Minnesota State College-Southeast Technical
Nursing Department

Student name _____ Student ID number _____

Date Received in Nursing_____

Prerequisite Checklist – Associate Degree in Nursing

Application Deadlines: For fall semester consideration, application must be received by July 15. For spring semester consideration, application must be received by November 15. This checklist must be complete and all documentation received to be considered for admission. This checklist will be retained for one year. After that time, it will be purged.

Initials	Date mm/dd/yy	Required Item
	Transcript Date Rcvd _____ License Date Rcvd _____	**Licensed Practical Nurse** Consists of two documents (Submit both documents together.) 1. Official transcript documenting PN program completion 2. Copy of current Unencumbered LPN license.
	Math Score _____ Test Date _____ MATH Course _____	**Math Prerequisite** 1. Accuplacer **INTERMEDIATE ALGEBRA minimum score of 87**. (Test scores cannot be over 2 years to use as a prerequisite.) **OR** 2. Completion of **MATH1525 Intermediate Algebra** with a grade of "C" or higher **OR** 3. An official transcript documenting a transfer course of equal or higher level **** Please note: higher Accuplacer scores may be required as a prerequisite to certain General Education courses. Please check course prerequisites when planning your educational path.**
	Mantoux Date_____	**Health Form** (The form is specific to nursing & MUST include mantoux or chest x-ray information). Mantoux test must be renewed annually. Chest x-ray is a one-time documentation with annual completion of a questionnaire.
		Criminal Background Study Minnesota law ***requires*** that any person who provides services that involve direct contact with patients and residents at a health care facility licensed by the Minnesota Department of Health have ***a background study.*** An individual who is disqualified from having direct patient contact as a result of the background study, ***and whose disqualification is not set aside by the Commissioner of Health,*** will **not** be permitted to participate in a clinical placement in a Minnesota licensed healthcare facility, and therefore would not be able to successfully complete the nursing program. **This study will be run at the time of your first clinical course.**
	CPR Date _____ Exp Date _____	**CPR** Proof of one: American Heart Association-CPR for the Healthcare Provider **OR** American Red Cross-CPR/AED For the Professional Rescuer **Course cannot be taken online.**

Nursing Career Grade Requirements

- **Courses taken at MSC-ST must be a grade of C or higher**
- **Transfer grades in General Education must be a grade of "C" or higher**
- **Transfer grades in Technical Courses must be a grade of "B" or higher and no partial credit will be given for courses.**