



## CCHCS LVN to RN Apprenticeship Expansion Program Application

### Guidelines

To apply for the CCHCS LVN to RN Apprenticeship Expansion Program, please complete the application and attach the following documents:

1. Authorization to Obtain Prior Employment Information and Review Personnel Folder
2. LVN to RN Prerequisite Courses and TEAS Checklist Form
3. Copy of Test of Essential Academic Skills (TEAS) score report, if TEAS has been completed
4. Copy of unofficial transcripts
5. Written Statement of Interest

### Employee Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_

### Employment History

From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Organization  
and/or Institution: \_\_\_\_\_

Title and/or Job  
Classification: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Organization  
and/or Institution: \_\_\_\_\_

Title and/or Job  
Classification: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Organization  
and/or Institution: \_\_\_\_\_

Title and/or Job  
Classification: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Number: \_\_\_\_\_



**Employment History (Cont.)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Organization and/or Institution: \_\_\_\_\_ Title and/or Job Classification: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Organization and/or Institution: \_\_\_\_\_ Title and/or Job Classification: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Organization and/or Institution: \_\_\_\_\_ Title and/or Job Classification: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Number: \_\_\_\_\_

**Human Resources use only**

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_





### CCHCS LVN to RN Apprenticeship Expansion Program Prerequisite Courses and TEAS Form

Please thoroughly complete this form identifying all RN prerequisite coursework you are currently taking or have previously completed.

Please note that all applicants must also submit unofficial copies of their college transcripts with their application (a computer printout of your records will also suffice). These transcript copies should validate completion of any prerequisites. Coursework that is “in progress” should also be identified. If the coursework was not completed at Sacramento City College (SCC), it must have been successfully completed at an accredited college, transferrable to SCC, and equivalent to the coursework below. (You may consult the SCC catalog to review course descriptions: [https://www.scc.losrios.edu/catalog/.](https://www.scc.losrios.edu/catalog/))

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SCC Prerequisite	Equivalent Course Title	College	Grade	Completion Date (Month/Year)
<b>BIOL 430:</b> Anatomy and Physiology				
<b>BIOL 431:</b> Anatomy and Physiology				
<b>BIOL 440:</b> General Microbiology				
<b>One of:</b> <b>1. ENGWR 300</b> College Composition <b>2. ENGWR 488</b> Honors College Composition and Research				
<b>One of:</b> <b>1. COMM 301</b> Introduction to Public Speaking <b>2. COMM 331</b> Group Discussion				



Prerequisite Courses and TEAS Form (cont.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SCC Prerequisite	Equivalent Course Title	College	Grade	Completion Date (Month/Year)
<u>One of:</u> <b>1. PSYCH 300</b> General Principles <b>2. PSYCH 480</b> Honors General Principles				
<u>One of:</u> <b>1. ANTH 310</b> Cultural Anthropology <b>2. ANTH 481</b> Honors Cultural Anthropology <b>3. SOC 321</b> Race, Ethnicity, and Inequality in the US <b>4. SOC 482</b> Sociology of Race, Ethnicity, and Inequality in the US, Honors				

TEAS Exam

If you have taken the TEAS exam, please list your TEAS Exam results below. Please identify the version of the TEAS exam you took, the date of the exam, and your score.

TEAS Version (ATI TEAS, TEAS V, etc)	Date (Month/Year)	Score



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES



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## CCHCS LVN to RN Apprenticeship Expansion Program Written Statement of Interest

### Instructions:

You must submit a written statement of interest when applying to the LVN to RN program. This statement demonstrates your ability to write clearly and concisely, and allows you to share with readers your interest in becoming a Registered Nurse. Please respond to the following questions in 500 words or less:

*Why you want to be a Registered Nurse for CDCR under the complete care model? How do you believe your role as an RN will differ from your role as an LVN?*