**APPLICATION - FORM A SEMESTER\_\_\_\_\_\_\_\_\_YEAR\_\_\_\_\_\_\_\_** 

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| **Please fill-out (This Information will be placed on your State of California *Initial Application for- CDPH 283B)*** | | | | **STUDENT ID#:** | | | |
| **LAST NAME:** | | **FIRST NAME:** | | | | | **MI:** |
| **ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***(Street, City, State, ZIP Code)*** | | | | | | | |
| **STUDENT SSN#:** | | | **BIRTH DATE: \_\_\_\_ /\_\_\_\_ / \_\_\_\_** | | | | |
| **DRIVER’S LICENSE #/CALIF. ID#:** | | | | | **STATE:** | | |
| **CELL: (\_\_\_) \_\_\_ - \_\_\_\_** | **DAY PHONE: (\_\_\_) \_\_\_ - \_\_\_\_** | | | | | **EVENING: (\_\_\_) \_\_\_ - \_\_\_\_** | |
| **E-MAIL ADDRESS:** | | | | | | | |
| **EMERGENCY CONTACT PERSON: (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (\_\_\_) \_\_\_ - \_\_\_\_** | | | | | | | |

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| **Completed the Reading and Writing pre-requisites by (check what you have completed):** | | | |
| * **A College Reading Assessment score indicating placement into English 142B** o **Or completion of English 81 with a grade of “C” or better; AND** * **A College Writing Assessment score indicating placement into English 142B** o **Or completion of English 84 with a grade of “C” or better;** | | | |
|  | ***If English is not your native language, you may satisfy the above pre-requisites for Reading and Writing*** | |  |
| ***by:*** | * **An ESL Reading assessment score indicating placement into ESL Level 3 Reading (ESL 149)** o **Or completion of ESL 146 with a grade of “C” or better AND** * **An ESL Writing assessment score indicating placement into ESL Level 3 Writing (ESL 189)** o **Or completion of ESL 186 with a grade of “C” or better** |
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| ***APPLICANT SIGNATURE:*** | ***DATE:*** |

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| **FOR OFFICE USE ONLY:** | |
| CDPH 283B Application Received | *CPR for Healthcare provider* |
| Completed LiveScan form | *Assessment tests* |