



Name: _____ Student ID #: _____

Equivalency Verification Form

If you completed all prerequisite classes at Merced College or your classes are listed on the Grid of [Comparable Prerequisite Courses](#) you **do not need** to complete this form, nor do you need a counselor's signature.

If your course is NOT listed on the [Comparable Prerequisite Courses](#), submit your Official transcript(s) from other colleges/universities directly to the Merced College Admissions & Records office by the deadline posted on the [LVN Program website](#). After your courses have been evaluated, make an appointment with an ALLIED HEALTH Counselor to verify equivalency. Call 209-381-6478 or email ecounselor@mccd.edu to book an appointment.

Fill this form out for the course(s) you need verified for equivalency.

- Write "n/a" for courses shown on your Merced College Transcript.
- Write "n/a" for courses listed on the Grid of Comparable Prerequisite Courses.

Per the Board of Vocational Nurses & Psychiatric Technicians, ALL program prerequisites must be completed within 5 years of submitting your application to the program.

If any prerequisites are older than 5 years, they must be retaken prior to applying to the program.

| Prerequisite | College/ University | Course Name & Number (ex. BIOL-20) | Course Unit Value | Semester & Year | Counselor Initial verifying equivalency | Course Grade |
|---|---------------------|---------------------------------------|-------------------|-----------------|---|--------------|
| ALLH-67 Medical Terminology | | | | | | |
| BIOL-50 Survey of Anatomy & Physiology OR BIOL-16 General Human Anatomy | | | | | | |
| NUTR-10 Nutrition | | | | | | |
| VOCN-46A Applied Mathematics for Pharmacology | | | | | | |

I have read the instructions outlined on this page. My application may be denied pending further department evaluation.

Failure to complete & SIGN form will lead to your application being disqualified.

Applicant Signature: _____ Date: _____

Merced College Allied Health Counselor

- ☐ CID Number
- ☐ HECCC Nursing Degree Admission Grid
- ☐ Merced College Internal Evaluation on File
- ☐ Based on Initial Counselor Assessment

Rationale for temporary approval: _____

Print Name: _____

Signature: _____ Date: _____