

PN Check List Administrative

Application	Date _____	Initials _____
Statement of Health	Date _____	Initials _____
Code of Conduct	Date _____	Initials _____
Clinical Agreement/Pledge	Date _____	Initials _____
Sealed Back Ground Check	Date _____	Initials _____
Finger Print Card	Date _____	Initials _____
HS Diploma	Date _____	Initials _____
Official Transcript	Date _____	Initials _____
TEAS Test	Date _____	Initials _____
Identification	Date _____	Initials _____
Social Security	Date _____	Initials _____
Essay "Why I Want to Be A Nurse"	Date _____	Initials _____
3 Letters of Reference	Date _____	Initials _____
PPD/Chest X-Ray	Date _____	Initials _____
Physical	Date _____	Initials _____
Shot Record	Date _____	Initials _____