



### NEW STUDENT CHECKLIST

<b>PROGRAM</b>	<b>PN</b> Practical Nursing	<b>AAS 1+1</b> Associate of Applied Science	<b>BSN</b> Traditional Bachelors	<b>RN to BSN</b> Completion Program
1. Application				
2. Registration Fee \$125 (non-refundable)				
3. HESI A2 Exam				NA
4. Proof of Graduation a. Official HS Transcript/Diploma b. GED c. Official College Transcript*				
5. Felbry Forms 1. High School Attestation Form 2. At-Risk Ability to Benefit Form 3. Prospective Student Education Plan 4. Character Reference Form (1) non-family member 5. Character Reference Form (2) non-family member 6. Statement of Purpose Questionnaire 7. Ohio Physical Location Attestation (As Applicable)				
6. Foreign Transcript Evaluation (NACES or AACRAO) (As Applicable)				
7. Driver's License/Identification Card				
8. Proof of U.S Residency a. Social Security Card b. Passport c. Green Card				
9. Financial Aid (FASFA) or Payment Plan School Code: 042350				



10. Background Check (BCI/FBI) (Must use code 4723 09)				
11. IV Certification Proof *	NA			
12. Physical Exam (Must use Felbry form) Immunizations: a. Annual Influenza Vaccine b. Annual 1-step OR 2-step TB test c. MMR (titers) – Within last 10 years d. Varicella (titers) - Within last 10 years e. Hepatitis B (titers) - Within last 10 years f. tetanus-diphtheria (TDAP) vaccine – <i>Shot record within last 10 years</i> <i>Students are required to show COVID-19 vaccination</i> <i>OR complete the FCSON COVID-19 Declination form.</i>				NA
13. Drug Screen (10-panel drug screen) Urine				NA
14. BLS Healthcare Provider (CPR) card - AHA/ARC				NA