

**CALIFORNIA STATE UNIVERSITY, FRESNO
SCHOOL NURSE SERVICES CREDENTIAL PROGRAM APPLICATION FOR
PHASE 2 COHORT ADMISSION**

| | | | |
|------------|------------|-------------|--------------------|
| Last Name | First | Maiden Name | Last 4 digits SS # |
| Street | City | State | Zip |
| Home Phone | Cell Phone | Work Phone | Email |

| Current California Licenses, Credentials, and Certificates | | |
|---|---------------|------------------------|
| <i>License or Credential</i> | <i>Number</i> | <i>Expiration Date</i> |
| California Registered Nurse | | |
| Preliminary School Nurse Services | | |
| Public Health Nurse | | |
| Audiometrist | | |

List Educational Institutions attended or currently enrolled, including Fresno State.

| School Name | Dates Enrolled | | # Units | Degree |
|-------------|----------------|----|---------|--------|
| | From | To | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

List Nursing Work Experience starting with most recent. Attach second sheet if necessary.

| Institution | Location | Position | Dates | |
|-------------|----------|----------|-------|----|
| | | | From | To |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Personal and Professional Fitness: Have you ever been convicted or pleaded *nolo contendere* for any violation of the law other than minor traffic offenses? If any of the above events occurred with subsequent court action sealing the juvenile record under Penal Code Section 1203.45, this question may be answered "No". Please circle: Yes No
If you answered "Yes" to the above question, please contact: Commission on Teacher Credentialing, Professional Practices Division at (916) 445-0423.

I verify that the above information is true and accurate: _____ Date: _____
Signature of Applicant

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APPLICANT RECOMMENDATION FORM

The candidate named below is applying for admission to the School Nurse Services Credential Program for preparation as a school nurse. Your evaluation of the applicant will assist us in the selection process. This form will be placed in the student's open file. Please return the form directly to:

Coordinator, School Nurse Services Credential Program
Central California Center for Health and Human Services
1625 E. Shaw Ave, Suite #146 MS 126
Fresno, CA 93710

APPLICANT: _____

Relationship to Applicant: _____

Please Rate Applicant on the following Abilities and Character Qualities:

A rating of 1 is minimal and 5 is outstanding:

| | Minimal | | | Outstanding | |
|-----------------------------|---------|---|---|-------------|---|
| Ethical Behavior | 1 | 2 | 3 | 4 | 5 |
| Interpersonal Relationships | 1 | 2 | 3 | 4 | 5 |
| Written Expression | 1 | 2 | 3 | 4 | 5 |
| Creativity | 1 | 2 | 3 | 4 | 5 |
| Reliability | 1 | 2 | 3 | 4 | 5 |
| Knowledge Base | 1 | 2 | 3 | 4 | 5 |
| Working with Children | 1 | 2 | 3 | 4 | 5 |
| Working Under Stress | 1 | 2 | 3 | 4 | 5 |
| Independence | 1 | 2 | 3 | 4 | 5 |
| Judgment | 1 | 2 | 3 | 4 | 5 |
| Leadership | 1 | 2 | 3 | 4 | 5 |
| Decision-making | 1 | 2 | 3 | 4 | 5 |
| Professional Image | 1 | 2 | 3 | 4 | 5 |

Additional Comments: _____

Name (please print): _____ Title: _____

Work Place: _____ Email: _____

Signature: _____ Date: _____