IOWA CENTRAL COMMUNITY COLLEGE
ASSOCIATE DEGREE AND PRACTICAL NURSING PROGRAM CHECKLIST

This form must be completed and submitted to the Health Sciences Department (AST-201) with all required documentation ASAP or you may lose your position in the program.

Please complete the following information and initial in the lines on the left hand side of the page.

1. Submitted a copy of your Health Care Provider CPR card (If the CPR class will not be completed by the above deadline, please document below the location and date of the CPR class you are signed up for.)
   Location (college, hospital, employer, etc.)
   Date

2. Submitted proof of a Mandatory Reporter course for both Child and Adult.

3. Submitted a copy of a certificate or transcript (unless taken at Iowa Central for credit) which documents satisfactory (“C” or above for credit course) completion of a 75-hour nurse aide class.
   OR
   If taken for college credit at an institution other than Iowa Central, please complete the following information:
   College course completed at
   Date submitted official college transcript to Iowa Central
   OR
   If the nurse aide course has not yet been completed, please document the date scheduled to take course
   Date scheduled if not yet completed

4. Submitted a copy of the written and skills state certification test results for the nurse aide
   OR
   If you will not have your state certification exam completed by the above deadline, please document:
   Date of scheduled skills exam
   Date of scheduled written exam

5. Sign and submit the Summary Sheet CNA Skills Checklist

6. Submitted a completed Pre-Entrance Medical Record

7. Submitted the Criminal Background check to American Databank. Child and Adult Abuse forms need to be handed in at Health Science Office (if not done during your orientation)

8. Completed (BIO 168) Human Anatomy/Physiology I with a “C” or above at Iowa Central
   Semester/Year completed
   OR
   If taken at an institution other than Iowa Central, please complete the following information:
   College course completed at
   Date submitted official college transcript to Iowa Central

I have read and understand the above information. I also understand that if this checklist, along with the required documentation is not submitted by ASAP, I will not be allowed to start the nursing program and must re-apply for future consideration.

_____________________________  ______________________
Student Signature                      Date

_____________________________  ______________________
Print Student’s Name                  Phone