# Los Angeles Job Corps Center Advanced Training: Licensed Vocational Nursing Program



**Application Packet** 

#### Course Schedule Timeline

Please make sure to submit your TEAS Exams including TABE Scores before the application by June 30<sup>th</sup>

Entrance Exams Scheduled: June 30, 2025

Application Due: June 30 2025

Exams Scores Distributed: June 6, 2025

Video Conference Interviews: July 7, 2025

Notification Sent to Centers: July 31, 2025

Student arrival to LAJC: August 25, 2025

Orientation: September 2, 2025

Class Start: October 1, 2025

Course End: August 2026

#### **Pre-Requisites:**

- Be 18 years of age or older by the start date of the program
- Positive Attendance Record
- Possess a diploma from an accredited HSD or HSE
- Must complete and Health Occupation Training
- Obtained a State Certification of Nursing Assistant prior to entry
- Minimum TABE Levels EFL 5 test score in Math and Reading at the time of application
- Applicants must not have received any Level 1 or Level 2 infractions during enrollment.
   Recommendation from the Student Personnel Office is required with a complete copy of the student disciplinary record.
- Provide a copy of birth certificate, driver's license, social security card
- Pass a TEAS Exams with qualifying scores 60% or above
- Provide documentation of satisfactory physical and mental health as evidenced by a complete physical examination, which includes documentation by a certified healthcare provider, that the candidate is physically and mentally able to meet the objectives of the Licensed Vocational Nursing Program.

# **Application Checklist**

Student Nam	ie: Student ID#:		
Please collect	t the following documents from the respective departments:		
☐ Pre-R	·		
0	Program Overview		
0	Course Content		
	Clinical Training		
0	Grading Policy		
0			
0	Conferences		
_ 0	Terminations		
	al Dress Code		
	h Occupation Training – Code of Conduct		
☐ Student Commitment Contract			
☐ Completed Application			
•	ted Resume		
-	s of CPR & First Aid Certifications		
☐ Copie	s of Licenses and Certifications		
☐ TEAS	Exams Information		
☐ 750 V	Vord Essay (Instructions are attached)		
☐ Letter	rs of Recommendations:		
0	Academic Manager		
0	Career Technical Training Manager		
0	Counselor		
0	Residential Manager		
0	Student Personnel Officer		
☐ Healt	h & Wellness (Sealed)		
0	General		
0	Medical		
☐ Impoi	rtant Contacts		

#### **Commitment of Excellence Contract**

I, acknowledge that upon my acceptance into the Los Angeles Job Corps: Advanced Licensed Vocational Nursing Program, I commit to fourteen to sixteen months and to completing the Advanced Licensed Vocational Nursing Program.

I understand my decision to accept the invitation to Advanced Licensed Vocational Program is voluntary and I will adhere to all the police and procedures administered by the Los Angeles Job Corps and the AT LVN program.

I understand that I must maintain a grade of a least 75% or higher on all unit exams and the comprehensive class total. I agree to attend remediation if I fall below 75% at any times during the program. I understand that if I do not maintain at least a grade of 75% or higher after remediation that I will be dismissed from the Advanced Training LVN Program.

I also agree that I read the dress code expectations while doing clinical rotations.

I understand that holiday breaks may be scheduled at times different than other Job Corps Center.

I understand that I may not transfer to any other Job Corps Center after entering the LVN Program. I am expected to become gainfully employed in a full-time training related job or post-Secondary education immediately upon leaving Los Angeles Job Corps and the LVN Program I also understand that there may be state reciprocity requirements to be an LPN/LVN in my home state.

Student Applicant Signature	Date
Witness Signature	Date





# Los Angeles Job Corps Center Advanced Licensed Vocational Nursing Program

Please print neatly all the following information

Last Namo:		Eiro	t Namo:		N/I	iddle Name:
Last Name:	z. Fils		t Name:		IVI	iddle Name:
Address	City		State		;	Zip Code
Telephone Nun			E-mail Address	S:		
☐ Home ☐ Ce	·II					
Age:	Date of Birth:	Choose one: ☐ Resident ☐	Non-Resident	High Scho ☐ YES	ol Diploma   HSE: □ NO	U.S Citizen: ☐ YES ☐ NO
Legal Resident:	□ YES □ NO	If not US citizen,	provide Alien R	egistration	number and Expirat	ion Date:
Are you preven	nted from lawfully bed	l coming employed	in this country b	pecause of '	VISA or Immigration	status? 🗆 YES 🗆 NO
Are you willing	to apply for and obta	in a California Sta	te ID: (For nursi	ng licensing	g purposes) 🏻 YES	□NO
Does the name	on your Social Secur	ity Card match exa	actly to the nam	e on your s	tate issued ID or CDI	.? □ YES □ NO
Name of the Sending Center: Address:						
City State				Zip Code		
Sending Staff Contact:			Telephone:			Email:
Date of Enrollment Date of C		Date of Co	e of Completion		CTT:	
Certifications Earned Highest M		ath TABE		Highest Ro	eading TABE	
Emergency Contact Information:						
Emergency Contact:		Relationship:			Telephone:	

Have you ever been charged and/or convicted of criminal offense?	☐ YES	□NO
Have you ever been charged and/or convicted of a felony or misdemeanor?  Are there any pending legal charges pending against you?	☐ YES	□ NO □ NO
If yes to any question above, please provide details including nature of crime, de	ates, and loca	ition:
Criminal record checks will be required at the time of applicat  APPLICANT'S STATEMENT:	ion for testing	g and licensing.
I certify that all answers given herein are true and complete to the best of my ki	nowledge.	
I authorize Los Angeles Job Corps to verify all statements contained in this appli Licensed Vocational Nursing (LVN) Program and to contact those persons listed sources to disclose such information to Los Angeles Job Corps Center.		
I understand that false or misleading information given on my application given in disqualification and denial of acceptance in to the Licensed Vocational Nursin		ation or interview(s) may result
I understand, that if accepted into the program, I am required to adhere to all recenter and of the Advanced Training Licensed Vocational Nursing Program.	ules and regu	lations of Los Angeles Job Corps
Applicant's Signature:		
Date:		-

Name:	Student ID#:

## **CTT Instructor**

Please rate the student's performance in the areas listed, using the rating scale below.

1 -Exceeds Expectations 2- Meets Expectations NI- Needs Improvement N/A- Not Applicable

CRITICAL THINKING/PROBLEM SOLVING:	
CRITICAL IMINKING/PROBLEM SOLVING.	
Exercises sound reasoning to analyze issues, makes decisions and overcomes problems. Able to obtain, interpret and use knowledge, facts and data.	
ORAL/WRITTEN COMMUNICATIONS:	
Expresses thoughts and ideas clearly and effectively in written and oral form to all constituents.	
TEAMWORK/COLLABORATION:	
Builds collaborative relationships with colleagues and customers with diverse backgrounds and viewpoints. Able to work in a team structure and manage conflict.	
INFORMATION TECHNOLOGY APPLICATION:	
Uses appropriate technology to accomplish a given task. Able to apply computing skills to solve problems.	
LEADERSHIP:	
Leverages the strengths of others to achieve common goals. Uses interpersonal skills to coach and develop others. Able to manage own emotions and those of others. Uses empathy to guide and motivate, organize, prioritize and delegate work.	
PROFESSIONALISM/WORK ETHIC:	
Demonstrates personal accountability and effective work habits, e.g., punctuality, productivity, workload management. Understands the impact of non-verbal communication. Demonstrates integrity and ethical behavior, acts responsibly with the interests of the larger community in mind. Able to learn from his/her mistakes.	
CAREER MANAGEMENT:	
Identifies and articulates skills, strengths, knowledge and experiences relevant to position. Understands how to appropriately self-advocate in the workplace.	
QUALITY AND QUANTITY OF WORK:	
Works effectively and efficiently. Able to meet deadlines and accomplish multiple tasks with accuracy and thoroughness.	
KNOWLEDGE AND SKILLS:	
Demonstrates working level of skill/knowledge in area of expertise. Applies professional and technical expertise to best meet department/area needs.	

I recommend the above student for Ac Angeles Job Corp Center.	dvanced Training fo	or Licensed Vocational Nur	sing program at Los
Instructor (Printed name and signature	e)	 Date	
ATTACH THE FOLLOWING:  ☐ Basic CNA ETAR Report			
☐ State Certification for Nurse	e Assistant		

	COU	NSELOR RE	COMMENDA	TION
Is the student	responsible with a	ppointments/tim	e management? (ESPs	s, TABE, etc.  Circle One)
Excellent	Very Good	Average	Poor	
Attendance Re	ecord (In regards U	As, PTOs, Restric	tions   Circle One)	
Excellent	Very Good	Average	Poor	
How promptly	does the student	respond to Couns	selor's Contact? (Circle	e One)
Very Prompt	Average	No Respo	onse	
Please describ	e your student wit	th the Career Succ	cess Standards:	
allotment due the transfer w	, that the official Joil Ill occur in CIS price the following stude	ob Corps file will a or to the applicant	arrive within 24 hours c's arrival.	applicant received all clothing of the trainee's arrival, and that ional Nurse training at Los
Angeles Job Co	orps Center.  nted Name & Sign	 ature)		Date
ATTACH THE	FOLLOWING:			
☐ Copy ☐ Copy	hree performand of Social Security of High School D udent Profile  E1	r Card iploma		

Student ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Residential Supervisor   Manager Recommendation				
Does the student follow dire	ctive well?			
Goes Above and Beyond	Does what is necessary	Struggles in following instructions		
Does this student work well	with others?			
Excellent Very G	Good Average Po	oor		
Does this student maintain a	well-kept room? YES	NO		
Please describe student's overall performance in the dorms.				
I recommend the above stud Angeles Job Corps Center.	lent for Advanced Licensed \	ocational Nursing training at Los		
RA Supervisor   Manager (Pr	inted Name & Signature)	Date		

Student ID#:

Name: \_\_\_\_\_

Name:	Student ID#:

# **STUDENT PERSONNEL MANAGER**

What phase is the program is the student currently on?	ı
Intern Apprentice Supervisor Mai	nager DirectorSenior Director
Does this student have major behavioral problems (Ex. Contracts)?	Attendance Contracts, No Contact
Please note any important information about the stude	ent's performance
I recommend the above student for Advanced Licensed Angeles Job Corps Center.	Vocational Nursing training at Los
SPO Manager (Printed Name & Signature)	Date
ATTACH THE FOLLOWING:	
<ul> <li>☐ Student Conduct Profile</li> <li>☐ Full Case Notes from enrollment date</li> <li>☐ Class Absence Report (previous 6 months)</li> <li>☐ Student 652 Report</li> </ul>	

Name:	Student ID#:

### **LVN Essay Instructions**

Compose a 750-word essay, 2-3 pages typed. Discuss how pursuing your Job Corps experience as a well as pursuing Advanced Licensed Vocational Nursing will contribute in reaching your career goals. Your essay will be reviewed based on content, writing skill, sentence structure, spelling, and grammar. (*Make sure to proofread before submitting*)

#### **Essay Format:**

- Cover Page (Include topic, name & date)
- Size 12 font, Times New Roman style
- Single Spaced
- 1 inch margin

#### **Suggested Essay Outline:**

- I. Introduction Describe yourself as it pertains to the topic you selected
- II. Body Elaborate on your topic
- III. Conclusion Why should you be selected for the LVN Program?

#### **IMPORTANT CONTACTS**

#### **Director of Nursing**

Dr. Terri Hannah (213) 741-5316 Hannah.Terri@jobcorps.org

#### **Advanced Training Coordinator**

Jeanette Bernabe (213) 741-5832 Bernabe.Jeanette@jobcorps.org

#### **Student Records Manager**

Constanza Rincon (213) 741-5320 Rincon.Constanza@jobcorps.org

#### **Health and Wellness Director**

Charnelle Asante (213) 741-5480 LosAngelesWellness@jobcorps.org

#### **Mailing Address for Transfer Files:**

ATTN: Constanza Rincon	ATTN: Charnelle Asante
Los Angeles Job Corps	Los Angeles Job Corps
1031 South Hill Street	1020 South Hill Street
Los Angeles, CA 90015	Los Angeles, CA 90015

All applications must be submitted to the Advanced Training
Coordinator and/or Director of Nursing

**Subject: Application for 2025 LVN Program – (Student Name)** 

If Subject is not included the Application will not be reviewed.