

**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

<b>Current California Licenses, Credentials, and Certificates</b>		
<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 Excellence in Nursing  
1625 East Shaw Avenue #146  
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: \_\_\_\_\_