

Student Requirement Checklist

Packet must be **COMPLETE**. **DO NOT** send a partially completed packet.

Please place required *originals* (you keep the copies) in one packet in the enclosed preaddressed envelope and send to:

School of Nursing
Undergraduate Academic Affairs Office
The Pennsylvania State University
210 HH DEV-E
University Park, PA 16802

DUE NO LATER THAN: JUNE 30, 2009

PLEASE NOTE:

- It is recommended that you send your packet via Certified Mail
- Additional postage will be required
- Materials may not be dated before May 1.

Sophomore Year:

- _____ Entrance Health Examination Form (original of completed form)
- _____ Personal Health Insurance (copy of insurance card)
- _____ Liability Insurance (minimum of \$1,000,000/\$6,000,000 is required—copy of policy front page)
- _____ CPR (*only* American Heart Association Health Care Provider—copy of certification card)
- _____ Background Checks
 - PA Child Abuse (Application enclosed or print from website: <http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/DPWchildabuse.pdf> (Required for PA and non-PA residents)
 - Criminal (Completed through Certified Background Checks – see enclosed flyer for application information)
- _____ Nurse Test Fee Authorization Form (original form)
- _____ Student Handbook Verification Form (original form)
- _____ Information Release Form (original form)
- _____ Confidentiality Agreement (original form)