



5. **ETHNIC GROUP:** Response Optional but appreciated.

\_\_\_\_\_American Indian/Alaskan Native

\_\_\_\_\_Black

\_\_\_\_\_Anglo

\_\_\_\_\_Filipino

\_\_\_\_\_Asian/Pacific Islander

\_\_\_\_\_Hispanic

6. Is English your Primary Language? Yes\_\_\_\_\_ No\_\_\_\_\_

If "No", what is your Primary Language? \_\_\_\_\_.

Number of years formal schooling you have had in your Primary Language \_\_\_\_\_

7. Have you ever applied to a Health Technologies program at SBCC? \_\_\_Yes\_\_\_No

If so, which program \_\_\_\_\_ When? \_\_\_\_\_

8. Do you hold a Nursing Assistant, Home Health, or Geriatric Aide Certificate? \_\_\_Yes\_\_\_No

If yes, at what agency/institution did you complete the course? \_\_\_\_\_

If you have a CNA certificate, when does it expire?\_\_\_\_\_

9. List any other health career, program(s) in which you have been enrolled.

\_\_\_\_\_  
\_\_\_\_\_

10. How did you become interested in the SBCC VOCATIONAL NURSING PROGRAM?

\_\_\_Friend/Relative in program

\_\_\_Career Days/Class Presentation

\_\_\_Newspapers

\_\_\_High School Counselor

\_\_\_C.N.A. Class

\_\_\_SBCC Counselor

If accepted, I understand that I must furnish my own transportation for clinical experience in the community.

I certify under penalty of perjury that all information I have included in this application is correct.

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

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*NOTE: You must provide original transcripts. If you have applied to any other Health Technology Program, come to the Health Technology Office and request your transcripts from your other file. You may take those transcripts (must be returned) and make copies for your LVN Program application. We will not make copies for you.*

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