Abraham Baldwin Agricultural College
School of Nursing and Health Sciences
FINAL ADMISSION FORM
SPRING 2016

COMPLETE ALL FIELDS (Please Print)

NAME:  ___________________________________________________________________________
       (LAST)   (FIRST)   (MIDDLE)

ADDRESS:  ________________________________________________________________________
           (STREET)  (CITY)  (STATE)  (ZIP CODE)

PHONE NUMBER:  (____)_________   WORK PHONE:  (____)_________

ABAC I.D. Number:  918_________

ABAC Email Address:  ____________@stallions.abac.edu

MARK ONE OF THE FOLLOWING

___ I DO plan to begin the One Year Registered Nurse Program track in the ________ (semester/year).

___ I DO NOT plan to begin the nursing program ___________________________ (semester/year).
    Please move my application to __________________________ (semester/year).

If you plan to enter the program SPRING 2016, this form must be turned in by 8:00 AM on January 5, 2016.

CLINICAL REQUIREMENTS

All students entering the nursing program are required to have the following screening requirements:

- Evidence of beginning the vaccine series with proof of immunity to follow or Evidence of immunity in the following series:
  - Hepatitis B
  - Varicella (Chicken Pox)
  - Measles, Mumps, and Rubella (MMR)
  - Seasonal influenza vaccine
  - Tdap (tetanus, diphtheria, pertussis);
- Tuberculin skin test (within the last year) or CXR (within the last 2 years);
- Urine Drug Screen (Date for completion to be announced);
- Complete Physical Examination form (Print from http://www.abac.edu/academics/schools/nursing/forms-resources-3)
- Current CPR certification for health care providers. No online courses are accepted;
- Current licensure or certification in related health care field (copy needed ASAP if not already provided);
- Receipt from completion of Criminal background check; and
- Copy of valid Driver’s License.

Please provide copies (copies cannot be made in our office; faxes are not accepted) of evidence along with this form if these requirements have been completed. If these requirements have not been completed, please complete them as soon as possible. Refer to your admission letter for detailed information about requirements.

Signature ___________________________  Date ___________________________