



## RECORD OF NURSING PROGRAM

The applicant should complete the first section of this form and provide it to the Director of the nursing program. The Director of the nursing program should complete the information in the second section and return it to the above address.

**THIS SECTION TO BE COMPLETED BY APPLICANT (ITEMS 1-6). PRINT OR TYPE (DO NOT USE PENCIL)**

1. NAME (LAST)	(FIRST)	(MIDDLE)
2. ADDRESS (STREET OR BOX NUMBER)		(APT. NO)
3. CITY	STATE	ZIP
4. BIRTHDATE (Month/Day/Year)	5. SOCIAL SECURITY NUMBER*	6. TELEPHONE NUMBERS BUSINESS HOME

**THIS SECTION TO BE COMPLETED BY SCHOOLS OF VOCATIONAL, PRACTICAL OR REGISTERED NURSING. PRINT OR TYPE (DO NOT USE PENCIL)**

7. NAME OF SCHOOL OF VOCATIONAL OR PRACTICAL NURSING:	CITY	STATE
DATE PROGRAM STARTED: _____ DATE PROGRAM COMPLETED: _____ OR DATE VERIFIED HOURS WERE COMPLETED _____		
WAS PROGRAM "ACCREDITED" WHEN HOURS WERE COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. NAME OF SCHOOL OF REGISTERED NURSING:	CITY	STATE
DATE PROGRAM STARTED: _____ DATE PROGRAM COMPLETED: _____ OR DATE VERIFIED HOURS WERE COMPLETED _____		
WAS PROGRAM "ACCREDITED" WHEN HOURS WERE COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. COMPLETION OF THE TWELFTH (12 <sup>TH</sup> ) GRADE IN HIGH SCHOOL OR ITS EQUIVALENT HAS BEEN PROVEN BY THE APPLICANT AS FOLLOWS:		
<input type="checkbox"/> PRESENTED OFFICIAL SCHOOL RECORDS SHOWING COMPLETION OF 12 <sup>TH</sup> GRADE HIGH SCHOOL		
<input type="checkbox"/> PASSED THE "GED" TEST AT THE 12 <sup>TH</sup> GRADE LEVEL		
10. A. TOTAL NUMBER OF THEORY/CLINICAL HOURS COMPLETED IN <u>YOUR</u> NURSING PROGRAM:		
THEORY: _____ HOURS      CLINICAL: _____ HOURS		
B. TOTAL NUMBER OF THEORY/CLINICAL HOURS WHICH YOUR SCHOOL GRANTED CREDIT FOR "PREVIOUS EDUCATION":		
THEORY: _____ HOURS      CLINICAL: _____ HOURS		
<b>C. COMPLETE THE SECOND PAGE OF THIS FORM IN FULL. THIS IS A MANDATORY REQUIREMENT.</b>		
11. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.		
(SCHOOL SEAL)	SIGNATURE OF PROGRAM DIRECTOR: _____	
	PRINT PROGRAM DIRECTOR'S NAME: _____	
	DATE: _____	

**\* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –**  
 Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial license will not be processed and you will be reported to the Franchise Tax Board.

**THIS SECTION OF THE FORM MUST BE COMPLETED IN FULL**

1. NAME OF SCHOOL OF NURSING: _____  CHECK ONE: <input type="checkbox"/> VOCATIONAL/PRACTICAL NURSING PROGRAM <input type="checkbox"/> REGISTERED NURSING PROGRAM	2. CITY _____	3. STATE AND COUNTRY _____
4. DATE PROGRAM STARTED: _____ (MONTH/DAY/YEAR)	5. DATE VERIFIED HOURS WERE COMPLETED: _____ (MONTH/DAY/YEAR)	

6. SUBJECT	ACTUAL HOURS/UNITS COMPLETED		CHECK HERE IF SUBJECT IS INTEGRATED	GRADE RECEIVED		HOURS/UNITS OF CREDIT GRANTED FOR PREVIOUS LEARNING	
	THEORY	CLINICAL		THEORY	CLINICAL	THEORY	CLINICAL
ANATOMY & PHYSIOLOGY		N/A			N/A		N/A
NUTRITION		N/A			N/A		N/A
PHARMACOLOGY		N/A			N/A		N/A
PSYCHOLOGY		N/A			N/A		N/A
NORMAL GROWTH & DEVELOPMENT		N/A			N/A		N/A
NURSING FUNDAMENTALS							
NURSING PROCESS							
MEDICAL SURGICAL NURSING							
COMMUNICABLE DISEASES							
MATERNITY NURSING							
PEDIATRIC NURSING							
GERONTOLOGICAL NURSING							
REHABILITATION NURSING							
LEADERSHIP		N/A			N/A		N/A
SUPERVISION		N/A			N/A		N/A
COMMUNICATION		N/A			N/A		N/A
PATIENT EDUCATION		N/A			N/A		N/A
ETHICS & UNETHICAL CONDUCT		N/A			N/A		N/A
CRITICAL THINKING		N/A			N/A		N/A
CULTURALLY CONGRUENT CARE							
END OF LIFE CARE							
<b>TOTAL HOURS:</b>							