

# Vocational Nursing Student Checklist

Deadline for Application and Completed Packet is June 1

College Use Only:
Date Rec'd. _____
Initials _____

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Student ID #: \_\_\_\_\_

Please read the entire form and check all spaces to the left of the items completed below  
All items must be submitted together by June 1

- Attended Health Professions Orientation (date): \_\_\_\_\_
- Application to Howard College Office of Admissions (if you are not currently enrolled)
- Financial Services Signature: \_\_\_\_\_  
In order for the advisor to sign, your **aid packet** MUST be complete. If you are not applying for aid, sign & date here: \_\_\_\_\_
- Take the Test of Essential Academic Skills Test (TEAS) by June 1<sup>st</sup>. Application **will not** be accepted unless one score sheet is submitted. Date completed: \_\_\_\_\_
- Between **January 1 and May 1**, complete a background check **ONLY** at: <https://portal.castlebranch.com/HH88>. Please keep a copy of the verification. Date submitted: \_\_\_\_\_
- Submit application to Vocational Nursing Program Chair by June 1<sup>st</sup>.
  - **A person who can answer "Yes" to any of the questions listed on the application may need to apply for a Declaratory Order (DO) as instructed by the Board of Nursing (BON). It is mandatory to have a clearance letter/blue card prior to completion of the Nursing Program. Responding NO when the answer is YES may result in program dismissal. Should the BON require you to complete a DO and you are not cleared, you will be withdrawn from the program and forfeit any funds paid to that point.**
- COPY** of immunizations. **Please do not submit originals.**
- Submit a **copy** of active Certified Nursing Assistant license.
- All prerequisites need to be completed by the end of Summer II. Please turn in proof of enrollment for prerequisites to be taken after June 1. **Points will be calculated after Summer I only. No exceptions.**

College/Date Completed	College/Date Completed
<input type="checkbox"/> A&P I _____	<input type="checkbox"/> Microbiology _____
<input type="checkbox"/> A&P II _____	<input type="checkbox"/> Lifespan G&D _____

Please notify Manual Tobias at [mtobias@howardcollege.edu](mailto:mtobias@howardcollege.edu) of any address or phone changes.