



Merced College
Vocational Nursing Program
Sample Application



Vocational Nursing Program Application

Introduction

Vocational Nursing Program Application

Prerequisites

History of Conviction

Acknowledgement of Student Responsibilities

Thank you for your interest in Merced College's Vocational Nursing Program.

Visit [How to Apply](#) on the LVN Program homepage for more information, including deadlines.

Applicants selected via this application window are being selected for Spring 2025 enrollment.

All applications submitted during the application window will be reviewed at a later date. If it is determined minimum requirements have not been met or an incomplete application packet is submitted, the applicant will not be considered for the selection process. Incomplete applications will be disqualified.

There is no waitlist. Qualified applicants will be selected by lottery.

Merced College faculty, counselors and staff are not responsible for the completeness of your application. You are solely responsible for following directions.

Important Notice: Allied Health students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations. Merced College follows the requirements put in place by our clinical partners.

*

I acknowledge that I have read the above information.

[Previous](#)

[Next](#)

[Save as Draft](#)



Merced College
Vocational Nursing Program
Sample Application



Vocational Nursing Program Application

- Introduction
- Vocational Nursing Program Application**
- Prerequisites
- History of Conviction
- Acknowledgement of Student Responsibilities

Year you are applying for

2025

Merced College ID *

(i.e. 0001234)

Last Name *

First Name *

M.I.

Former

(?)

Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Telephone # *

Merced College Email *

Personal Email *

(The one you check most often. Personal emails are considered yahoo, gmail, etc. and NOT associated with your job, Merced College, or another school).

Are you 18 Years of age or older *

Yes

No

Gender

Female

Male

Other

Ethnicity

Entrance Requirement *

High School Diploma or High School Transcript or GED or AA/AS Degree or higher education completed

Upload, or Drag into this Area to attach documents

Previous

Next

Save as Draft



Merced College
Vocational Nursing Program
Sample Application



Vocational Nursing Program Application

[Introduction](#)

[Vocational Nursing Program Application](#)

[Prerequisites](#)

[History of Conviction](#)

[Acknowledgement of Student Responsibilities](#)

All prerequisites must be completed and grades must be demonstrated on transcripts prior to applying. No "in progress" prerequisites will be accepted. At this time, the combined GPA on prerequisites must be a 2.0 or higher.

Have you completed the required prerequisites?*

- Yes
 No

Did you complete all the prerequisite courses with a grade of "C" or higher?*

- Yes
 No

All prerequisites completed within the last 5 years?*

- Yes
 No

Prerequisite Courses and Course Equivalency Verification

IF your course is NOT listed on the [Grid of Comparable Prerequisite Courses](#), you must make an appointment with an ALLIED HEALTH Counselor (call 209-381-6478 or email ecounselor@mccd.edu) to verify equivalency.

Official transcript(s) from other colleges/universities must be sent directly to the Merced College Admissions & Records office by deadline posted on the [LVN website](#), no exception.

If you need your course(s) verified for equivalency, fill out the [Equivalency Verification Form](#).

If you completed all prerequisite classes at Merced College or if 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.

Upload Equivalency Verification Form

Upload, or Drag into this Area to attach documents

* Program Prerequisites must be completed within 5 years of date of application

Continues on next page



Merced College
Vocational Nursing Program
Sample Application

College/University	Course Name & Number	Semester/Year	Course Unit Value	Course Grade	Grade Point Value <small>Grade Point Values- A=4 Points, B= 3 Points, C=2 Points</small>	Grade Point
ALLH-67	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
NUTR-10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
BIOL-50	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
BIOL-16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
VOCN-46A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00

Total Course Unit Value

Total Grade Point Value

Total Grade Points

Total GPA

Total from GPA & Prerequisite Course form

Transcripts

All applicants are required to upload transcript(s) with their application. Transcripts must include all work shown as completed on the application. An application that is not completely filled out and/or does not have all transcripts submitted by the application deadline will be considered incomplete.

Upload a copy of your unofficial transcript from Merced College. You can login to your [Merced College Self-Service](#) account to download a PDF of your unofficial transcript.

Upload a copy of your official transcript(s) from all other colleges/universities. We understand that once you open the copy, it becomes unofficial. This will be accepted for this application.

Upload Copy of Transcripts*

Previous LVN or RN Courses

Have you ever attended another LVN or RN Program?*

- Yes
- No

If you answered Yes, list school and you must attach the transcripts

Upload copy of Transcripts

[Previous](#)

[Next](#)



Merced College
Vocational Nursing Program
Sample Application



Vocational Nursing Program Application

[Introduction](#) [Vocational Nursing Program Application](#) [Prerequisites](#) **[History of Conviction](#)** [Acknowledgement of Student Responsibilities](#)

Applicants should be aware of the provisions of the California Vocational Nurse Practice Act which requires the Board of Vocational Nurse & Psychiatric Technicians to review the history of previous convictions and in those cases where offenses bear a substantial relationship to the nursing profession, the Board may withhold the license.

Questions should be referred to the Board of Vocational Nurse and Psychiatric Technicians at:

2535 Capitol Oaks Drive, Suite 205

Sacramento, CA 95833-2945

or

(916) 263-7800

*

I acknowledge that I have read the above statement.

[Previous](#)

[Next](#)

[Save as Draft](#)



Merced College Vocational Nursing Program Sample Application



Vocational Nursing Program Application

[Introduction](#) [Vocational Nursing Program Application](#) [Prerequisites](#) [History of Conviction](#)

Acknowledgement of Student Responsibilities

I have read all of the material contained on the Vocational Nursing Program [How to Apply](#) website.

I understand that general education requirements for the A.A. Degree are subject to change with the publication of each year's new Merced College school catalog.

I understand Merced College reserves the right to revise Program Prerequisites and/or Selection Procedures.

I understand it is my responsibility to meet program prerequisites, ensure equivalency, follow proper application procedures, provide transcripts, and stay informed of revisions regarding degree requirements, program requirements, and selection process.

I understand that if I submit an application that is incomplete, or does not meet program prerequisites/application requirements, I will be disqualified.

I understand that after my application is accepted and verified, it is my responsibility to notify Merced College's Allied Health Division of any changes in name, address, telephone number and/or personal email.

I understand that if I am selected by the program, failure to notify the Allied Health Office of my acceptance or declination in the allotted time given, constitutes grounds to assign my position to the next qualifying applicant.

I understand if I decline acceptance into the program I may apply at a later date and I must meet all recency requirements i.e. program prerequisites must be completed within 5 years of application.

I understand that if I withdraw or am dismissed from the program, I will no longer be eligible for re-admittance into the program.

Allied Health students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations. Merced College follows the requirements put in place by our clinical partners.

Upon acceptance into the Vocational Nursing Program, you must meet ALL CURRENT requirements.

Limitations on Enrollment/Requirements: COVID -19 vaccine/booster, Tdap, MMR, HEP B, Varicella, Current Flu Vaccine, Negative TB Test or Negative Chest X-Ray, CPR Certification (American Heart Association - BLS), Physical, criminal background and drug screening clearances. Additional immunizations, drug screenings and background checks may be required throughout the program for clinical rotations.

Further information will be provided at the MANDATORY orientation. Failure to provide required documentation by deadlines may cancel admission to the program.

*

I acknowledge that I have read and agree to above statement.

Review

*

I certify that all information provided in connection with this application is true, correct and complete. Providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Merced College Vocational Nursing Program.

Signature *

Date *

Date will be captured on form submission

Before submitting your application, double-check you selected the correction application type. Be sure to include all necessary documentation; multiple submissions will not be allowed. No exceptions.

[Previous](#)

[Next](#)

[Submit](#)

[Save as Draft](#)