

JEFF TECH

PRACTICAL NURSING PROGRAM STUDENT ADMISSION CHECKLIST

NAME: _____ DATE: _____ CLASS: _____

1. SEND IN APPLICATION: _____
2. PASS ATI TEAS - TEST DATE: _____
3. FILL OUT FINANCIAL AID – FAFSA: _____
4. HIGH SCHOOL or GED TRANSCRIPT: _____
5. COLLEGE TRANSCRIPT (If applicable): _____
6. PERSONAL INTERVIEW: _____
7. \$200 ENROLLMENT FEE: _____
8. SIGN ENROLLMENT AGREEMENT: _____
9. CLEARANCES:
 - a. FBI CRIMINAL BACKGROUND CHECK: _____
 - b. CHILD ABUSE: _____
 - c. PA STATE POLICE: _____
10. MEDICAL HISTORY, PHYSICAL FORM AND VACCINE RECORDS: _____
11. **10 PANEL DRUG SCREENING:** _____
12. **2 STEP PPD:** _____
13. HEALTHCARE PROVIDER CPR CARD: _____

*****Please send any documentation/paperwork to PN@JeffTech.edu or fax to 855-479-6809 *****

***** Or mail to Jeff Tech 576 Vo Tech Road, Reynoldsville, PA 15851 *****