



Please check the forms you have already submitted to the **RECORDS/REGISTRATION** Office.

**FORM**

\_\_\_\_ Health Record (Applicant & Physician)

\_\_\_\_ Immunization (or proof of immunity)

- Rubella
- Rubeola (need proof of two)
- Tetanus (within last 10 years)
- TB (Mantoux - 1yr; Chest X-Ray - 2 yr)
- Hepatitis B (not required until admitted)

\_\_\_\_ Chicken Pox Verification Form

\_\_\_\_ References (list last name of reference)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_ High School Transcript/GED

\_\_\_\_ College Transcripts (if applicable)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_ Copy of Drivers License

\_\_\_\_ Proof of Citizenship (birth certificate, permanent resident card or current I-20)

If LPN to RN or Paramedic to RN

\_\_\_\_ Proof of at least one year of work as LPN or Paramedic

\_\_\_\_ Copy of current LPN License or Paramedic License

COMMENTS: