



Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

School of Nursing
Allied Health Continuing Education

(323) 409-5911
collegeofnursing@dhs.lacounty.gov

CLASS/PROGRAM APPLICATION FOR LA GENERAL MEDICAL CENTER EMPLOYEES

Submit approved form via email or mail

APPLICANT INFORMATION: (print/type legibly, all items must be completed)

Last Name: Employee Number:

First Name: Professional License Number:

RN LVN NA Other Contact Work Email or Phone #:

Nursing Bldg. (eg. IPT, CT, OPD, etc) Work Area:

Non-Nursing Bldg. (eg. IPT, CT, OPD, etc) Work Area:

CERTIFICATE OF COMPLETION INFORMATION: A Certificate of Completion is issued for classes/programs providing contact hours. Original certificate will be sent to you as indicated above, (e.g., Bldg. + Work Area = IPT 3A, I&R Room 831, etc.). Call the College if certificate not received within 60 days after completion of class/program. A copy of the certificate will be sent to your Nursing Office as applicable.

Applicant's Signature: Date:

Your signature indicates you are consenting to release your grade to your department.

CLASS PROGRAM INFORMATION:

Name:

Date(s): Time: Location:

IMMEDIATE SUPERVISOR APPROVAL:

Approved Denied Reason for Denial

Supervisor's Name (Print): Supervisor's Work Phone:

Supervisor's Signature: Date:

For Administrative/Instructor use only.

Enrollment Confirmed: Yes No OES/Library Staff Date:

Date email confirmation sent: Comments

Grade: Pass Fail Incomplete Drop No Show Audit Class Cancelled

Comments:

Class Hours: Didactic: Clinical: Contact Hours: Instructor Initials: