



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](mailto: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 <b>OR</b> 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: \_\_\_\_\_