

Practical Nursing Transition Certificate 2024-2025 Application Check Sheet

Student Name:	Student Y#:					
Address:	City:			ZIP:		
YC Email:	F	Phone:				
All prerequisite courses must be comp this plan may require written advance been taken within the past 10 years	approval b . Only cou	y the Nursing parses complete	orogram o ed with a	director. All ma grade "C" or	ath and scienc better will app	e courses must have oly.
Current good standing held in Nursin Director of Nursing Signature:				_		
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):Advisor Signature:			Date:			
I understand that it is my responsibil and evaluated by the Admissions Of active and on file in the Registrar's of that if I do not successfully complete Yavapai College prior to the establis the program may be revoked. I also student code of conduct concerns), Student Signature:	fice. I furtl office until e any cour hed deadli understan that my ac	her understan admission to sework in pro ines set forth d that if I am r dmission to th	the Allie the Allie ogress, o by the A not in go he progra	nust ensure the Health Proger if the course lilied Health Dod standing with may be rev	nat these trans gram is comple ework does no epartment, tha vithin the Nurs oked.	ccripts are kept ete. I understand t transfer to t my admission to ing Program (ie:
Allied Health Director (Print Name):			Date:			