Practical Nursing Program Admission Portfolio Checklist

Student’s Name: ________________________________
Student ID#: ________________________________
Student’s Phone #: ________________________________ Email Address: ________________________________

PART 1: To be completed by the College Advisor: Part 1 must be completed before proceeding to Part 2. Students with an incomplete portfolio will not be considered for admission into the practical nursing program. It is recommended that applicants retain a copy of their portfolio for their personal records.

Assessments:
______ Reading Assessment: TABE A 12.0 or greater; 1 retake allowed with a retake fee of $15.00. (Completed within the last 12 months)
______ Math Assessment: 80% or greater; 1 retake allowed with a retake fee of $15.00. (Completed within the last 12 months)

Documents:
______ Copy of government issued photo identification
______ Official US high school transcript or GED certificate and/or college transcripts
______ Copy of a CNA, MA or CMA certificate
______ Two (2) letters of recommendation, including the contact information of the person providing the student’s recommendation
______ 2-page essay describing career goals and interest in healthcare

Prerequisites:
______ ENG 121: English Composition (3 Credits)
______ HPR 178: Medical Terminology (1 Credit)
______ BIO 106: Anatomy & Physiology (4 credits) or BIO 201/202 (8 Credits) taken within the past 7 years.
______ Official (sealed) transcripts showing prerequisite courses, with a grade of C or higher
______ Challenge test results of prerequisite courses.

I acknowledge and understand that the requirements for admission may change during the time between portfolio submission and official notification of program admission.

Student Signature: ________________________________ Date: ________________________________
Advisor: ________________________________ Date Completed: ________________________________

PART 2: To be completed by EGTC Health Science department. Please bring the following documents to the Health Science department on the 5th floor room 506.

Immunization Requirements: 2 Series MMR: (1) ________, (2) ________ Annual Influenza: ________
TB Skin test or X-Ray expiration date: ________, DPT within 10 years or Tdap within 5 years: ________
HEP B series of 3: (1) ________, (2) ________, (3) ________ Varicella (Chickenpox): ________

Required Documents: Drug Screen: ________________________________ Background Check: ________________________________
Expiration date of Liability Insurance: ________________________________ BLS Cert. Expiration Date: ________________________________
Signature of DNEP or designee: ________________________________ Date: ________________________________

Pre-admission/PN Portfolio Checklist [Revised 11/02/15]