

## **Associate Degree Nursing Program**

### **Application Requirements**

- \_\_\_\_\_ Copy of Official transcripts for prerequisite and LPN courses.
- \_\_\_\_\_ Application for Admission Associate Degree Nursing Program
- \_\_\_\_\_ Idaho LPN Licensure, (provide copy and original) \_\_\_\_\_ Exp. Date
- \_\_\_\_\_ CPR (Health Care Provider) (provide copy and original) \_\_\_\_\_ Exp. Date
- \_\_\_\_\_ Documentation of prior work experience/hours
- \_\_\_\_\_ Evidence of completed IV Therapy coursework
- \_\_\_\_\_ Immunizations (provide copy and original)
  - \_\_\_\_\_ Two (2) measles, mumps, rubella (MMR) or measles, mumps and rubella titers if born after 1956
  - \_\_\_\_\_ Hepatitis B series (must have completed)
  - \_\_\_\_\_ Tetanus (Tdap or Td) in the past 10 years
  - \_\_\_\_\_ Current annual TB skin test or chest x-ray
  - \_\_\_\_\_ Chickenpox titer or verification form
- \_\_\_\_\_ TEAS Exam results (see information form in packet)
- \_\_\_\_\_ Essay Submission
- \_\_\_\_\_ Medication Test Results
- \_\_\_\_\_ Background Check done through CertifiedBackground.com (print out results to provide a copy with packet)
- \_\_\_\_\_ Signed copy of Acknowledgement of Program Requirements form
- \_\_\_\_\_ Signed Statement on Technical Standards