

LPN to RN Ladder Program
(Associate Degree of Nursing)

REGISTRATION PROCEDURE

Students who are accepted into the program must submit a packet containing all of the following documents before the registration deadline.

- Authorization form for a national background check through Intelius must be filled out. The cost of the report starts at \$38.00. Please go to link for information on how to obtain your own record.
<https://www.intelius.com/selfscreening.php?ID=NTk4NTA3Nw>
- Copy of current CPR certification (American Heart Association Healthcare Provider, National Safety Council **Professional Rescuer CPR** or American Red Cross Professional Rescuer **are the only acceptable cards**). (Cards must be valid through the end of the first quarter.)
- You must provide a current verification of your LPN License status. Please go to the following link: <https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>. Find your license status, print out a copy and submit the resulting Credential Information page.
- Physical examination form (form is included in this packet. This form must be filled out and signed by a physician or nurse practitioner).
- Proof of immunization for measles, mumps and rubella (MMR), Polio or titer, Varicella or titer, and diphtheria/tetanus (DT) (DT must be less than 9 years old).
- Proof of Hepatitis B series, or a positive titer, or a signed waiver.
- Proof of a current (valid through the end of the first quarter) tuberculin skin test (or alternative health documentation). If more than 1 year since the last TB test, a 2-step TB test is required.
- Nursing Program Clinical Facility Requirements form (included in this packet).
- Proof of health insurance or waiver
- Passport photo for your file

The Seattle Community Colleges are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This program was funded in part by a grant awarded under the President's Community-Based Job Training Grants, as implemented by the U.S. Department of Labor's Employment & Training Administration.

NORTH SEATTLE COMMUNITY COLLEGE
9600 COLLEGE WAY NORTH, SEATTLE, WA 98103

To the Physician:

The following individual is an applicant to the Nursing Program at North Seattle Community College.
A satisfactory physical exam is required for final acceptance to the program. Please complete the following form and return it to the address above.

Student's Last Name First Middle Initial _____ M F
Age (circle one)

Height Weight Blood Pressure Pulse Temperature

Current Medications:

| Medication | Dosage |
|------------|--------|
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*Additional Medications attach on a separate paper

List any abnormal or significant findings of physical exam:

Significant Health History:

Physical:

Psychological:

NURSING PROGRAM CLINICAL FACILITY REQUIREMENTS

Although North Seattle Community College may not require all of the following, participating clinical facilities for the Nursing Program require that:

- All students must provide their Social Security number.
- Male students must be registered for the Selective Service.
- If student is not a U.S. citizen, they must provide appropriate visa information.

Are you a U.S. citizen? Yes No

Male Female

NAME _____ SSN _____

SOCIAL SECURITY NUMBERS

Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

I have read and understand the above requirements.

SIGNATURE _____ DATE _____