

Cohort: _____

FRESNO STATE SCHOOL NURSE SERVICES CREDENTIAL PROGRAM ADMISSION CHECKLIST

Name: _____ Phone (H or W): _____ Phone (C): _____

Address: _____ Email: _____

Last 4 digits SS#: _____ Phase 2 Admin Date: _____ Coordinator: _____

APPLICATION PROCESS		Date	Comments
	Initial Advising Conference		District:
	Credential Program Application Received		

TRANSCRIPTS RECEIVED

FOREIGN TRANSCRIPT REVIEW

Degree	School	Date Completed	GPA

REQUIRED DOCUMENTS

License, Credential, Certificates, Letters	Number	Expiration Date
California Registered Nurse License		
Preliminary School Nurse Services Credential (only if currently employed)		
CPR Card		
Public Health Nurse Certificate		
Audiometrist Certificate		
Immunizations (TB clearance)	Comments:	
Reference #1	From Whom:	
Reference #2	From Whom:	

PREREQUISITES (Transcripts received)

Course	Sem/Yr	Course Name	University	Units	Grade
Research					
Community Health					

PHASE 1 (Transcripts received)

Audiology					
Counseling					
Mainstreaming					

PHASE 2

Date Phase 2 Agreement Signed:					
Health Teaching					
Health Appraisal					
N 184		SN Seminar I	CSU Fresno	3	
N 186		SN Practicum I	CSU Fresno	3	
N 185		SN Seminar II	CSU Fresno	3	
N 187		SN Practicum II	CSU Fresno	3	

**SCHOOL NURSE SERVICES CREDENTIAL PROGRAM
PROGRAM COMPLETION VERIFICATION**

To: CSUF Credential Analyst, Sherri Nakashima MS ED 701
From: CSUF School Nurse Services Program Coordinator
Regarding: Student Completion of all Academic SNSC Program Requirements

Student Name: _____

CSUF Student ID#: _____ RN#: _____

The student whose name appears above has successfully completed the educational requirements for this program and the advanced skills/clinical competencies necessary for the school nursing practice, and is hereby recommended for the clear School Nurse Services Credential.

Coordinator, School Nurse Services Program

Date

Co-Coordinator: Patricia Gomes M.Ed, PHN, RN
pgomes@csufresno.edu

Co-Coordinator: Barbara Miller MSN, PNP, RN
barmiller@csufresno.edu