

Requirement	Explanation	Month/Day/Year	Check it OFF!
TUBERCULIN	Current for one academic year from date of administration	TB test Date & Result 1. _____	
IMMUNIZATIONS	MMR HEP B VARICELLA	Immunization dates: 1. _____ 2. _____ 3. _____	
CARDIOPULMONARY RESUSCITATION CERTIFICATION (CPR)	Will only accept certification for either the <b>American Heart Association Health Care Provider Course BLS for Healthcare Providers</b> (repeated every 2 years) or the <b>American Red Cross CPR/AED for the Professional Rescuer Course.</b>	Certification Expiration Date 1. _____	
SKILLS AND ABILITIES FOR DEGREE COMPLETION	Read and sign form located in Student handbook.	Date read and signed the form 1. _____	
CRIMINAL BACKGROUND CHECK (CBC)	You must notify the School of Nursing <b>IMMEDIATELY</b> if there is a change to your CBC.	Date of the CBC 1. _____	