

# PRACTICAL NURSING DIPLOMA PROGRAM APPLICATION CHECKLIST

NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

**APPLY ONLINE:**

<https://apply.assiniboine.net>

- ☐ **Brandon, MB – Victoria Ave E Campus** (September 2022 & January 2023 intakes)
- ☐ **Winnipeg, MB – Winnipeg Training Centre** (September 2022 & January 2023 intakes)
- ☐ **Portage la Prairie, MB – Southport** (September 2022 intake)
- ☐ **\*Interlake-Eastern RHA – Arborg, MB** (September 2022 intake)
- ☐ **\*Southern Health-Santé Sud – Otterburne, MB** (September 2022 intake)

**Apply October 1, 2021 – April 18, 2022**

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

THIS IS A COMPETITIVE ENTRY PROGRAM

Please see [assiniboine.net/nursing](https://assiniboine.net/nursing) and [assiniboine.net/casper](https://assiniboine.net/casper) for more information.

The order in which applications are received has no bearing on acceptance. Applicants will be selected through a special selection process and notified in June 2022.

\*For our rural rotating sites, priority will be given to those living within the rural area.

<input type="checkbox"/> <b>Apply Online</b> and upload the items below:
<input type="checkbox"/> \$95 Application Fee (non-refundable)
<input type="checkbox"/> <b>EITHER</b> , an original official High School Transcript showing a complete Grade 12 including the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> English 40G/40S or equivalent – minimum 60% required</li> <li><input type="checkbox"/> Consumer/Essential Mathematics 40G/40S or equivalent – minimum 60% required</li> <li><input type="checkbox"/> Biology 40S or equivalent – minimum 60% required</li> </ul>
<input type="checkbox"/> <b>AND/OR</b> , 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. (official final transcript is required 30 days prior to program start date)
<input type="checkbox"/> Official College/University Transcript, if applicable. (Applicants must be in good academic standing at their current institution.)
<input type="checkbox"/> I have <b>successfully completed</b> the 15-hour <b>Math for Nurses (MATH-0014)</b> course with a minimum mark of 95% (no transcript is needed; this will be in our student system). <b>This course must be complete before applying.</b> <a href="https://assiniboine.net/study-here/programs-courses/continuing-studies/continuing-studies-how-register-apply">https://assiniboine.net/study-here/programs-courses/continuing-studies/continuing-studies-how-register-apply</a>
<input type="checkbox"/> Proof of English Language Proficiency, if applicable; see <a href="http://www.assiniboine.net/pnelp">www.assiniboine.net/pnelp</a> for details.
<input type="checkbox"/> Photocopy of Permanent Resident Card, if applicable. (Both sides are required.)
<input type="checkbox"/> Photocopy of Current Criminal Record Vulnerable Sector Check (Must be current within 6 months of application.) <b>Must be obtained from your local police/RCMP detachment.</b>
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check (Must be current within 6 months of application.) <a href="http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html">www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html</a>
<input type="checkbox"/> Photocopy of Current Adult Abuse Registry Check (Must be current within 6 months of application.) <a href="http://www.gov.mb.ca/fs/pwd/adult_abuse_registry.html">www.gov.mb.ca/fs/pwd/adult_abuse_registry.html</a>
<input type="checkbox"/> Photocopy of valid CPR Certificate – Level HCP (Health Care Provider) or BLS (Basic Life Support)

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

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

OFFICE USE ONLY: February 2022

APP STATUS:

Completed Application:

YES ☐

NO ☐

Received by: \_\_\_\_\_

Date/Time Received