

## Student Program Check List

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrolled School/Program: \_\_\_\_\_

Before submitting the application, please ensure you have completed all the items listed below:

\_\_\_\_\_ Student Program Application

\_\_\_\_\_ Valid Picture ID

\_\_\_\_\_ Current Resume/CV

\_\_\_\_\_ Immunizations Records

\_\_\_\_\_ TB Skin Test (if applicable)

\_\_\_\_\_ University Required Course Documents

\_\_\_\_\_ Preceptor/Shadowing Agreement (if applicable)

\_\_\_\_\_ University/PPUC Agreement on file (if applicable)