

# ***INLAND CAREER EDUCATION CENTER VOCATIONAL NURSING PROGRAM***

*1200 North E Street  
San Bernardino, CA 92405*

## **Class of 2023B - Application**

**Deadline to turn in your application is December 3, 2021 at 3:00 p.m.**

**This page is for information only.** You will find this information helpful if you follow the instructions and accomplish each step as listed.

### **APPLICATION PROCEDURE**

\_\_\_ 1.) Read and follow all instructions and **plan ahead.**

\_\_\_ 2.) Indicate all names you have been known by, including a maiden name. This information will be needed to match your transcripts.

***IT IS VERY IMPORTANT YOUR ADDRESS IS CORRECT AND COMPLETE ON YOUR APPLICATION. TELL US IF YOU MOVE.***

\_\_\_ 3.) Obtain **OFFICIAL** High School/GED transcripts and College transcripts for any coursework you have completed even if you don't have a college degree. Please do this early, as it can take quite a while for the schools to send transcripts. Transcripts from countries other than the United States **MUST be translated and evaluated for equivalency to U.S. High School requirements** PRIOR to turning them in. These take up to a month to receive, so order now.

\_\_\_ 4.) The deadline to turn in a completed application, including paperwork, is **December 3, 2021 at 3:00 p.m., Building C.** **APPLICANTS MUST WEAR A MASK.** The application must include an official sealed High School transcript, 3 letters of references with a signature, copies of your Government Issued Picture ID and Social Security Card.

\_\_\_ 5.) Also, completed applications must also include a copy of C.N.A. certificate of completion or proof of completing Medical Assistant or proof of completing EMT, Respiratory or Hemodialysis Technician programs. Also, include copies of Medical Math and Medical Terminology certificates of completion. Incomplete applications will not be accepted.

\_\_\_ 6.) **TEAS Test (Nursing Exam)** will be on December 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> 2021. A non-refundable fee of \$70 will be due at the time of registration. It will be required to achieve an overall TEAS Test score of 60% or higher.

\_\_\_ 7.) You must have a valid email address to take the T.E.A.S. test. You can get an email address by going online.

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*Application: Print (use black ink only) or Type*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Number Street City State Zip

Social Security Number XXX - XX - Birth date \_\_\_\_\_

Email address: \_\_\_\_\_ *You may not test without an email address.*

**EDUCATION:**

Must have successfully completed a Medical Terminology and Medical Math course or the equivalent within the last five (5) years. List name of School below, the date completed and your grade for Medical Terminology and Medical Math coursework.

**Terminology: School Name:** \_\_\_\_\_ **Completed:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Medical Math: School Name:** \_\_\_\_\_ **Completed:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Place an X and attach a copy of the certificate that applies to you.**

**Certified Nurse Assistant:** \_\_\_\_\_ **Medical Assistant:** \_\_\_\_\_ **EMT:** \_\_\_\_\_

**Respiratory:** \_\_\_\_\_ **Hemodialysis Technician:** \_\_\_\_\_

**Note:** Transcripts verifying all education must be “official” and sealed and from the school listed below. Transcripts from other countries must be translated and evaluated prior to submission.

**Name and address of school graduated from:**

(Add a separate page if necessary)

High School: \_\_\_\_\_ **H.S. Diploma?** Yes\_\_ No\_\_ **GED Certificate?** Yes\_\_ No\_\_

College/University: \_\_\_\_\_ **Some College - Certificate - Degree**

                                          

Trade/Tech. School: \_\_\_\_\_                                            

**WORK EXPERIENCE:**

Please print or type a list of employment locations for the last FIVE YEARS. (List most recent first.)

Employer/Supervisor                      Address & Phone                      Dates                      Reason for Leaving

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# **INLAND CAREER EDUCATION CENTER VOCATIONAL NURSING PROGRAM**

*1200 North E Street  
San Bernardino, CA 92405*

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**CHARACTER REFERENCES:** (From employers, previous employers, educators, clergy or a person you've known for 3+ years who works for a Hospital, School or Business.)

Applicants are responsible for providing the school with letters, with a signature, from the three people listed below:

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**“LETTERS SHOULD BE SIGNED AND DATED!”**

*Why do you wish to enter the vocational nursing program? (This must be completed) May attach an extra sheet if needed.*

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**I understand that it is my responsibility to obtain my “official” sealed transcripts for High School, College, or GED to be turned in to the Inland Career Education Center, 1200 North “E” Street, San Bernardino, CA 92405 Medical Office Building C.**

I understand if I am selected as a Vocational Nursing Student I must complete 1,536 hours of academic and clinical class hours before I am eligible to take the California (NCLEX) State Board examination.

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements may disqualify me from the Inland Career Education Center Vocational Nurse Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRINT OR TYPE ALL INFORMATION ON THIS PAGE:**

San Bernardino City Unified School District does not discriminate on the basis of race, color, national origin, sex, (including sexual harassment), handicap (or disability), or age in any of its policies, procedures or practices in compliance with Title VI of the Civil Rights Act of 1964 (pertaining to race, color, and national origin); Title IX of the education Amendments of 1972 (pertaining to sex); Section 504 of the Rehabilitation Act of 1973 (pertaining to age).