



6055 Cleveland Avenue, Columbus, OH 43231
 Phone (614) 781-1085 • Fax (614) 917-1010

ADMISSION CHECKLIST

STEP ONE	
RN PROGRAM REQUIREMENTS	PN PROGRAM REQUIREMENTS
<input type="checkbox"/> Completed Application Form with Registration Fee, \$125 (non-refundable)	<input type="checkbox"/> Completed Application Form with Registration Fee, \$125 (non-refundable)
<input type="checkbox"/> HESI Assessment -RN -\$60 <input type="checkbox"/> HESI Assessment-A.DN- \$60	<input type="checkbox"/> Bridge Program (Mandatory for all PN nursing students)
<input type="checkbox"/> Transcript(s) from ALL Colleges/Post-Secondary Schools Attended <input type="checkbox"/> Overall GPA of 2.5 preferred	<input type="checkbox"/> High School Transcript OR GED Completion Certificate AND an Evaluation of Foreign High School Transcript.
<input type="checkbox"/> Copy of Current Driver's License and ONE proof of U.S. Residency: Social Security Card, Resident Alien Card OR Current US Passport or Naturalization Certificate <input type="checkbox"/> Two character references	
STEP TWO	
<input type="checkbox"/> Admission Interview <input type="checkbox"/> Financial Interview	<input type="checkbox"/> Admission Interview <input type="checkbox"/> Financial Interview
<input type="checkbox"/> Admissions Deposit- applied to 1 st Semester	<input type="checkbox"/> Admissions Deposit – applied to Bridge program
<input type="checkbox"/> Health Requirements: <ul style="list-style-type: none"> ○ Physical exam (within 6 months of starting the program) ○ Tetanus, Polio, MMR vaccines (or titers) ○ Varicella and Hepatitis B vaccines (or titers) ○ 2-step Mantoux (TB) test ○ Drug screen (8-panel drug screen) <p><i>All laboratory, titer testing and immunizations results must be attached!!</i></p> <input type="checkbox"/> Current CPR card for <u>Healthcare Provider</u> (BLS)	
<input type="checkbox"/> Copy of LPN or LVN license (if applicable) <ul style="list-style-type: none"> ○ IV Therapy Certified 	<input type="checkbox"/> Copy of STNA or MA License (if applicable)
<input type="checkbox"/> BCI/FBI Background check completion (at orientation) <input type="checkbox"/> Copy of Student Nurse Liability Insurance (at orientation)	

Student Name: _____

Program _____