APPLICANT CHECKLIST

Application Checklist: Complete application requirements by 5:00 PM on April 15, 2021

☐ Acceptance to Idaho State University verified with student identification number on nursing application
☐ Submit any required Course Petitions by April 1, 2021 or earlier (if applicable)
☐ Meet with School of Nursing Academic Adviser to determine eligibility
  o Verify completion of or enrollment in ADN program and requisite courses
  o Verify minimum GPA of 2.0 among completed requisite courses combined with ADN courses
☐ Upload copy of Advising Certification Form to the nursing application website
  o Application available at https://elearn.isu.edu/community/course/view.php?id=60
  o Application and documents for the application process can be submitted through this site
☐ Complete the Applicant Information for Bachelor of Science in Nursing Completion Program for RNs
☐ Upload ISU Degree Works print out and/or unofficial transcripts to the nursing application website
  o Highlight completed and enrolled ADN and requisite courses
☐ Upload completed Individualized Plan of Study
☐ Upload copy of APPROVED Course Petition Form(s) to the nursing application website (if applicable)
☐ Submit non-refundable $50 nursing application fee
☐ Evaluate personal immunization status and begin assembling documentation to prepare for possible admission. These documents will need to be in electronic format to upload for admission (if accepted).

Admission Checklist (if accepted): Complete admission requirements by 5:00 PM on June 1, 2021

☐ Submit the Admission Agreement Form in the College of Nursing Application Site by May 1, 2021
☐ Upload order confirmation for Criminal History Evaluation
  ▪ For students enrolling in fall: between May 1 and May 15, 2021
  ▪ For students enrolling in spring: between November 15 and December 1
☐ Upload copy of current and unencumbered Idaho RN license, or proof of enrollment in an ADN program
☐ Upload completed Health Evaluation Form completed by health care provider
☐ Upload completed Clinical Agency Consent and Release & Health Insurance Agreement Form
☐ Upload proof of Health Insurance Policy/Card including your name to verify current coverage
☐ Upload completed official verification of current required immunizations/titers
  ▪ Influenza vaccination between October 1 and October 30
☐ Upload copy of current American Heart Association (AHA) Basic Life Support (BLS) CPR certification

This form is for applicant use only – do not submit with application materials
Appointments to meet Academic Adviser can be scheduled by calling (208)-282-4481 or (208)-373-1784

Revised 4/2020 AKH