

LPN-RN STUDENT FILE CHECKLIST

Enrollment Process



Part 1:

- Information Session
- Official Copy of LPN Transcript (For review/approval)
- Active and Valid Ohio LPN License
 - (Conducted by the Ohio Board of Nursing) <https://nursing.ohio.gov>
- Complete FAFSA <https://studentaid.gov>

Part 2: (FA/DS/Bkgd)

- Financial Aid Appointment
- Drug screen - \$25 Panel drug screen required and must be no earlier than 90 days prior to start date - Payable by Student (If you fail your drug screen after two separate attempts, you will be unable to attend Athena indefinitely.)
- BCI/FBI Background Check - Payable by Athena
- Scrub Fitting/Picture - for photo ID/Badge

Part 3: (Documents) [Must be scanned, faxed, or hard copy. **CANNOT** accept "screenshots or pictures"]

- Government Issued Identification
- Social Security Card If applicable, Citizenship requirements include I-94 form, current U.S. passport, or proof of alien registration number
- High School or GED Transcripts (Copies of Diploma are **NOT** accepted)
 - Foreign transcripts must be evaluated, and proof of U.S. equivalency provided
- CPR Card - BLS Healthcare Provider through the **American Heart Association ONLY!**
 - Heart Code BLS + BLS Skills Session or BLS Provider ONLY
- Pre-Admissions Health Form - signed and stamped by Physician within the last year
 - Must use form provided by Athena, if stamp is not available, letter of verification is required
- 2 Step TB (Current 2 step which includes a shot in each arm 1 to 3 weeks (7 to 21 days) apart **OR** proof of original 2-step and up-to-date annuals, **OR** a clear chest x-ray that is negative for TB conducted within a 12-month window prior to the start date, **OR** a current negative QuantiFERON® -TB Gold Plus-QFT-Plus)
- MMR (2 injection series anytime in lifetime **OR** a positive IGG titer within the last 10 years. If the titer is negative, a booster shot is required)
- Varicella (1 injections anytime in lifetime **OR** a positive IGG titer within the last 10 years. If the titer is negative, a booster shot is required)
- Hepatitis B Series (3 injection series anytime in lifetime **OR** a positive IGG titer within the last 10 years **OR** signed Athena Hepatitis B Vaccine Waiver)
- Tdap, Td, or Tetanus (1 injection within the last 10 years)
- Flu Shot (Current/Upcoming Season) Only needed if you are starting between **September through April** (Please note when flu season returns, you will be required to get one while in the program)
- Covid-19 Vaccine(s) (Completed Series-Fully Vaccinated) *2 Pfizer, 2 Moderna, or 1 Johnson & Johnson's Janssen*

Part 4: (Enrollment)

- Complete Online Application & State of Ohio Disclosure Course
- Sign Enrollment Agreement (This reserves your seat!)
- Payment (If applicable)

Orientation Date: _____ Class Start Date: _____

This checklist is to be used as a guide to help with the enrollment process and is not to be considered a contract of any kind. Requirements and fees are subject to change.