

# Certified Patient Care Technician Applicant Checklist



Applicant Name (print): \_\_\_\_\_

**Disclaimer:** *It is the applicants' responsibility to turn in all necessary documents needed to process an application. By signing this checklist, the applicant agrees that all documents required have been included in the application packet. If required documentation is missing, I understand that my application will become invalid and will not be considered.*

Application packets without required documentation **will not** be accepted. Please make sure to check off each Step as you complete them.

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|  | <b>Step 1. Online application</b> – First you must complete the online application. If you indicated health care certificates or military services, documentation will be required as well. For military service, please submit a copy of your DD 214 or Service Record. |
|  | <b>Step 2. Application Checklist &amp; Acknowledgement Form</b> - These forms will be required with your application packet and must be completed as well.   |
|  | <b>Step 3. Official High School Transcript</b> - Official, unopened, high school transcript or GED.  |
|  | <b>Step 4. Immunization Verification Form</b> - This form is on our website and is required  |
|  | <b>Step 5. COVID-19 Vaccine Card</b> - This card will be given to any recipient of the COVID-19 Vaccine.   |
|  | <b>Step 6. Current Copy of your Driver's License</b>   |
|  | <b>Step 7. If Applicable</b><br>> <b>Non-USA citizens</b> must provide proof of Permanent Resident alien status.   |
|  | <b>Step 8. Payment</b> - The application fee is due at the time the application packet is submitted. Please note that <b>this fee is non-refundable. Cash is not accepted.</b> Application fee is \$25.00  |

**Submit application packet with documents to Covenant School of Nursing, 1919 Frankford Ave, Lubbock, Texas.**

**Deadline: Please refer to our website for deadline.**

By signing below, I acknowledge that I have read and understand the CSON application requirements listed on the website at [covenanthealth.org/cson](http://covenanthealth.org/cson).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CSON OFFICE**

CSON Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Application Fee \$25.00

Money Order

Credit/Debit Card

Check #