

Student Name: _____ **PSU ID:** _____

Student Requirement Checklist

Sophomore Year:

- _____ Entrance Health Examination Form (send original form)
- _____ Personal Health Insurance (send copy of insurance card)
- _____ Liability Insurance - minimum of \$1,000,000/\$6,000,000 is required; (send copy of policy's front page)
- _____ CPR (*only* American Heart Association Health Care Provider (send copy of certification card - front and back)
- _____ Background Checks
- Pennsylvania Child Abuse History Clearance (Application enclosed or print from website:
http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf
Required for PA and NON-PA residents (send copy of results).
 - Criminal Background Check completed through CertifiedBackground.com – see enclosed flyer for application information (send copy of online results).
- _____ Authorization to Post a Nursing Assessment Fee to Student Account (send original form)
- _____ Student Handbook Verification Form (send original form)
- _____ Information Release Form (send original form)
- _____ Student Confidentiality Agreement (send original form)
- _____ Student Data Sheet (send original form)
- _____ Spring Semester Flu Immunization is required by November 26, 2012 (send original documentation)
- _____ Make two copies of the complete packet (one at home and one at school)

Please sign and date below:

Signature: _____ **Date:** _____