Practical Nursing Transition Certificate 2024-2025 Application Check Sheet

Student Name: _____ **Student Y#:** _____

Address: _____ **City:** _____ **ZIP:** _____

YC Email: _____ **Phone:** _____

All prerequisite courses must be completed prior to starting the PN Transition Certificate Program (LPN190). Deviation from this plan may require written advance approval by the Nursing program director. ***All math and science courses must have been taken within the past 10 years. Only courses completed with a grade "C" or better will apply.***

Current good standing held in Nursing Program: Yes ☐ No ☐ Director of Nursing (Name): _____

Director of Nursing Signature: _____ **Date:** _____

Pre-requisite courses	Credits	*Admission Committee Use Only*	Grade	Semester Completed	Semester in Progress	College
BIO 205 Microbiology	4					
NSG 151 Nursing Theory II	3					
NSG 152 Application of Nursing Theory II	2					
NSG 153 Development of Nursing Practice II	2					
NSG 154 Maternal/Child Nursing Theory	2					
NSG 155 Pharmacology for Nursing II	2					
Admission Committee Use Only						

Advisor (Print Name): _____ **Date:** _____

Advisor Signature: _____

I understand that it is my responsibility to have my official transcripts from other schools sent to Yavapai College and evaluated by the Admissions Office. I further understand that I must ensure that these transcripts are kept active and on file in the Registrar's office until admission to the Allied Health Program is complete. I understand that if I do not successfully complete any coursework in progress, or if the coursework does not transfer to Yavapai College prior to the established deadlines set forth by the Allied Health Department, that my admission to the program may be revoked. I also understand that if I am not in good standing within the Nursing Program (ie: student code of conduct concerns), that my admission to the program may be revoked.

Student Signature: _____ **Date:** _____

Allied Health Director (Print Name): _____ **Date:** _____

Allied Health Director Signature: _____

Submit completed application to the **Allied Health** Secure Uploader: https://apps.yc.edu/secureupload/