Jacob Holmes, Assistant Superintendent
875 Harter Parkway | Yuba City | CA | 95993 | Phone: (530) 822-5120 | Email: adulted@sutter.k12.ca.us | Website: suttercountyadulted.org

Sutter County Superintendent of Schools
Vocational Nursing Application

Student Name: _____ Date: _____

The Vocational Nursing (LVN) Program is 600 hours theory and 1,000 hours clinical. There are three modules in the program:

1. Module One emphasizes Nursing Fundamentals. This module includes orientation; a review of basic nursing care (CNA), nutrition principles; psychology concepts; gerontology overview; pharmacology with medical math, oral and parenteral medications experience; pre-and postoperative care; the cardiovascular system; the respiratory system; the endocrine system; eye and ear disorders; and the gastrointestinal system will be reviewed with theory and clinical experience.
2. Module Two emphasizes Medical/Surgical Concepts. This module includes oncology nursing; genitourinary nursing; gynecological nursing; neurological nursing; orthopedic nursing; rehabilitation nursing; home health nursing, hematological nursing lymphatic and immune system nursing; emergency nursing; and leadership and supervision in nursing will be reviewed with theory and clinical experience.
3. Module Three emphasizes Maternity and Pediatrics. This module includes the reproductive system; prenatal care; labor and delivery; postpartum care; neonatal care; growth and development; perspectives of pediatric nursing; acute and chronic pediatric care; and health promotion will be covered.

Travel may be required within a 100-mile radius from Yuba City for clinical hours. Every effort will be made to use clinical sites nearest to Yuba City.

Upon completion of this program, students will be eligible to take the State Board Exam for Vocational Nursing.

Application Period:
Recruitment period will begin on Wednesday, **July 1st, 2026**

All applications must be completed and submitted before 5:00 PM on Monday, **August 31st, 2026.**

All applications must be submitted in person to the front desk office of Sutter County Career and Training Center at 875 Harter Parkway, Yuba City, California, 95993. Normal office hours are Monday – Friday 8:00 AM – 5:00 PM.

Applications will be reviewed and scored using a rubric; Interviews will be scheduled with selected applicants. Acceptance list will be posted on Friday, September 18th, 2026.

_____

Student Signature

SUTTER COUNTY Superintendent of Schools

SUTTER COUNTY ADULT EDUCATION

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Sutter County Superintendent of Schools
Vocational Nursing Application Checklist

Student Name: _____ Date: _____

Include this page at the top of your application packet. Place all required documents in the exact order listed below.

The following items are required from the student ***in the application packet:***

	Item Description	Applicant Initial	Reviewer Initial
1.	Completed Application		
2.	Completed General Information Essay		
3.	Current CNA Certificate' Include copy of official state certificate with expiration date		
4.	High School Diploma or equivalent; One official transcript required. Foreign transcripts must be translated for U.S. equivalency by an official U.S. service to be granted credit.		
5.	ATI TEAS Exam; Minimum score: Basic. Priority given to proficient or higher		
6.	Anatomy and Physiology (Minimum 48 hours); One official transcript. Must be within the last 5 years.		
7.	Medical Terminology (Minimum 20 hours); One official transcript. Must be within the last 5 years.		
8.	Proof of Basic Computer Literacy; Transcript, Prove-It test score, or Employer letter verifying skills		
9.	Two-Step Negative TB Test OR Negative Chest Xray. Must complete the form provided in this packet and be completed after 7/1/26.		
10.	Physical Examination. Must complete the form provided in this packet and be completed after 7/1/26.		
11.	Hepatitis B Vaccination Series (Hep 1, Hep 2, Hep 3). If older than 7 years, must complete titer.		
12.	MMR (measles, mumps, and rubella) Vaccination. If older than 7 years, must complete titer.		
13.	Tdap (Tetanus, Diphtheria, and Pertussis) Vaccination. If older than 7 years, must complete titer.		
14.	Varicella vaccination. If older than 7 years, must complete titer.		
15.	Health Care Provider CPR certification. Include expiration date. Must be completed after 7/1/26.		
16.	Two Letters of Recommendation. Must be professional contacts. Family members are not accepted.		
17.	Driver's License. Copy will be made by staff.		
18.	Social Security Card. Copy will be made by staff.		
19.	Employment Verification (if applicable). Must be on company letterhead and signed by employer.		

The following items are required from the student ***after acceptance to the program***:

	Item Description	Applicant Initial	Reviewer Initial
1.	Negative Drug Screen		
2.	Influenza Vaccine		

_____

Student Signature

_____

OFFICE USE ONLY

Date of Interview: _____

Time of Interview: _____

Date of Class Applying for: _____

Student's Name: _____ Fees Paid: $ _____

Date & Time Stamp: _____ Staff Initials: _____

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STUDENT APPLICATION FORM

Class Applying for: _____ **Class Start Date:** _____

Student ASAP ID #: _____ **Social Security Number:** _____

Full Name: _____ **DOB:** _____

Address: _____

Phone Number: _____ **Email:** _____

Gender (Circle One): Male Female Non-Binary Other: _____

Have you ever taken any other classes here? ☐ Yes ☐ No

If yes, When? _____ What class? _____

EDUCATION: Please list schools attended.

Level of Education	Name and Location	Diploma or Degree	Area of Study
High School Diploma		☐ Diploma ☐ GED	
Vocational Training			
College / Other			

PREVIOUS WORK HISTORY: Please list employers most recent first

Dates Worked	Place of Business	Job Title

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MEDICAL INFORMATION

If you wear a MEDIC ALERT BRACELET, please provide your number. If not applicable, please put N/A.

Do you have a disability/impairment for which you may need assistance using classroom equipment or during a written or oral test? If yes, what assistance might you need? i.e.: hearing, sight, learning disability, ESL, etc. If not applicable, please put N/A.

CRIMINAL BACKGROUND

The VN Program requires fingerprint clearance by the Department of Justice and the FBI. Do you have any criminal convictions on record? ☐ **Yes** ☐ **No**

If yes, please explain and provide dates of convictions.

If yes, please refer to the BVNPT's website at www.bvnpt.ca.gov/enforcement to identify if the BVNPT will deny your clearance.

Is there anything else you would like us to know?

Student Signature **Date**

CONTINUED ON NEXT PAGE

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EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

Phone Number _____

Doctor _____ Phone _____

Mark any of the following medical conditions that apply:

( ) Asthma ( ) Seizure Disorder ( ) Heart Disease ( ) Diabetes ( ) History of Stroke

Do you have any other medical conditions that we should be aware of in case of emergency? If so, please describe.

_____

_____

_____

_____

I learned about this program in the following way (check all that applies):

☐ School Brochure
☐ Newspaper
☐ Friend/Family Member
☐ Caseworker/Participation in another program
☐ Previous student
☐ Website
☐ Facebook/Craig's List
☐ Resource or Career Fair
☐ Other _____

The information I have provided on this form is true to the best of my knowledge.

_____ _____

Student Signature **Date**

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RELEASE OF INFORMATION

I, _____ (print your name), give my consent to the individual and/or agency indicated below to release and exchange information with instructors from the Sutter County Adult Education Program.

Name of Individual and/or Agency:

_____

_____

_____ _____

Student Signature **Date**

CONSENT TO PHOTOGRAPH

I, _____ (print your name), give my consent to be photographed while participating in a Sutter County Adult Education Program.

_____ _____

Student Signature **Date**

CONTRACT OF CONFIDENTIALITY

With regard to the Medical Ethics *Code of Confidentiality*, I understand that I **do not**, AT ANY TIME, discuss the details of patient's problems or history, the doctor's personal business, or any fellow student's or employee's personal business.

_____ _____

Student Signature **Date**

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PPD - TB SKIN TEST FORM

Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____ **Last 4 of SSN:** _____

PLEASE NOTE: Both steps ***must*** be completed before clinicals start

STEP ONE: PPD - TB SKIN TEST:

Results: _____ Negative _____ Positive _____ mm in duration

Date Administered: _____ Date Read: _____

Given By: _____ Verified By: _____

Date of Chest X-Ray: _____ Results: _____

Facility Name & Address: _____

***** If positive, a chest x-ray must be taken and a letter with results must be attached to this form!*****

STEP TWO: PPD - TB SKIN TEST:

Results: _____ Negative _____ Positive _____ mm in duration

Date Administered: _____ Date Read: _____

Given By: _____ Verified By: _____

Date of Chest X-Ray: _____ Results: _____

Facility Name & Address: _____

***** If positive, a chest x-ray must be taken and a letter with results must be attached to this form!*****

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MEDICAL HISTORY & PHYSICAL

Student's/Patient's Name: _____ Date of Birth: _____

Date of this Physical Evaluation: _____

Medical History

Do you currently have or have had in the past:

Condition	No	Yes	If yes, please explain
Seizures or neurological disorder(s)			
Eye, ear, nose or throat disorder(s)			
Diabetes, thyroid or other endocrine disorder(s)			
Muscle, bone or joint disorder(s)			
Asthma or respiratory disorder(s)			
Heart or circulation disorder(s)			
Skin disorder			
Gastrointestinal disorder(s)			
Psychiatric disorder(s)			

Previous Hospitalizations or Surgical History (date and reason):

_____

_____

Current Medication: _____

Is the patient currently pregnant? ☐Yes ☐No

Allergies: _____

Physical Examination (This is a physical evaluation for occupational ability and is not to be interpreted as a diagnostic medical examination.)

Height: _____ Weight: _____ B/P: _____ P: _____

Ears, Nose, & Throat: _____

Neck: _____ Lymph Nodes: _____

Skin: _____

Heart: _____ Lungs: _____

Extremities: _____

Neurological: _____

Can this student perform the essential motor and sensory functions required of students entering the medical field? ☐Yes ☐No

Physician recommends: ____ Full Release ____ Not Released

The student does not have any health conditions that would create a hazard to themselves, fellow employees, or patients.

Physician's Signature: _____

Physician's Name (Typed or Printed):

Clinic's Stamp:

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ESSAY REQUIREMENTS

As part of the Vocational Nursing application process, all applicants must complete a handwritten response and submit it with their application packet. Please answer the following prompt on a separate sheet of paper using your own handwriting. Consider the bullet points in your essay.

In 400 words or less, explain why you would like to be accepted into the Vocational Nursing Program and why you believe you should be selected.

- List your Hobbies and Interests
- What experiences have you had in the medical industry?
- What Licenses or Certifications do you possess? Include expiration dates.
- List three personal strengths that would make you an asset to the nursing field and three personal challenges you would face in the nursing field.

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Nursing Program Admissions Test - TEAS

Frequently Asked Questions

1. What is the TEAS?

Students applying for admission to the Vocational Nursing Program are required to take the **Test of Essential Academic Skills (TEAS)**. The TEAS is a multiple-choice assessment of basic academic knowledge in reading, mathematics, science, and English and Language usage. Each of the four sections is timed for a total of 209 minutes. Test results are available 48 hours after completion of the test. Content and sub content areas are divided in the following manner:

Reading: (40 questions, 50 minutes) - section includes questions regarding paragraph comprehension, passage comprehension, and inferences/conclusions.

Math: (45 items, 56 minutes) - section includes questions regarding whole numbers, metric conversions, fractions, decimals, algebraic equations, percentages, and ratio/proportion.

Please be aware that calculators are NOT allowed

Science: (30 items, 38 minutes) - section includes questions regarding science reasoning, science knowledge, biology, chemistry, anatomy, physiology, basic physical principles, and general science.

English and Language Usage: (55 items, 65 minutes) - section includes questions regarding punctuation, grammar, sentence structure, contextual words, and spelling.

2. How can I prepare for the TEAS?

The TEAS is a crucial component in your nursing application. Therefore, you should prepare thoroughly for the exam. We strongly encourage applicants to utilize a combination of study guide and the online practice assessment that are available through ATI. In addition to the materials provided by ATI, listed below are several additional sites that offer study assistance for the TEAS.

www.testprepreview.com/teas_practice.htm

www.flashcardexchange.com/tag/teas

www.test-preparation.ca/teas

www.flashcardsecrets.com/teas/

3. How do I register to take the TEAS?

You may take the TEAS at Yuba College or at any PSI Testing Center. Test, registration, and payment information are available for review at both websites. Special accommodations are available for applicants who qualify; for information contact the testing center where the test is being held.

4. How do I send my TEAS to Sutter County One Stop?

During the registration process, students will be asked to select a school to receive their TEAS scores. Students wishing to have their TEAS scores sent to Sutter County One Stop should choose “Sutter County One Stop”.

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5. How are the results of the TEAS used?

All students considering admission to the Vocational Nursing Program must take the TEAS nursing entrance exam prior to the application deadline. Points awarded will be based on the *Academic Preparedness Categories* and *Cut Scores* of the TEAS exam.
The *Academic Preparedness Level* and *Cut Score* are found on the top portion of a TEAS Score Report. Each category and cut score is worth points on the nursing application.

TEAS Level
Exemplary
Advanced
Proficient
Basic
Developmental

You must achieve a minimum ATI Academic Preparedness Level of BASIC for admission consideration. Students who place higher will receive stronger consideration.

6. Can I take the TEAS more than one time?

Students may take the TEAS twice during an academic year. Students must wait a minimum of 45 days before retesting. Test results are valid for two years.

For additional information about the Vocational Nursing Program application and requirements, visit suttercountyadulted.org.