

NURSING AND ALLIED HEALTH DEPARTMENT MULTI CRITERIA SUPPORTING DOCUMENTATION FORM

| pints Select one: D BS/BA or higher = 5 points D AS/AA = 2 points |
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| BS/BA or higher = 5 points |
| - · |
| I AS/AA = 2 points |
| |
| □ None = 0 points |
|] CNA = 5 points |
| Certified Phlebotomy Tech = 5 points |
| Chiropractor = 5 points |
| □ Dental Hygienist = 5 points |
| Emergency Medical Technician = 5 points |
| ∃ Home Health Aide = 5 points |
| □ Medical Assistant = 5 points |
| □ Medical Doctor = 5 points |
| □ Occupational Therapist = 5 points |
| Physical Therapist = 5 points |
| ∃ Physician Assistant = 5 points |
| Psychiatric Technician = 5 points |
| Registered Dietitian = 5 points |
| Respiratory Therapist = 5 points |
| □ None = 0 points |
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| Criteria 3 – Licensed Health Care Work Experience | Have you provided the required letter for criteria |
| Attach and upload a letter on official letterhead paper from current/ | 5 points? |
| former employer verifying employment under your current license. | □ Yes = 5 points |
| The letter must include the following: original signature, applicant's | \Box No = 0 points |
| name, start and end dates (if applicable), employee status (full | |
| time/part time), number of hours worked per week (or total hours | |
| from/to date), job title, department, if applicable, and last paystub. | |
| | |
| Criteria 6 – Life Experiences or Special Circumstances of a | Select one: |
| Student. | □ 6a – Disability = 4 points |
| Applicants can collect points in ONE of the following areas: | □ 6b – Low Family Income = 4 points |
| Complete the Life Experiences or Special Circumstances Form | \Box 6c – First generation to attend college = 4 pts |
| and upload if you are requesting points for this criteria. | \Box 6d – Need to work = 4 points |
| | □ 6e – Disadvantaged social or educational |
| | environment = 4 points |
| | □ 6f – Difficult personal and family |
| | situation/circumstance= 4 |
| | points |
| | □ 6g – Refugee status = 4 points |
| | \Box None = 0 points |
| Criteria 7 – Military service veteran status | Are you attaching a DD-214 with honorable |
| | discharge? |
| Upload copy of Defense Department Form DD-214, honorable discharge required. | □ Yes = 3 points |
| ······································ | \Box No = 0 points |
| | |
| Criteria 8 – Proficiency or advanced level coursework in | Are you collecting points for criteria 8? |
| languages other than English | □ Yes = 3 points |
| Submit official high school or U.S. regionally accredited | □ No = 0 points |
| college or university transcripts verifying two (2) semesters of a language identified by the Chancellor's | |
| Office. If transcripts are not available, students will | Method of verification: |
| need to demonstrate proficiency by taking an exam – OR | □ High school, college or university transcript |
| | |
| verification of proficiency. | Written verification of proficiency |
| Complete the Second Language Verification Form and | |
| | Written verification of proficiency Need to schedule proficiency exam |

| Phase 2 Admissions Criteria | |
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| ATI TEAS | Have you taken the ATI TEAS? |
| Must earn a 62% or higher. Only the first attempt where a 62% or | □ Yes |
| higher was earned is accepted. Two failed attempts at the TEAS | |
| will disqualify applicants. Official TEAS transcripts must be sent to | |
| Gavilan College Allied Health Attn: Application Reviewer 5055 Santa Teresa Blvd. Gilroy, Ca 95020 | |
| No later than May 31 st , 2023. | |

Applicant's Acknowledgement I acknowledge, by my signature below, that the information on this form is true and correct.

Applicant's name (please print)

Applicant's signature

Date