



## Associate Degree Nursing - Documentation Submission Checklist

Application Period Year: \_\_\_\_\_ ☐ SPRING ☐ FALL

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

You are being invited to submit all required documentation in support of information reported in your online application for the Associate Degree in Nursing (ADN) Program at San Joaquin Delta College (SJDC.)

- Print this entire document and include it as part of your documentation submission packet.
- Carefully read this document, answer all questions and initial boxes in each section to indicate what you are submitting in order to meet each requirement.
- **Failure to submit all required documents will result in disqualification for the current application period.**

### 1. U.S Photo I.D. (select one or both) – I am providing a copy of:

<input type="checkbox"/>	My DMV issued driver's license or DMV I.D. card
<input type="checkbox"/>	Other U.S. Government Issued card – Please specify here: _____

### 2. Social Security Card (required for clinical clearance & licensure)

<input type="checkbox"/>	I am providing a copy of my <u>signed</u> Social Security Card
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### 3. OFFICIAL TRANSCRIPTS (required for ALL non SJDC colleges/universities you have attended)

<input type="checkbox"/>	I have only attended San Joaquin Delta College (No transcripts are required)
<input type="checkbox"/>	I have attached and/or requested OFFICIAL TRANSCRIPTS for ALL non SJDC colleges/universities where coursework was completed. Transcripts must be submitted between the application "Invite" and "documentation deadline" dates posted on the website.

Physical Transcripts Attached in this Packet (must be sealed)		Electronic Transcripts Requested (must be sent directly from college or clearing house to healthscienceapps@deltacollege.edu)	
1.	4.	1.	4.
2.	5.	2.	5.
3.	6.	3.	6.

### 4. Criterion 1A: Academic Degrees (select one)

<input type="checkbox"/>	I received my degree at San Joaquin Delta College. (No transcripts are required)
<input type="checkbox"/>	I am providing official transcripts from a regionally accredited U.S. institution with my degree posted. <i>For students who have received their degrees at an international school:</i>
<input type="checkbox"/>	I am providing an official evaluation from a National Associate of Credential Evaluation Services (NACES) approved independent agency (in a sealed envelope from the agency) demonstrating equivalency from a U.S. regionally accredited college to a: <input type="checkbox"/> AA/AS degree or higher <input type="checkbox"/> BA/BS degree or higher

**5. Criterion 1B: Current license as a LVN, Psychiatric Technician, Radiologic Technician, Respiratory Therapist or Paramedic.**

☐

I have attached a copy of my current license: Select one.

☐ Vocational Nursing

☐ Psychiatric Technician

☐ Paramedic License

☐ Radiologic Technician

☐ Respiratory Therapist

☐

I have indicated on my application that I have had 1000+ hours of work experience relevant to the license I selected above. I have attached a letter from my current/former employer(s) verifying employment and containing all of the required letter components as listed on Page 3 of this checklist.

**6. Criterion 1C: Current Certificate Information.**

☐

I have attached a copy of my current certificate: Select one.

☐ CNA

☐ Emergency Medical Technician

☐ Home Health Aid

☐

I have indicated on my application that I have 1000+ hours of work experience relevant to the certificate noted above. Included in the packet is a letter from my current/former employer(s) verifying employment and containing all of the required letter components as listed on Page 3 of this checklist.

**7. Criterion 1D: Current licensed or certified health care worker not covered in Criterion 1B or Criterion 1C with work experience (1,000+ hours) or volunteer experience (200+ hours) in health care providing direct patient care.**

☐

I am currently licensed/certificated as a/an \_\_\_\_\_ and I am submitting a copy of my current license/certificate.

☐

I have attached a letter from my current/former employer(s)/organization with all of the required letter components as listed on page 3 of this checklist verifying that I have

☐ 1,000+ hours of employment providing direct patient care.

☐ 200+ hours of volunteer service proving direct patient care.

**8. Criterion 2: Prerequisite Course Information (Course Descriptions)**

☐

I completed ALL prerequisite courses at San Joaquin Delta College. (No course descriptions or official transcripts are required)

☐

I have attached COURSE DESCRIPTIONS for ALL prerequisites NOT completed at San Joaquin Delta College for the purpose of determining course equivalency. The course descriptions must come from the specific catalog year in which the course was taken.

### 9. Criterion 4: Foreign Language Proficiency

	I have completed and attached ADN Criterion 4 Supporting Documentation - Foreign Language Certification. NOTE: The form can be found at: <a href="http://www.deltacollege.edu/div/hs/documents/SJDCADNCriterion4Documentation.pdf">http://www.deltacollege.edu/div/hs/documents/SJDCADNCriterion4Documentation.pdf</a>
	I completed four years of the same foreign language with a "C" or better for each semester at San Joaquin Delta College. (No transcripts or course descriptions required).
	I am attaching official transcripts from a U.S. regionally accredited college/university verifying that I have four semesters of the same foreign language with a "C" or better for each semester. Please indicate which college/university transcript(s) you are submitting for this required documentation.
	I am attaching an OFFICIAL transcript from a U.S. high school verifying that I have four years of the same foreign language with a "C" or better for each semester.

### 10. Criterion 5: Test of Essential Academic Skills

	I have requested that ATI transmit my official TEAS results to the San Joaquin Delta College ADN Program.
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### Advanced Placement Option (For currently licensed LVN's or PT's Only)

	I have attached a copy of my current LVN or PT License.
	I have successfully completed the HS 43 Nursing Synthesis course at San Joaquin Delta College. (No transcripts are required)

### Please Initial:

	I understand that all of the letters I submit must include the requirements listed below. <table border="0"><tr><td><input type="checkbox"/> Organization Letterhead</td><td><input type="checkbox"/> Employee status (full-time/part-time)</td></tr><tr><td><input type="checkbox"/> Original Signature</td><td><input type="checkbox"/> Total number of hours worked/volunteered</td></tr><tr><td><input type="checkbox"/> Applicant Name</td><td><input type="checkbox"/> Job title, department (if applicable)</td></tr><tr><td><input type="checkbox"/> Start &amp; End Date</td><td><input type="checkbox"/> Examples of direct patient care duties</td></tr></table>	<input type="checkbox"/> Organization Letterhead	<input type="checkbox"/> Employee status (full-time/part-time)	<input type="checkbox"/> Original Signature	<input type="checkbox"/> Total number of hours worked/volunteered	<input type="checkbox"/> Applicant Name	<input type="checkbox"/> Job title, department (if applicable)	<input type="checkbox"/> Start & End Date	<input type="checkbox"/> Examples of direct patient care duties
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	I understand that I must submit official transcripts AND course descriptions EVEN IF I HAVE SUBMITTED THIS INFORMATION TO OUR COLLEGE. Failure to submit this required documentation as part of your documentation packet will result in DISQUALIFICATION.								
	I understand that all correspondence will be sent to my Delta College student email address.								
	I acknowledge, by my signature below that I have READ and UNDERSTAND this entire document. I further acknowledge that all required documents are being submitted with this Documentation Checklist. I understand that missing information will result in disqualification.								

DATE

SIGNATURE

## HOW TO ADDRESS YOUR ENVELOPE

**All documentation must be submitted AT ONE TIME in a 9 X 12 envelope.**

Use the following format to address your envelope.

**FROM:**

Your Name

Associate Degree Nursing Applicant Mailing

Address

City, State, ZIP Code

**TO:**

San Joaquin Delta College Health Sciences

Division ATTN: Dr. Gerry Hinayon

5151 Pacific Avenue

Stockton, CA 95207

**Please note:**

- In person submission of documentation is accepted 9:00 am – 4:00 pm, Monday – Thursday.
- Mailed documentation packets must be postmarked and mailed by the documentation deadline posted on the website.
- You may want to send the documentation packet through a service that will provide a delivery confirmation to you.
- We will be UNABLE to confirm if your package has been delivered, so please do not call or ask.