

Name: _____

For Office Use Only:

HELENE FULD COLLEGE OF NURSING

APPLICATION CHECKLIST

To be admitted into the Helene Fuld College of Nursing program you will need to submit the following **IN ONE ENVELOPE**:

- A completed Application Form (incomplete applications will be returned)
- Fee of \$110.00** (money order or certified check only)
- A small recent (2" X 2" passport style) photo
- A copy of your current LPN license
- A copy of your current LPN registration
- A copy of the front and back of your CPR card
- Proof of citizenship or legal residence (two (2) copies of one of the following: U.S. birth certificate, passport, alien registration card, or naturalization certificate)
- Three (3) letters of recommendation completed on Letter of Recommendation Forms (**in sealed envelopes**). **At least one reference should be from a current or former employer.**
 - Name of employer/supervisor: _____
 - Name of reference: _____
 - Name of reference: _____
- An **OFFICIAL** copy of all high school and/or GED transcripts **in sealed envelopes**
 - Name of high school: _____
 - GED: _____
- An **OFFICIAL** copy of your LPN school transcript **in sealed envelopes**
 - Name of LPN school: _____
- An **OFFICIAL** copy of all college and/or CLEP transcripts **in sealed envelopes**
 - Name of college/university: _____
 - Name of college/university: _____
 - Name of college/university: _____