

PRACTICAL NURSING PROGRAM STUDENT ADMISSION CHECKLIST

NAME: _____ DATE: _____ CLASS: _____

1. SEND IN APPLICATION: _____
2. PASS ATI TEAS - TEST DATE: _____
3. HIGH SCHOOL or GED TRANSCRIPT: _____
4. COLLEGE TRANSCRIPT (If applicable): _____
5. CLEARANCES:
 - a. FBI CRIMINAL BACKGROUND CHECK: _____
 - b. CHILD ABUSE: _____
 - c. PA STATE POLICE: _____
6. REVIEW STUDENT HANDBOOK: _____
7. REFERENCE LETTERS (3): _____
8. PERSONAL INTERVIEW: _____
9. HEALTHCARE PROVIDER CPR CARD: _____
10. MEDICAL HISTORY, PHYSICAL FORM AND VACCINE RECORD: _____
11. ENROLLMENT AGREEMENT: _____
12. \$150 ENROLLMENT FEE: _____
13. PHOTO/VIDEO RELEASE FORM: _____