

Pre-Admission Practical Nursing Program Application Packet

Name: _____ Phone #: _____ Cell #: _____
Email: _____ Last 4 of Social Security #: _____
Address: _____



All items due July 16th by 12pm - noon (all docs below must be turned in at one time – no exceptions) (Can be turned in at the earliest on July 13th)

No packets will be accepted before July 13th or after July 16th at 12 noon.

- _____ 1. COMPASS/ACT/ACCUPLACER scores (copy must be included in packet)
- _____ 2. Currently passing, have passed, or received credit for LEAD/Computers/PN Apps/A&P/Nutrition/Nursing Fundamentals I/Geriatric Clinical I
- _____ 3. Official high school transcript/GED transcript (must be mailed directly from institution or delivered by hand in sealed envelope)
- _____ 4. Official College transcript(s): Transcripts must be mailed directly from institution to NLTC. Transcripts must be submitted from ALL previous colleges. No transcripts will be accepted if hand-delivered regardless of "official" stamp. Failure to disclose previous colleges may result in dismissal.
- _____ 5. UNEXPIRED driver's license or state issued photo ID with correct name and address (A copy will be made at NLTC)
- _____ 6. Current official immunization record and must include:
 - _____ a. DPT LESS THAN 10 YEARS OLD
 - _____ b. MMR X 2 IF BORN AFTER 1957 OR POSITIVE RUBELLA TITER
 - _____ c. Varicella (immunization or documentation of disease: positive varicella titer)
 - _____ d. Hepatitis B series (in progress or completed) or signed declination
- _____ 7. Flu vaccination during flu season (October-March). Required prior to clinical rotations in the Fall semester - due September 30.
- _____ 8. TB skin test (current within one year and to be repeated yearly. Must include documentation of result read by healthcare provider.)
- _____ 9. Birth certificate with raised seal (copy will be made at school). If birth certificate is illegible or unable to clearly copy, a new birth certificate will need to be requested. Students born out of state will need to request certificate from birth state.
- _____ 10. Completed physical with form provided by school institution
- _____ 11. Social Security card (copy will be made at school)
- _____ 12. If student has arrest history, ALL court documents an arrest records, even if charge were dismissed or expunged, will need to be provided. This does not include minor traffic violations such as a speeding ticket or seat belt violation. If you are unsure of your arrest history, please see program coordinator BEFORE packet submission.
- _____ 13. TWO DIGITAL fingerprint cards. Contact local sheriff's office to make appointment
- _____ 14. \$39.25 money order payable to Louisiana State Police for LSBPNE required background check (state and FBI)
- _____ 15. \$38.95 for background check for school copy (paid online via debit/credit card by student)
- _____ 16. \$50 online payment through Nurse Portal. Payment to be submitted after completion of LSBPNE Student Admission application. Further instructions provided when nursing packet is submitted.
- _____ 17. **Essay:** One full page, typed essay entitled, "Why I want to be a Nurse" (Should be double-spaced; 1' Margins, Font 12-Times New Roma and at least 280 words)
- _____ 18. **Transfer/Re-entry students:** Letter of recommendation from the Program Coordinator of the last program attended.

official office use only

Completed Application received: _____ Accepted by (staff) _____