



SEIU UHW - WEST & JOINT EMPLOYER
EDUCATION FUND

LVN TO RN PROGRAM

at City College of San Francisco

If you are a
Licensed Vocational Nurse
(LVN) working to become
a Registered Nurse (RN)
and have completed your
prerequisite classes,
you may be eligible.



- ❖ **FALL 2010: TRANSITION PROGRAM**
- ❖ **SPRING 2011: SEMESTER STARTS**

DEADLINE: August 2, 2010

Complete the form on the back of this flyer and submit to:

Education Fund
Attn: Ranjeet Bangar
360 22nd Street, Suite 200
Oakland, CA 94612

-or-

Fax: 866.727.1982

-or-

Download the application online at SEIU-UHWEDUC.ORG

For more about this and other
Education Fund programs and services call
1.888.TRAIN06 (872.4606) TOLL FREE

Or visit us on the web at

WWW.SEIU-UHWEDUC.ORG



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**CITY COLLEGE OF SAN FRANCISCO LVN TO RN PROGRAM APPLICATION
 FALL TRANSITION/SPRING START 2011**

To be eligible to apply for the CCSF LVN TO RN Program, you must meet the following criteria:

- 1) Work in a participating SEIU bargaining unit position for a contributing employer.
- 2) Be a regular full- or part-time employee eligible for benefits.
- 3) Have completed your initial probationary period.
- 4) Have a current valid LVN license.
- 5) Meet all of the eligibility requirements of the RN Program at City College of San Francisco. Please visit <http://www.ccsf.edu/Catalog/Medical/nurscurr.html> for the list of prerequisites and other requirements.

FOR MORE INFORMATION OR TO APPLY ONLINE GO TO WWW.SEIU-UHWEDUC.ORG

DEADLINE: August 2, 2010

1. GENERAL INFORMATION

| | | | | |
|---|----------------------|--|-------------------|-------------|
| *SOCIAL SECURITY NUMBER XXX-XX- _____ | **EMPLOYEE ID NUMBER | LAST NAME | FIRST NAME | MIDDLE NAME |
| STREET ADDRESS | | APT # | HOME PHONE () | |
| CITY | STATE | ZIP CODE | WORK PHONE () | |
| BIRTHDATE _/_/___ | SEX | RACIAL ETHNIC BACKGROUND (OPTIONAL) <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN/INDIAN SUBCONTINENT <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> OTHER _____ | CELL PHONE () | |
| EMAIL ADDRESS | | | BEST TIME TO CALL | |

2. PROGRAM/COURSE INFORMATION

FOR YOUR APPLICATION TO BE CONSIDERED YOU MUST PROVIDE THE FOLLOWING REQUIRED DOCUMENTS:

- Completed Program Application AND
- Copy of your most recent pay stub AND
- Copy of your unofficial transcripts AND
- Copy of your LVN License

3. EMPLOYMENT INFORMATION

| | | |
|---|--|---------------------------|
| EMPLOYER | FACILITY | DEPARTMENT |
| DATE OF HIRE _/_/___ | WAGE | JOB TITLE |
| BENEFITTED (OR BENEFIT-ELIGIBLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO | Hrs/Wk | SUPERVISOR/MANAGER'S NAME |
| SCHEDULE <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME | SHIFT <input type="checkbox"/> NIGHTS <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS | SUPERVISOR'S E-MAIL |
| UNION REPRESENTATION (CHECK ONE) <input type="checkbox"/> SEIU UHW-WEST (FORMERLY LOCAL 250/399) <input type="checkbox"/> SEIU 1107 <input type="checkbox"/> NONE <input type="checkbox"/> SEIU 105 <input type="checkbox"/> SEIU 49 <input type="checkbox"/> SEIU 121RN <input type="checkbox"/> OTHER : _____ | SUPERVISOR'S PHONE () | |

4. CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree that the Education Fund may share my name and contact information with my employer and the school or training institution in order to verify my eligibility and enrollment status. I understand that specific information related to my academic performance will not be shared with my employer.

APPLICANT'S SIGNATURE

APPLICATION DATE

***REQUIRED:** Only list the last 4 digits of your social security number

****REQUIRED:** *Incomplete or late applications will not be reviewed. If fields are left blank, you will be asked to resend a completed application.*

FAX, MAIL (U.S. mail only) or **HAND DELIVER** application **no later than 5:00pm on 8/2/10**, to: Ranjeet Bangar, Implementation Specialist
 360 22nd Street, Suite 200, Oakland CA 94612

Fax: 866.727.1982

(include cover sheet Attn: Ranjeet Bangar)

For more information, call 888.872.4606

- or - E-mail rbangar@seiu-uhweduc.org