CHARLES A. JONES CAREER & EDUCATION CENTER

VOCATIONAL NURSING PROGRAM CHECKLIST

Student Name:		ID Number:		Date file started:	
Email:		Phone Number:		File started by:	

* Students MUST USE the CAJ drug test document and the CAJ LiveScan document for the background check that is located on the CAJ website under Vocational Nursing Program - no other documents will be accepted.

Contact Email: adulteducation@scusd.edu

CAJ Assessment
The Assessment scores are good for one year only.
Reading: 248 minimum Math: 236 minimum
☐ Math Score:
☐ Reading Score:
Date Taken:
Date Received:

☐ **High School Transcripts** (must be official and unopened)
☐ Evaluated records (International or Foreign)
☐ GED or HiSet (only needs a copy)
☐ Sent directly from school electronically
Date Received:
* Diplomas are not accepted
* Transcripts cannot be emailed from student

Nursing Entrance Exam *Only ONE exam is needed. Valid for one year only and must be taken within the year of enrolling in the program.				
☐ **Hesi**	Reading:	Math:	Science:	Overall:
☐ **Teas**	Score:			
Date Taken:				
Date Received:				
***Teas**- score 65% or higher				
***Hesi**- average overall grade of at least 75% with no grade lower than 70%				

Immunizations and Physical	**Received**	**Date Received**	**Date Taken**
TB/CXR (CXR must be within 5 years with symptoms questionnaire)	☐		
MMR (2 doses)	☐		
Varicella (2 doses)	☐		
TDAP (valid for 10 years, after 10th year obtain Td booster}	☐		
Physical (valid for one year only)	☐		
COVID 19 Vaccination	☐		

Vaccine	**Received**	**Date Received**	**Date Taken**
Hep B 1st	☐		
Hep B 2nd	☐		
Hep B 3rd	☐		
Flu shot (required during flu season- good from October-March)	☐		
Hep A	☐		
Hep A 2nd	☐		

Prerequisites: Must be completed within FIVE years of enrolling in the VN Program. Must be sealed or sent directly from the college. Must be from an accredited educational institution.

Classes	**Received**	**Date Received**	**Date Taken**	**Approved by DON**	**Date Reviewed**	**Initial**
Medical Terminology	☐			☐ YES ☐ NO		
Math for Medication	☐			☐ YES ☐ NO		
Anatomy and Physiology	☐			☐ YES ☐ NO		

☐ Received Official Transcripts

Certifications	**Received**	**Date Received**	**Expiration Date**
CPR Certification	☐		
CNA Certification **ID:**	☐		

☐ **Fingerprints/Background Check**	**Date Received:**	
☐ **Drug Test**	**Date Received:**	

☐ File Completed	**Date Completed:**	

☐ **File has been reviewed and approved by the DON**	**Initial:**	**Date:**

Once your file is complete, it will be given to the Director for review. After review, you may receive an interview and if offered a VN seat, you will begin the enrollment process. Enrollment is on a first come first served basis. Any documents turned into CAJ become property of CAJ, and copies will not be produced or given to students. Please make sure to make copies for yourself before turning in your documents.