



Intravenous/Blood Withdrawal Student Application

NAME: _____
LAST FIRST MIDDLE

1. PERMANENT ADDRESS:

NUMBER & STREET CITY STATE ZIP CODE
2. EVENING PHONE _____ DAYTIME PHONE _____

3. E-MAIL ADDRESS _____

4. BIRTHDATE _____ AGE _____ GENDER _____ Date _____

Students must have all of the following items present in their student file to be eligible to participate in the program:

- (1) Basic Life Support for Health Care Providers Card or Cardiopulmonary Resuscitation (CPR)
- (2) Provide valid photo identification
- (3) Provide proof of one of the following:
 - a. A current and valid California LVN license.
 - b. Senior standing in a CA VN Program with successful completion of Module IV.
 - c. A graduate of a California Vocational Nurse program.
 - d. Interim Permit status for California LVN licensure.
 - e. Licensed RN (CA state).
 - f. A licensed physician (CA state).
- (4) Sign program agreement/policy

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Student file reviewed by: _____ Date: _____

If complete, provide:

- ☐ Seat Reservation fee paid
- ☐ Course Agreement/policy Signed
- ☐ Tuition Paid in Full

Student approved for entrance into program by: _____ Date: _____