Required Documentation for 2012-13 Full-Time Program Admission

The following documentation must be submitted to the Nursing Program Admission Committee before the application deadline, February 3, 2012. ***It is the student's responsibility to ensure that adequate documentation of the listed requirement is provided to the Committee****.*

#	Requirements	Acceptable Documentation
1	**Tuberculosis (TB) Test**	You must submit one of the following documentation: ➢ **Negative Tuberculin Skin Test (two-step PPD test) result** A copy of two-step PPD test results within the past 12 months (two injections & two readings given three weeks apart) If you had a positive PPD test, you must provide documentation of treatment/Chest X-ray and current clearance from physician. This letter must be dated within 6 months ➢ **Negative annual PPD test result** Must submit both copies of your current annual PPD test and previous year's PPD test ➢ **Negative QuantiFERON®-TB blood test result** A copy of QuantiFERON TB blood test within the past 12 months
2	**Hepatitis B (HepB)**	You must submit one of the following documentation: ➢ **Complete 3-dose series of Hepatitis B vaccines** A copy of three HepB vaccines. Please note that it takes 5-6 months to complete all 3 series ➢ **Positive Hepatitis B titer test result** A copy of HepB Antibody titer (blood test) result
3	**Measles, Mumps, & Rubella (MMR)**	You must submit one of the following documentation: ➢ **Two doses of MMR vaccines** A copy of two MMR vaccines ➢ **Positive Measles, Mumps and Rubella titer results** A copy of Measles, Mumps and Rubella titer results to show immunity
4	**Tetanus/Diphtheria (Td)**	➢ **Tetanus/Diphtheria vaccine** A copy of Td vaccine/booster within the past 8 year
5	**Varicella (Chicken Pox)**	You must submit one of the following documentation: ➢ **Two doses of Varicella vaccines** A copy of two Varicella vaccines ➢ **Positive Varicella titer result** A copy of Varicella titer result
6	**CPR CARD for Healthcare Providers**	➢ **A copy of current CPR card for Healthcare Providers** The CPR card must be issued by a person or facility qualified specifically to instruct CPR for Healthcare Providers (American Heart Association) that includes infant, child and adult. Other types of CPR certification will NOT be accepted.
7	**Conviction/Criminal History Disclosure Form**	➢ **A completed and signed disclosure form.** *See the 2012-13 Full Time Nursing Program Application Instruction*
8	**Background Check Report**	➢ **A copy of your background check report**. *See the 2012-13 Full-Time Program Application Instruction.*