



GREEN RIVER COLLEGE NURSING

12401 SE 320TH ST, Auburn, WA 98092
nursing@greenriver.edu
greenriver.edu/nursing

ctcLink ID

Date

Applicant Signature

Student

Signing above you verify that the information contained in this application and the accompanying materials is true and accurate to the best of your knowledge.

Application

ASSOCIATE OF APPLIED SCIENCE PRACTICAL NURSING

APPLICANT INFORMATION

First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name	<input type="text"/>	Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y
Street Address	<input type="text"/>		
Phone	<input type="text"/>	Zip Code	<input type="text"/>
E-Mail	<input type="text"/>	City / Country	<input type="text"/>

COLLEGE TRANSCRIPTS SUBMITTED FOR EVALUATION

List all official transcripts submitted for evaluation. Do not include Green River College if you are/were a student.

College	<input type="text"/>	<input type="checkbox"/> Electronically	<input type="checkbox"/> Mail	<input type="checkbox"/> In-Person
College	<input type="text"/>	<input type="checkbox"/> Electronically	<input type="checkbox"/> Mail	<input type="checkbox"/> In-Person
College	<input type="text"/>	<input type="checkbox"/> Electronically	<input type="checkbox"/> Mail	<input type="checkbox"/> In-Person

ACTION REQUIRED Submit online [Transcript Evaluation Request form](#), located at [greenriver.edu/otr](#).

Application Bonus Points

You can earn up to 10 bonus points on your application. To receive bonus points you must check the box next to each applicable item below and include supporting documents when relevant.

- Under-Represented Person in Nursing (1)
Black, Indigenous, Person of Color, LGBTQIA+, Male, Financially Disadvantaged Background.
- Military or Veteran (1)
Must include DD214 or DD215 with application materials to receive point.
- Multilingual (1)
Languages must be noted on your resume to receive point.
- 1st Generation Student (1)
- Graduate of a Green River College Nursing Certificate Program (5)
Include your unofficial transcript with your application materials.
- Former or current registered member of Green River's Nurse Org student club (1).



BACKGROUND CHECK

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>	Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y
Prior Alias(es)	<input type="text"/>		

The following section must be completed and turned in with your application. Do not pay to run the background check. We will contact you when it is appropriate for us to run a background check. Clinical fieldwork is integrated throughout the program and is required for all students. Placement can occur but is not limited to, the following settings: long-term care, rehabilitation care, outpatient clinics, school districts, pediatric clinics, hospitals, and home health. Disqualifying factors on a criminal background check limits or prevents Community Lab/clinical placement and employability. If you have cause for concern regarding your criminal history outcome or any charges related to vulnerable populations (i.e., children, vulnerable adults), contact the [Department of Health](#) to receive clarification about the background as it pertains to licensure. Final admission to the program is dependent upon the results of this background check. See [Washington State DSHS Secretary's List of Crimes and Negative Actions](#).

CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

All students who will be placed in practicum education sites for Green River College's nursing programs are requested to complete the below, Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to ensure the safety and well-being of patients, clients, and children who come into contact with students. Practicum education sites are expecting that Green River students will not pose undue risks to the safety of patients/children.

The Washington State Patrol, abuse clearance request, is for the following: "Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision." Please be aware that information on other felony and misdemeanor convictions may be reported from the State Patrol office. This abuse clearance is used only for the purpose of practicum education placement, determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are required to complete this form. Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and, in some instances, impossible. All facilities utilized in the LPN program require proof of this clearance before students are allowed to participate in any practicum and clinical activities.

By signing this document, I verify that this application packet for the LPN program is accurate and has been completed to the best of my knowledge. I, at this moment, authorize Green River College to perform criminal background checks, maintain the record(s) until I graduate or withdraw from the program, and share the information as requested by clinical sites. I have read and understand the information about the Washington State Patrol Abuse Clearance.

Signature Student

Date: _____
mm/yyyy



ACKNOWLEDGMENT

Please read the statements below, and sign your initials next to each statement to confirm that you have read and understand each statement. For questions, contact Green River Nursing at nursing@greenriver.edu.

I understand that I may request reasonable accommodations to meet the standards of the LPN program. Refer to the [Disability Support Services](#) Web page for information about accommodations.

Initial SS

I understand that I must successfully pass a drug test and will be fingerprinted for clinical placements.

Initial SS

I read the disqualifying factors located on the [WA State DSHS website](#). I understand any questionable records/incidences in my past can prevent me from completing clinical and therefore, without clinical I cannot complete this program.

Initial SS

I understand that I am responsible for following the instructions of this application and that my candidacy for a seat in the LPN program may not be considered, or my application score may be negatively impacted by submitting an incomplete application, and or materials that are not legible, and or deviating from the application instructions.

Initial SS

I understand that I must submit my complete application in one PDF file, and that Green River Nursing will only retain my completed application file, and will not retain partial applications or related materials.

Initial SS

I will review my application once it has been compiled into one PDF file to confirm that it is complete, and that all the documents within the file are legible, and that the materials are in the sequence described in the Application Instructions on the cover page of this application.

Initial SS

I understand that I am responsible for submitting clear and legible information (i.e. photos, hand writing, document scans, etc), and that information that is not clear and or legible may impact my application score and or consideration for the LPN program.

Initial SS

I understand that I have 1.5 months to submit this application, starting on April 15th, and that it is due by 4 pm on June 1st, without exception.

Initial SS

I understand that Green River Nursing will only accept my application submission via the [application upload](#) link which is located on the Practical Nursing Page at greenriver.edu/nursing.

Initial SS

I understand that by submitting my LPN application I am confirming that it is complete and accurate to the best of my knowledge, and I understand that Green River Nursing is not obligated to notify me should I submit an incomplete application, and or materials that are not legible.

Initial SS

I understand that I will forfeit my offer into the program if I do not attend the mandatory orientation scheduled for July 17th.

Initial SS

By signing below you acknowledge that you have read and understand the above statements on this page.

Signature Student

Date _____
mm/yyyy



Tuberculosis Testing-Completed by Healthcare Provider

Dear Healthcare Provider,

You are receiving this letter to help us document an applicant or current student's vaccination record. For our nursing programs, we require that students be tested for tuberculosis using one of two options:

1. A QuantiFERON test that is negative. If the lab result states the applicant/student is positive, the applicant/student will be required to provide a negative chest x-ray and physician evaluation stating the student has no current symptoms. An asymptomatic applicant/student, whose chest x-ray and assessment indicates no active disease, may attend class/clinical.
2. A two-step TB skin test (TST) that is negative, given 7-21 days apart. If at any point in the testing the TST is positive, it indicates that the applicant/student has been exposed to TB. The applicant/student will be required to provide a negative chest x-ray and physician evaluation stating the student has no current symptoms. An asymptomatic applicant/student, whose chest x-ray and assessment indicates no active disease, may attend class/clinical.

For students who received a QuantiFERON Test or those requiring physician's assessment and chest x-ray please attach a signed copy of the medical record indicating the results.

First TB Test	
Placement Date	Location of Placement
Reading Date 48-72 hrs after placement	Results Documented in MM

Second TB Test - PLaced 7-21 Days Later	
Placement Date	Location of Placement
Reading Date 48-72 hrs after placement	Results Documented in MM

Student Name _____
Last First

Printed Provider Name and Credentials _____

Provider Signature Doctor Smith _____ Date _____
mm/yyyy

Address of Healthcare Facility _____

Sally Student

Contact Information

12401 SE 320th ST
Auburn, Washington
98092
May 01, 2023

Dear Nursing Department

This paragraph should be about the nursing program, why you are interested and why this program is a good fit.

This paragraph should be about skills and attributes you possess that will contribute to your success in this program. This paragraph can also be used to explain any areas of your application that may be lacking.

This paragraph is a conclusion, you should highlight anything important from above and thank the committee for their time reviewing your materials.

Sincerely,

Sally Student

Sally Student

Nursing Department

12401 SE 320th ST
ZC 107
Auburn, Washington
98092

SALLY STUDENT

12401 SE 320th ST Auburn, WA 98092 · 253-867-5309

[Email](#) · [LinkedIn Profile](#) · [Twitter/Blog/Portfolio](#)

To replace this text with your own, just click it and start typing. Briefly state your career objective, or summarize what makes you stand out. Use language from the job description as keywords.

EXPERIENCE

DATES FROM – TO

JOB TITLE, COMPANY

Describe your responsibilities and achievements in terms of impact and results. Use examples, but keep it short.

DATES FROM – TO

JOB TITLE, COMPANY

Describe your responsibilities and achievements in terms of impact and results. Use examples, but keep it short.

EDUCATION

MONTH YEAR

DEGREE TITLE, SCHOOL

It's okay to brag about your GPA, awards, and honors. Feel free to summarize your coursework too.

MONTH YEAR

DEGREE TITLE, SCHOOL

It's okay to brag about your GPA, awards, and honors. Feel free to summarize your coursework too.

SKILLS

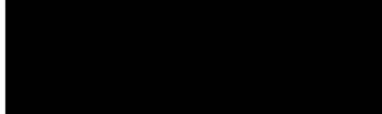
- List your strengths relevant for the role you're applying for
- List one of your strengths
- List one of your strengths
- List one of your strengths

LANGUAGES

- Use this section to list any languages and proficiencies

WED, MAY 17, 2023

GREEN RIVER COLLEGE
UNOFFICIAL STUDENT TRANSCRIPT



TERM	COURSE ID	TITLE	GRADE	CREDITS
FAL06	COMM 101	BASIC SPCH COMMUNICATION	4.0	5.0
	JOURN 201	INTRO TO MASS MEDIA	4.0	5.0
	PSYCH 100	GENERAL PSYCHOLOGY	4.0	5.0

Qtrly: Gpa Cr 15.0 Cr Earn 15.0 P/S Cr 0.0 Grpts 60.0 GPA 4.00

WTR07	ANTHR 201	BIOLOGICAL ANTHROPOLOGY	4.0	5.0
	COMM 110	INTERPERSONAL COMM	4.0	5.0
	P E 111	AEROBIC WALKING	4.0	2.0

Qtrly: Gpa Cr 12.0 Cr Earn 12.0 P/S Cr 0.0 Grpts 48.0 GPA 4.00

SPR07	AP 100	HUMAN AP SURVEY	4.0	5.0
	CRJ 100	INTRO TO CRIM JUSTICE	3.9	5.0
	ENGL 111	WRITING: HUMANITIES	4.0	5.0
	P E 136	YOGA 1	4.0	1.0

Qtrly: Gpa Cr 16.0 Cr Earn 16.0 P/S Cr 0.0 Grpts 63.5 GPA 3.97

FAL07	BIOL 100	INTRODUCTORY BIOLOGY	4.0	5.0
	EDEC 220	SIGN LANG 1	4.0	2.0
	MATH 097	INTERMEDIATE ALGEBRA	4.0	5.0

Qtrly: Gpa Cr 12.0 Cr Earn 12.0 P/S Cr 0.0 Grpts 48.0 GPA 4.00

WTR08	ENGL 132	INTRO TO READING DRAMA	4.0	5.0
	HIST 245	THE SECOND WORLD WAR	3.9	5.0
	MATH 102	PRE-CALCULUS 1	3.6	5.0

Qtrly: Gpa Cr 15.0 Cr Earn 15.0 P/S Cr 0.0 Grpts 57.5 GPA 3.83

SPR08	MATH 104	PRE-CALCULUS 2	3.3	5.0
	PSYCH 250	ABNORMAL PSYCHOLOGY	4.0	5.0

Qtrly: Gpa Cr 10.0 Cr Earn 10.0 P/S Cr 0.0 Grpts 36.5 GPA 3.65

SUM08	PSYCH 210	DEVELOPMENTAL PSYCHOLOGY	4.0	5.0
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Qtrly: Gpa Cr 5.0 Cr Earn 5.0 P/S Cr 0.0 Grpts 20.0 GPA 4.00

FAL08	AP 205	HUMAN AP 1	4.0	5.0
	CHEM 105	INTRO-GENERAL CHEMISTRY	3.8	5.0

Qtrly: Gpa Cr 10.0 Cr Earn 10.0 P/S Cr 0.0 Grpts 39.0 GPA 3.90

WTR09	AP 206	HUMAN AP 2	3.8	5.0
	AP 210	CADAVER ANATOMY	P	1.0
	BIOL 201	GENERAL BIOLOGY	4.0	6.0

Qtrly: Gpa Cr 11.0 Cr Earn 12.0 P/S Cr 1.0 Grpts 43.0 GPA 3.91

SPR09	BIOL 210	MICROBIOLOGY	3.9	5.0
	MATH 256	STATS-BUS & SOC SCIENCE	3.9	5.0

Qtrly: Gpa Cr 10.0 Cr Earn 10.0 P/S Cr 0.0 Grpts 39.0 GPA 3.90

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A COURSE WITH "&" IS COMMON AMONG
WASHINGTON STATE COMM & TECH COLLEGES
WITH THE SAME COURSE.
=====

FAL09	ENGL& 101	ENGLISH COMPOSITION I	4.0	5.0
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Qtrly: Gpa Cr 5.0 Cr Earn 5.0 P/S Cr 0.0 Grpts 20.0 GPA 4.00

Cum:	Gpa Cr 121.0	Cr Earn 122.0	P/S Cr 1.0	Grpts 474.5	GPA 3.92
Clvl:	Gpa Cr 116.0	Cr Earn 117.0	P/S Cr 1.0	Grpts 454.5	GPA 3.92

TRANS-UNIVERSITY OF WASHINGTON-15CR
HIGHEST HONORS

A784 ASSOCIATE IN ARTS DEGREE-DTA

Name: Sally Student | DOB: 3/17/2000 | MRN: 0000000 | PCP: Darla Doctor, MD

Health Summary

Immunizations

This is a list of immunizations that your clinic has on file for you.

<p>DTaP Dates on file: 03/08/2005, 06/25/2001, 09/12/2000, 07/18/2000, 05/09/2000</p>	<p>Flu Vaccine, 6+ MO, PF, Quad (Flulaval/Fluzone/Fluarix) Dates on file: 09/10/2021, 09/08/2020, 10/02/2019</p>	<p>Flu vaccine, 36+ mo PF, quad Dates on file: 02/03/2017</p>
<p>HPV Quadrivalent Dates on file: 11/06/2012, 07/03/2012, 05/02/2012</p>	<p>Hepatitis A vaccine pediatric / adolescent 2 dose Dates on file: 12/05/2002, 04/11/2002</p>	<p>Hepatitis B Adult Dates on file: 03/12/2021, 10/12/2020, 09/10/2020</p>
<p>Hepatitis B Ped/Adol Pres Free Dates on file: 06/25/2001, 07/18/2000, 05/09/2000</p>	<p>HiB Dates on file: 06/25/2001, 07/18/2000, 05/09/2000</p>	<p>IPV Dates on file: 03/08/2005, 09/12/2000, 07/18/2000, 05/09/2000</p>
<p>MMR Dates on file: 05/02/2012, 04/11/2002, 01/24/2001</p>	<p>Meningococcal Conjugate Dates on file: 02/03/2017, 04/07/2011</p>	<p>PPD Test Dates on file: 10/09/2019, 10/02/2019</p>

**Pneumococcal
Conjugate 7-Valent**
Dates on file: 12/05/2002

**SARS-CoV-2 for 12+ YO
(aka Pfizer Purple
Cap)**
Dates on file: 11/03/2021,
01/26/2021, 01/05/2021

Td
Dates on file: 08/24/2021

Tdap
Dates on file: 04/07/2011

Varicella
Dates on file: 05/02/2012,
04/07/2011, 01/24/2001



Valley Medical Center
400 S 43rd St
Po Box 50010
Renton WA 98055-5010
United States of America

COVID-19 Vaccination Record

as of May 17, 2023

Sally Student DOB: January 1, 1998

 COVID-19 vaccination complete (4 of 4)

Dose 1 administered on January 12, 2021

Name: SARS-CoV-2 for 12+ YO (Pfizer Purple Cap)
Manufacturer: Pfizer, INC

Dose 2 administered on February 2, 2021

Name: SARS-CoV-2 for 12+ YO (Pfizer Purple Cap)
Manufacturer: Pfizer, INC

Dose 3 administered on October 22, 2021

Name: SARS-CoV-2 for 12+ YO (Pfizer Purple Cap)
Manufacturer: Pfizer, INC
Lot #: FF2593
Location: WALGREENS STORE# 10304

Dose 4 administered on September 24, 2022

Name: SARS-CoV-2 for 12+ YO BOOSTER Bivalent (Pfizer Gray Cap)
Manufacturer: Pfizer, INC
Lot #: GJ2524
Location: PUYALLUP COSTCO

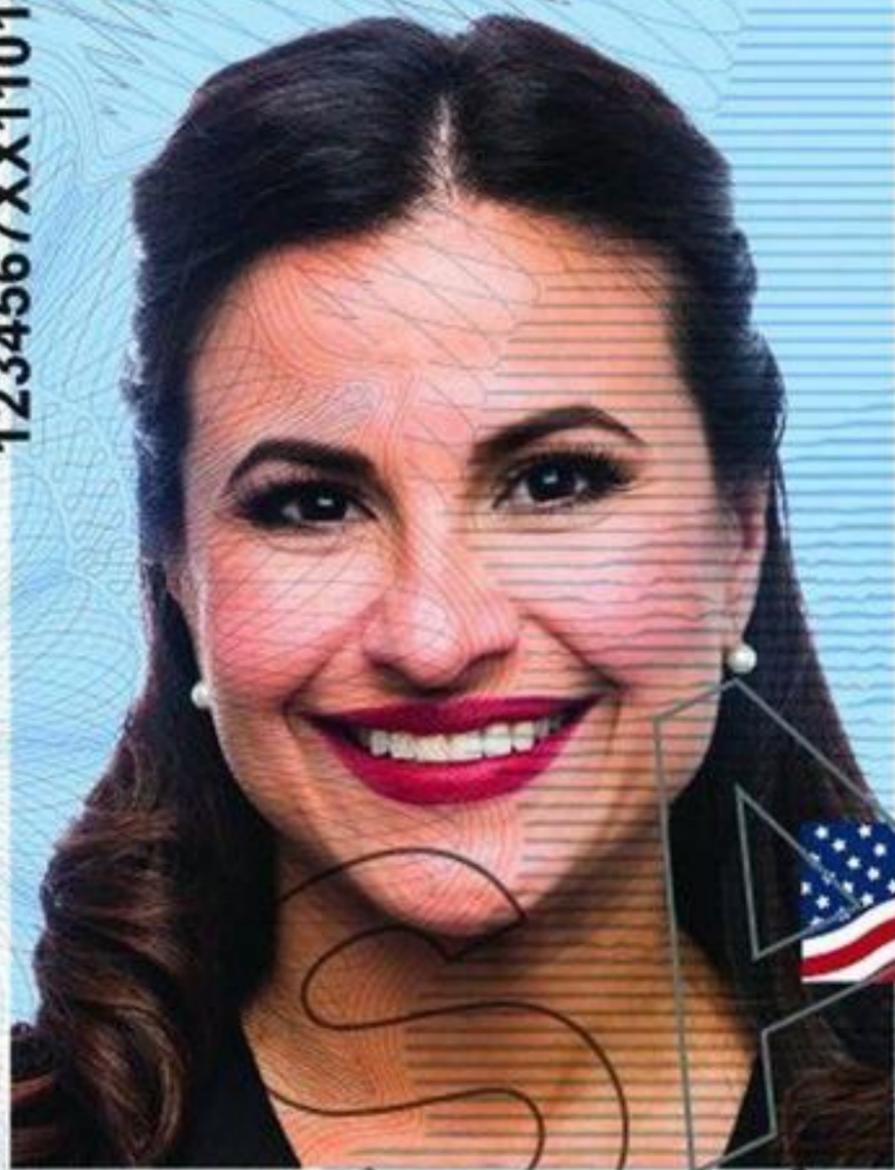
QR Code Verification

Scan this QR code at participating locations to share your COVID-19 vaccination information.

WA USA **WASHINGTON**

**ENHANCED
DRIVER LICENSE**

1234567XX1101



4d LIC# **WDLJK00580GF**

DONOR 

1 **SAMPLE**
2 **JANE**

3 DOB **01/06/1978**

4a ISS **09/04/2018**

8 **123 STREET ADDRESS**
YOUR CITY WA 99999-0000

15 **SEX F**

18 **EYES BRN**

16 **HGT 5'-04"**

17 **WGT 120 lb**

12 **RESTRICTIONS**
NONE

9a **END NONE**

4b **EXP 09/04/2024**



Jane A. Sample

5 DD **WDLJK00580GF 1234567XX1101**

REV 01/06/2018

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date

Recommended Renewal Date

Training Center Name

Instructor Name

Training Center ID

Instructor ID

Training Center Address

eCard Code

**Training Center Phone
Number**

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/go/mycard.

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Health Insurance Card

Enrollee Name

FIRST M LAST NAME

Enrollee ID

2234567890

RxBIN **444444**

RxGrp **55555555**

Issuer

987654321

Enrollment Date **01/01/2010**

This health plan is provided by ABC Health Insurance. While coverage remains in force, members are entitled to the benefits under the terms and conditions of the plan. This card is for identification purposes only and is not a guarantee of coverage. Deductibles and coinsurance may apply. Call 800-222-3333 to talk to a ABC Health Insurance representative.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

5/17/2023

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Nursing Assistant Certification for Student, Sally.

This site is a Primary Source for Verification of Credentials.

Credential Number:	NC600000000
Credential Type:	Nursing Assistant Certification
First Credential Date:	08/26/2022
Last Renewal Date:	12/02/2022
Credential Status:	ACTIVE
Current Expiration Date:	12/13/2023
Enforcement Action:	No

The Washington Department of Health presents this information as a service to the public.

The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified.

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