

Disabilities

Documentation required: **documents must be in PDF form to upload to online application**

Proof of eligibility for Disabled Student Programs and Services (DSPS).

Life Experiences or special circumstances of an applicant

Veteran

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: documents must be in PDF form to upload to online application

  - <u>Copy of form DD214</u>

Life Experiences or special circumstances of an applicant

Spouse or dependent of a Veteran or active duty

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: documents must be in PDF form to upload to online application

 - Copy of form DD214 reflecting Honorable Discharge status. If eligible spouse/dependent, also submit copy of Certificate of Eligibility (C.O.E.)

Life Experiences or special circumstances of an applicant

Refugee

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: documents must be in PDF form to upload to online application

- **Documentation or letter from USCIS**

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Life Experiences or special circumstances of an applicant

Need to Work

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: documents must be in PDF form to upload to online application

<u>Paycheck stub from the period of time you were enrolled in RN prerequisite courses, or a letter from employer (must be on organization letterhead) verifying employment was at least part-time while completing courses</u>

WEST HILLS COLLEGE LEMOORE

Life Experiences or special circumstances of an applicant

Low Family Income

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: **documents must be in PDF form to upload to online application**

Proof of eligibility or receipt of financial aid under a program that may include but is not limited to: a fee waiver from the Board of Governors, Cal Grant Program, Federal Pell Grant program; or Cal Works

Life Experiences or special circumstances of an applicant

First Generation of Family to Attend College

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: Personal written (typed) statement-provide brief description on explaining situation or circumstances

For documentation for this category of the Life Experiences or Special Circumstances, enter your personal written statement in the text box in the online application. Provide a brief description of the circumstance in this area in 500 words or less

We recommend you prepare your statement in a word document so you can cut and paste your statement into the text area of the online application when it becomes available. 500 word limit.

Life Experiences or special circumstances of an applicant

Disadvantages social or educational environment

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: documents must be in PDF form to upload to online application

<u>Proof of participation or eligibility for Extended Opportunity Programs and Services (EOPS), Upward Bound Program, or-Proof of participation or eligibility for UMOJA community; Verified form Foster youth; Native American Status</u>

Life Experiences or special circumstances of an applicant

Difficult personal and family situations or circumstances

For documentation for this category of the Life Experiences or Special Circumstances

Documentation required: Personal written (typed) statement-provide brief description on explaining situation or circumstances

For documentation for this category of the Life Experiences or Special Circumstances, enter your personal written statement in the text box in the online application. Provide a brief description of the circumstance in this area in 500 words or less

We recommend you prepare your statement in a word document so you can cut and paste your statement into the text area of the online application when it becomes available. 500 word limit.