

# PRACTICAL NURSING DIPLOMA PROGRAM APPLICATION CHECKLIST

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

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

**APPLY ONLINE:**

<https://apply.assiniboine.net>

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

- Brandon, MB – Victoria Ave E Campus** (annual September & January intakes)
- Winnipeg, MB – Winnipeg Campus** (annual September & January intakes)
- Portage la Prairie, MB – Portage Campus** (annual September intake)
- Dauphin, MB – Parkland Campus** (September 2025 intake)
- \*Steinbach, MB** (September 2025 intake)

**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 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.

	OFFICE USE ONLY	
<input type="checkbox"/> <b>Apply Online</b> pay \$95 Application Fee (non-refundable) and upload the items below:	Y	N
<input type="checkbox"/> <b>EITHER</b> , an original official High School Transcript showing a complete Grade 12 including the following:	Y	N
<input type="checkbox"/> English 40S or equivalent – minimum 60% required	Y	N
<input type="checkbox"/> Pre-Calculus, Applied, or Essential Mathematics 40S or equivalent – minimum 60% required	Y	N
<input type="checkbox"/> Biology 40S or equivalent – minimum 60% required	Y	N
<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. <small>(official final transcript is required 30 days prior to program start date)</small>	Y	N
<input type="checkbox"/> Official College/University Transcript, if applicable. <small>(Applicants must be in good academic standing at their current institution.)</small>	Y	N
<input type="checkbox"/> Successfully completed <b>Preparation for Nursing (PEDV-0364)</b> course (or MATH-0014 also accepted until June 30, 2026). <a href="https://cssp.assiniboine.net/Student/InstantEnrollment">https://cssp.assiniboine.net/Student/InstantEnrollment</a> (enter PEDV-0364 in 'Course Code Number' field to view availability/register)	Y	N
<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.	Y	N
<input type="checkbox"/> Photocopy of Valid Permanent Resident Card, if applicable. <small>(Both sides are required.)</small>	Y	N
<input type="checkbox"/> Photocopy of Current Criminal Record Vulnerable Sector Check <small>(Must be current within 6 months of application.)</small> <b>Must be obtained from your local police/RCMP detachment.</b>	Y	N
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check <small>(Must be current within 6 months of application.)</small> <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>	Y	N
<input type="checkbox"/> Photocopy of Current Adult Abuse Registry Check <small>(Must be current within 6 months of application.)</small> <a href="http://www.gov.mb.ca/fs/pwd/adult_abuse_registry.html">www.gov.mb.ca/fs/pwd/adult_abuse_registry.html</a>	Y	N
<input type="checkbox"/> Photocopy of current CPR certification – <b>Level HCP (Health Care Provider) or BLS (Basic Life Support)</b>	Y	N
<input type="checkbox"/> Applicants who meet above requirements should complete the CASPer assessment at their earliest available opportunity ( <a href="http://www.assiniboine.net/casper">www.assiniboine.net/casper</a> ) for earliest possible consideration.	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:** December 2024

APP STATUS:

Completed Application:

YES

NO

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

Date/Time Received