

PRACTICAL NURSING DIPLOMA PROGRAM APPLICATION CHECKLIST

NAME: _____

STUDENT NUMBER: _____

APPLY ONLINE:

<https://apply.assiniboine.net>

- ☐ **Brandon, MB – Victoria Ave E Campus** (annual September & January intakes)
- ☐ **Winnipeg, MB – Winnipeg Campus** (annual September & January & May intakes)
- ☐ **Portage la Prairie, MB – Portage Campus** (annual September intake)
- ☐ **Dauphin, MB – Parkland Campus** (September 2025 intake, offered every two years)
- ☐ ***Steinbach, MB** (September 2025 intake)
- ☐ ***Otterburne, MB** (September 2026 intake)
- ☐ ***Neepawa, MB** (January 2027 intake)
- ☐ ***Beausejour, MB** (January 2027 intake)
- ☐ ***Morden, MB** (January 2027 intake)

A separate application & fee must be submitted for each location that you wish to apply to.

THIS IS A COMPETITIVE ENTRY PROGRAM

Please see assiniboine.net/nursing and assiniboine.net/casper for more information and scheduled CASPer dates.

CASPER REQUIRED FOR COMPETITIVE SELECTION PROCESS

*For rural rotating sites, admission priority will be given to those who live in a rural community within 100 km or within the RHA of the site.

<input type="checkbox"/> Apply Online pay \$95 Application Fee (non-refundable) and upload the items below:
<input type="checkbox"/> EITHER , an original official High School Transcript showing a complete Grade 12 including the following: <ul style="list-style-type: none"> <input type="checkbox"/> English 40S or equivalent – minimum 60% required <input type="checkbox"/> Pre-Calculus, Applied, or Essential Mathematics 40S or equivalent – minimum 60% required <input type="checkbox"/> Biology 40S or equivalent – minimum 60% required
<input type="checkbox"/> AND/OR , I am currently at high school or upgrading at an adult learning centre; an original official High School Transcript of marks to date & a letter from my school confirming my enrolment is enclosed. <small>(official final transcript is required 30 days prior to program start date)</small>
<input type="checkbox"/> Official College/University Transcript, if applicable. <small>(Applicants must be in good academic standing at their current institution.)</small>
<input type="checkbox"/> Successfully completed Preparation for Nursing (PEDV-0364) course (or MATH-0014 also accepted until June 30, 2026). https://cssp.assiniboine.net/Student/InstantEnrollment (enter PEDV-0364 in 'Course Code Number' field to view availability/register)
<input type="checkbox"/> Proof of English Language Proficiency, if applicable; see www.assiniboine.net/pnelp for details.
<input type="checkbox"/> Photocopy of Valid Permanent Resident Card, if applicable. <small>(Both sides are required.)</small>
<input type="checkbox"/> Photocopy of Current Criminal Record Vulnerable Sector Check <small>(Must be current within 6 months of application.)</small> Must be obtained from your local police/RCMP detachment. <small>*For applicants under 18, waived until 18th birthday*</small>
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check <small>(Must be current within 6 months of application.)</small> www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html <small>*Waived for applicants who reside outside Manitoba*</small>
<input type="checkbox"/> Photocopy of Current Adult Abuse Registry Check <small>(Must be current within 6 months of application.)</small> www.gov.mb.ca/fs/pwd/adult_abuse_registry.html <small>*Waived for applicants who reside outside Manitoba*</small>
<input type="checkbox"/> Photocopy of current in-person CPR certification – Level HCP (Health Care Provider) or BLS (Basic Life Support)
<input type="checkbox"/> Applicants who meet above requirements should complete the CASPer assessment at their earliest available opportunity (www.assiniboine.net/casper) for earliest possible consideration.

OFFICE USE ONLY	
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

This form is available in alternate formats. Please contact accessibility@assiniboine.net or 204.725.8700 (ext. 6052).

OFFICE USE ONLY: July 2025

APP STATUS:

Completed Application:

- YES ☐
NO ☐

Received by: _____

Date/Time Received