

Application for the Inland Empire, CA New Grad RN Transition Program

Funded by the Health Workforce Initiative
CA Community College Economic and Workforce Development Program
Grant #10-307-022

Application Due Date: NOW

Program costs will be \$36/unit for a 4 unit course at Riverside City College.

Review of applications will occur between January 3, - January 13, 2012 - Notification of acceptance will occur after January 13, 2012. Program begins February 13, 2012 through May 6, 2012

*If accepted, participant agrees to provide updated contact information for a minimum of 2 years.

*ONLY EMAILED APPLICATIONS AND OTHER DOCUMENTATION WILL BE ACCEPTED. You will be notified by email when your application is received. **(Please SAVE Application as New Grad-Your Last name.doc or docx or rtf)**. Email completed application with scanned attachments of unofficial transcripts, and faculty recommendation letters to:

Sandy Isaacs: sandy.isaacs@rcc.edu

951-222-8818

Minimum Qualifications: Graduate of RN program between (June 2010-December 2011); Active CA RN License; Minimum 3.0 GPA (unofficial transcripts to be emailed), US Citizen; 2 positive faculty recommendation letters, current AHA/BLS CPR card,

Last Name:		First Name:	
Email Address/'s			
Phone number's			
Mailing Address:			
City:		State:	Zip:
Nursing Program School:			
Graduation Date:			
CA RN License Number:		Exp Date:	
Faculty Evaluation/Letter of Recommendation. You will be required to email a copy (scanned image or PDF) of a signed and dated letter from faculty. Please see faculty recommendation letter request form for additional instructions.			

Interest in Clinical areas/shifts/locations: I would be willing to have my Cooperative Work Experience in the following areas: (Please rate your preference: 1, 2, 3, etc)

<input type="checkbox"/> Medical Surgical	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> ED	<input type="checkbox"/> Hospice & home care	<input type="checkbox"/> Periop
<input type="checkbox"/> OB	<input type="checkbox"/> Ambulatory/Urgent Care	<input type="checkbox"/> Telemetry

Preferred Shift – Place an "X" for your preference

<input type="checkbox"/> Day Shift	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Night Shift	<input type="checkbox"/> No Preference
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Please rate your preference in assignment (1, 2 or 3) or select No Preference

<input type="checkbox"/> RCH	<input type="checkbox"/> RCRMC	<input type="checkbox"/> Kaiser/Riverside	<input type="checkbox"/> No Preference
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Last Name: _____ First Name: _____

In each category, please provide answers that describe you and fill-in additional information

Cumulative GPA						
Health Care Related Volunteer Hours - List Facility Name & Hours:						
Health Care Experience	Facility:	Years:	Months:	Facility:	Years:	Months:
Multilingual (language spoken in addition to English)				List Languages – Fluent: Yes/No		

Short Answer Questions: Your answers will be rated based on clarity, organization, relevance, motivation and future plans. Please attach in a Word or Text Document (limit to 250 words/question)

- Briefly explain why you should be selected to participate in the *RN Transition Program*?

- What skill/attributes do you have that will enhance your success in this program and your professional role as a nurse?

Last Name: _____ First Name: _____

- Southern CA is a culturally diverse area to practice nursing. Please briefly describe a few ways that you have enhanced your own cultural competency.

- What do you hope to achieve by completing this program?

- What are your professional goals (5 and 10 years):

Thank you for your interest in the RN Transition Program. The Committee reviewing your application will utilize ranking rubrics to evaluate candidates. The top rated students will be notified and may be interviewed. **If accepted into the program, you will be required to provide proof of physical exam, AHA/BLS , background check, drug screen, malpractice insurance, and immunizations and other requirements of clinical agency, prior to the start of the program.**

Checklist: Before submitting your **complete** application via email, please check that all components listed are included and attached in the **email**.

- Completed Application attachment (save as New Grad-Your Last Name.doc or docx and **attach to email**) or if you are using the **PDF version** (save as New Grad-Your Last Name.pdf and **attach to email**) sandy.isaacs@rcc.edu To use the PDF version, you must have at least Adobe Reader which can be downloaded for free from Adobe.com
- Unofficial transcript/s (Scan in PDF format and **attach to email**) sandy.isaacs@rcc.edu
- 2 Faculty letters of recommendation (Scan in PDF format and **attach to email**) sandy.isaacs@rcc.edu
- Copy of your valid CPR AHA/BLS card (Scan in PDF format and **attach to email**) sandy.isaacs@rcc.edu
- Copy of Active CA RN License (Scan in PDF format and **attach to email**) sandy.isaacs@rcc.edu - December 2011 graduates must have verification of license by Feb 13, 2012 to be eligible for participation into the program.
- Copy of your valid current California Driver's License (Scan in PDF format and **attach to email**) sandy.isaacs@rcc.edu