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 given to appropriated areas by December 14th, 2018 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.

Submit to CastleBranch  
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 the nurse aide course has not yet been completed, please document the date scheduled to take course 
   Date scheduled if not yet completed

4. Sign and submit the Summary Sheet CNA Skills Checklist

5. Submitted a completed Pre-Entrance Medical Record with all immunizations included

6. Submitted the Background check

7. Submitted Bloodborne Pathogen and HIPAA training certification

Submit to Iowa Central Community College  
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 the deadline of December 14, 2018, I will not be allowed to start the nursing program the spring 2019 and must re-apply for future consideration.

_________________________________________  ____________________________  
Student Signature  Date

_________________________________________  ____________________________  
Print Student’s Name  Phone