



LVN-to-RN Associate in Science Degree Nursing Program
APPLICATION PACKET
Revised 11/25 | Supersedes all previous versions

Before completing this application, all applicants MUST review the LVN-to-RN Pre-Application Packet.

The Pre-Application Packet explains eligibility, prerequisite recency, TEAS requirements, transcript instructions, and Multi-Criteria Screening documentation.

The Pre-Application Packet is available on the LVN-to-RN webpage of the Madera Community College website.

⚠ Submission Reminder

Applicants must submit a **complete LVN-RN Program Application Packet**, which includes:

- RN Program Application Form
- RN Application Checklist
- **Receipt Page** (presented at submission for timestamping by Admissions & Records)

The **Receipt Page** must be included with your application packet when it is submitted to Admissions & Records.

A&R will **stamp and return the receipt to the applicant as proof of submission only.**

All applications are reviewed by the Nursing Office for completeness and qualification prior to eligibility determination and multi-criteria screening.

Applications submitted without all required components, or without a timestamp from A&R, will not be processed.

NEED HELP?

Program Contact Information

Madera Community College – Nursing Office AV2-125

30277 Avenue 12, Madera, CA 93638

✉ RNursing@maderacollege.edu

🌐 <https://www.maderacollege.edu/academics/courses/nursing-rn.html>

Important: This application is a fillable PDF.

- Download the file to your computer before filling it out
- Open the application using Adobe Acrobat (free version is fine)
- You may type your responses directly into the form **or** submit a handwritten application
- If handwritten, all information must be neat, clear, and fully legible
- Applications completed in a web browser (Chrome, Safari, etc.) or on a phone may not save correctly
- Applications that are illegible or incomplete will **not** be processed



LVN-to-RN Associate in Science Degree Nursing Program

LVN-to-RN Program Application Checklist – Summer 2026 Cohort

Important: This checklist must be included in your application packet. Applications submitted without the checklist will be considered incomplete.

Use this checklist to ensure your application packet is complete before submitting it to Madera Community College Admissions & Records. Incomplete packets will not be processed.

Applicant Information

Name:		MCC Student ID:	
Email Address:		Phone:	

Checklist (initial each item)

By initialing each item, you acknowledge that you have ***personally reviewed and completed*** the requirement.

	Completed LVN-to-RN Application Form		
	Signed Acknowledgment of Student Responsibilities Form		
	Signed Declaration of Admission Option Form (A.S. or 30-Unit Option)		
	Proof of Active LVN License (BVNPT printout or card copy)		
	Graduation from state approved LVN program (official LVN transcript submitted to MCC A&R)		
	All prerequisites completed with grade C or higher		
	Anatomy (BIO 20), Physiology (BIO 22), and Microbiology (BIO 31) meet 5-year recency		
	If any prerequisite coursework was completed outside SCCCD , include:		
	Signed Course Equivalency Form (if required)		
	Official transcripts from all colleges/universities outside SCCCD, sent directly to MCC A&R		
	Foreign transcript evaluation (if applicable) completed by an approved evaluation service (e.g., IERF).		
	Proof of transcript order if requested within the past 30 days		
	TEAS Requirement:		
	TEAS Version 7 ≥ 62 %		
	Official ATI TEAS transcript sent to MCC through ATI		
	Multi-Criteria Screening (If Applicable):		
	Include documentation <i>only if you are claiming MCS points</i>		
	Work or Volunteer Experience		Verification of First-Generation College Student
	Advanced Degree documentation		EOPS/CalWORKs/Veteran verification
	Language Proficiency Form		
	Documentation of current Madera County residency (state ID/driver's license, lease, utility bill, voter registration, or BVNPT license lookup showing a Madera address; dated within the last 60 days) (See RN Pre-Application Packet p. 15 for full details.)		
	Submission Requirements		
	Application packet includes all required pages (application, acknowledgement form, admission option form, checklist, and receipt page)		
	Packet submitted in person to MCC A&R and timestamp applied to the application, checklist, and receipt page		
	Applicant has kept the timestamped receipt as proof of submission		
	Application submitted by 5 PM on February 2		
	No email or mail-in submissions accepted		



LVN-to-RN Associate in Science Degree Nursing Program

LVN-to-RN Program Application – Summer 2026 Cohort

SECTION A: Applicant Information -- Please Print

Last Name:		First Name:		Middle Initial:	
Preferred Name (optional):			MCC Student ID:		
Mailing Address:					
City:		State:		Zip:	
County of Residence:					
Primary Phone:		Emergency Contact Name:		Phone:	
MCC Email:			Alternate Email:		

Demographic Information

(For BRN reporting and CCCCCO reporting only. This information does not affect admission decisions.)

Date of Birth (MM/DD/YYYY):		Gender:	<input type="checkbox"/> Female		<input type="checkbox"/> Non-Binary
			<input type="checkbox"/> Male		<input type="checkbox"/> Decline to State
Race/Ethnicity (select all that apply):					
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Mixed Race			
<input type="checkbox"/> Other Race:				<input type="checkbox"/> Unknown/Decline to State	

SECTION B: Education Background

High School Graduation or GED Completion Date (MM/YYYY):		
Prior College Degrees (select all that apply):	<input type="checkbox"/> AA/AS	<input type="checkbox"/> MA/MS
	<input type="checkbox"/> BA/BS	<input type="checkbox"/> Doctorate

SECTION C: Prior Nursing Education

Have you previously attended, been enrolled in, or withdrawn/dismissed from any LVN-to-RN Bridge Program or Registered Nursing (RN) program?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , complete the information below:					
School Name:		Program Type:	<input type="checkbox"/> LVN/LPN	<input type="checkbox"/> LVN-to-RN Bridge	
			<input type="checkbox"/> RN	<input type="checkbox"/> Other:	
City:		State:		Year(s) Attended:	
Did you complete that program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Status Upon Leaving Program	<input type="checkbox"/> Left in good standing	<input type="checkbox"/> Withdrew	<input type="checkbox"/> Failed/dismissed		
	<input type="checkbox"/> Still enrolled (if applicable)	<input type="checkbox"/> Not disclosed			

If you answered "Yes," you must:

- Meet with an MCC Nursing Counselor before submitting your application
- Request official transcripts from **all** prior nursing programs
- Provide any available letter of standing or explanation of separation
- Follow transcript routing procedures listed in the Application Instructions
- Applications missing required documents will not be processed**

Note: The Madera Community College LVN-to-RN Bridge Program does **not offer mid-sequence entry** and therefore does **not accept transfer students** from other nursing programs. All applicants begin at the start of the LVN-to-RN curriculum.

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SECTION D: LVN Program & LVN License Information

LVN Program Name:			
City:		State:	
State-Approved LVN/LPN Program:		<input type="checkbox"/> Yes – my program was a state-approved LVN/LPN Program <input type="checkbox"/> No / Not Sure – Additional documentation may be required.	
LVN/LPN License State of Issue:		License Number:	
Issue Date (MM/DD/YYYY):		Expiration Date (MM/DD/YYYY):	
License Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other:		

Important Requirement (Read Carefully):

All admitted students must hold an **active California LVN license prior to the start of clinical onboarding**, which occurs before the beginning of the program. Applicants with out-of-state LVN/LPN licenses may apply, but must complete California endorsement **by the deadline specified in the acceptance letter** to retain their seat.

SECTION E1: Prerequisite Coursework

All prerequisite coursework must be completed with a grade of **C or higher prior to submitting the application**. Only the **science prerequisites**—Human Anatomy (BIO 20), Human Physiology (BIO 22), and Microbiology (BIO 31)—must have been completed within the past **five (5) years** of program start.

Required Course	Course Taken (if outside SCC CD)	College/ University	Units	Term & Year Completed (e.g. Fall 2023)	Grade	Repeat Attempts (Sciences Only)
BIO 20 Human Anatomy						Repeat x _____
BIO 22 Human Physiology						Repeat x _____
BIO 31 Microbiology						Repeat x _____
CHEM 3A or equiv Intro Gen Chem						Repeat x _____
ENGL-C1000 (Formerly ENGL 1A)						---
MATH 103 or higher						---
PSYC-C1000 (Formerly PSY 2)						---
SOC 1A or ANTH 2						---
COMM-C1000 (Formerly COMM 1) or COMM 2						---
PHIL 1C Ethics						---
FN 35 or FN 40						---
POLS-C1000 (Formerly POLSCI 2) or POLSCI 110						---
2 PE Courses						---



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SECTION E2: TEAS Information

TEAS Version (must be ATI TEAS Version 7):		TEAS Composite Score:	%
		TEAS Test Date (MM/DD/YYYY):	
Official TEAS transcript sent to Madera Community College through ATI?		Yes	No

SECTION F: Admission Option Declaration

All applicants must submit the **Declaration of Admission Option** form with this application.

Please select **ONE** option below:

<input type="checkbox"/>	Traditional LVN-to-RN Bridge (Associate in Science Degree) <i>(No counseling appointment required)</i>
<input type="checkbox"/>	30-Unit Option (Non-Degree) <i>(Counseling appointment required)</i>

Counselor Verification (if applicable)

This section is **only required** if you:

- **Previously attended (but did not complete), withdrew from, or were dismissed from an LVN-to-RN Bridge Program or a Registered Nursing (RN) Program, OR**
- **Are submitting coursework from another institution for course equivalency, substitution, or evaluation of records from an institution outside the United States.**

If you are using **SCCDD coursework only** and have **no prior nursing program attendance**, this section may remain blank.

Counselor Name:		Counselor Signature:		Date:	
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Applicant Acknowledgment

I certify that I have read and followed all instructions in the Madera Community College **LVN-to-RN Bridge Pre-Application Packet** and the **LVN-to-RN Bridge Program Application**.

I understand that incomplete, inaccurate, or missing application materials will result in the application not being processed.

Applicant Name (printed):			
Applicant Signature:		Date (MM/DD/YYYY):	



**LVN-to-RN Associate in Science Degree
Nursing Program**

ACKNOWLEDGEMENT OF STUDENT RESPONSIBILITIES

Name (printed) _____

I have read all of the material in the LVN-RN Program Information and understand the Application Selection Process.

I understand that the general education requirements for the A.S. Degree are subject to change with the publication of each year's new Madera Community College school catalog.

I understand Madera Community College reserves the right to revise Program Requirements and/or Selection Procedures.

I understand it is my responsibility to meet program requirements, ensure equivalency, follow proper application procedures, provide transcripts, and stay informed about revisions regarding Degree Requirements, Program Requirements, and Selection Process.

I understand that if I submit an application packet that is incomplete, or does not meet application/program requirements, it will not be forwarded for consideration to the nursing program. The application to the nursing program becomes null and void.

I understand that after my application is accepted and verified, I must notify the Madera Community College of any changes in address and/or telephone number.

I understand that if I am admitted into the program, failure to respond to the LVN to the RN Program Director with a confirmation of acceptance within two weeks of notification constitutes grounds to assign my slot in the program to the next qualifying applicant.

The Board of Registered Nursing requires a set number of on-site clinical hours. There are no alternative assignments to achieve these required in-person clinical hours. I understand clinical facilities may require a COVID-19 vaccination with no acceptable medical or religious exemptions.

I understand that if I am admitted into the program and I must decline acceptance, my placement in the program will be assigned to the next qualifying applicant.

Applicant Signature

Applicant Name (print): _____

Signature: _____

Date: _____

This signed form must be submitted with the LVN-to-RN Application Packet.



LVN-to-RN Associate in Science Degree Nursing Program APPLICATION RECEIPT PAGE

Applicant Information

Name:		MCC Student ID:	
Email Address:		Phone:	

Instructions for Submission

This **Receipt Page** must be **presented with your application packet** when submitting to **Admissions & Records (A&R)**.

A&R will **stamp and return this page to you** as **proof of submission** confirming that your packet was received for processing.

Keep your stamped receipt for your records.

Please note that **submission of an application packet does not guarantee eligibility or acceptance into the program.**

All applications are reviewed by the Nursing Office for completeness and qualification prior to eligibility determination and multi-criteria screening.

⚠ Important:

Receipt pages will not be issued or stamped after submission.

Applications submitted without a receipt page will not be accepted or timestamped.

FOR ADMISSIONS & RECORDS USE ONLY
Complete Packet Received – Application & Checklist Present