



Practical Nursing Transition Certificate 2023-2024 Pre-entry Check Sheet

Student Name: _____

Student Y#: _____

Address: _____

City: _____

ZIP: _____

YC Email: _____

Phone: _____

All prerequisite courses must be completed prior to starting the PN Transition Certificate Program (NSG190). Deviation from this plan may require written advance approval by the Nursing program director. **All math and science courses must have been taken within the past 10 years. Only courses completed with a grade "C" or better will apply.**

Current good standing held in Nursing Program: Yes No Director of Nursing (Name): _____

Director of Nursing Signature: _____ Date: _____

Pre-requisite courses	Credits	Admission Committee Use Only	Grade	Semester Completed	Semester in Progress	College
BIO 205 Microbiology	4					
NSG 150 Nursing Theory II	5					
NSG 152 Application of Nursing Theory II	2					
NSG 153 Development of Nursing Practice II	2					
NSG 155 Pharmacology for Nursing II	2					
Admission Committee Use Only						

Advisor (Print Name): _____

Date: _____

Advisor Signature: _____

I understand that it is my responsibility to have my official transcripts from other schools sent to Yavapai College and evaluated by the Admissions Office. I further understand that I must ensure that these transcripts are kept active and on file in the Registrar's office until admission to the Nursing/Allied Health Program is complete. I understand that if I do not complete any pre-requisite coursework in progress, or if the coursework does not transfer to Yavapai College prior to the established deadlines set forth by the Nursing/Allied Health Department, that my admission to the program may be revoked.

Student Signature: _____ Date: _____

Allied Health Director (Print Name): _____

Date: _____

Allied Health Director Signature: _____