



# Iyanola Medical University

## SCHOOL OF NURSING

Knowledge Integration to Promote and Restore Health

### Application for Kaplan Review Certification for RN Students

Iyanola Medical University – School of Nursing is thrilled that you’re considering us for your Kaplan Review program. At IMU a team of dedicated faculty and staff awaits to help you thrive in university and in Life. Our first step is to guide you through the admission process.

#### Application Deadline

A completed application must be submitted to [imu.admissions@imulc.org](mailto:imu.admissions@imulc.org) by or before the deadline. Applicants will be notified of their admission status within two (2) weeks of submission.

#### General Admission Criteria

**The following is the minimum criteria to apply.**

1. RN License
2. Submit certificates and transcripts with the completed application.
3. Valid ID Card

#### General Instructions

1. A complete application packet contains:
  - a. Application form – type or print clearly, signed in ink.
  - b. Non-refundable application fee:  
Locals & Residents \$20.00 USD/Non-Residents \$30.00 USD.  
(Payments can be made via PayPal, Visa, Mastercard or other major credit/debit cards).
  - c. Transcripts from ALL colleges attended.
  - d. 1 Form of valid picture Identification.
  - e. 1 Passport sized photo.
2. The complete application packet can be emailed to [imu.admissions@imulc.org](mailto:imu.admissions@imulc.org)
3. All students must have a fully functional laptop with internet access in order to complete the course.

**IYANOLA MEDICAL UNIVERSITY – School of Nursing**

#14, American Drywall Bldg. Vide Boutielle, Castries, Saint Lucia. Tel 758-572-0115 | [info.imulc@gmail.com](mailto:info.imulc@gmail.com)



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### Application for Registered Nurses

APPLICANT INFORMATION		
Last Name:	First Name:	Middle Initial:
Maiden/Previous Name:		
CURRENT ADDRESS		
Street Address:		
City, State Zip:		
Postal Address/Mailbox (if applicable):		
PERMANENT ADDRESS		
Street Address:		
City, State Zip:		
CONTACT INFORMATION		
Email:		
Mobile / Cell Phone:		Home Phone / Land line:
FOR ACCREDITATION PURPOSES ONLY		
Date of Birth MM/DD/YY:		Gender:
Ethnicity/Race: (please check one of the following)	Caribbean	American Indian or Alaskan Native
Black or African American	Native Hawaiian or another Pacific	Asian
White or Caucasian	Other	Ethnicity/Race Unknown
EMPLOYMENT HISTORY (If Applicable)		
Name of Institution	Duties	Date (To-From) MM/DD/YY

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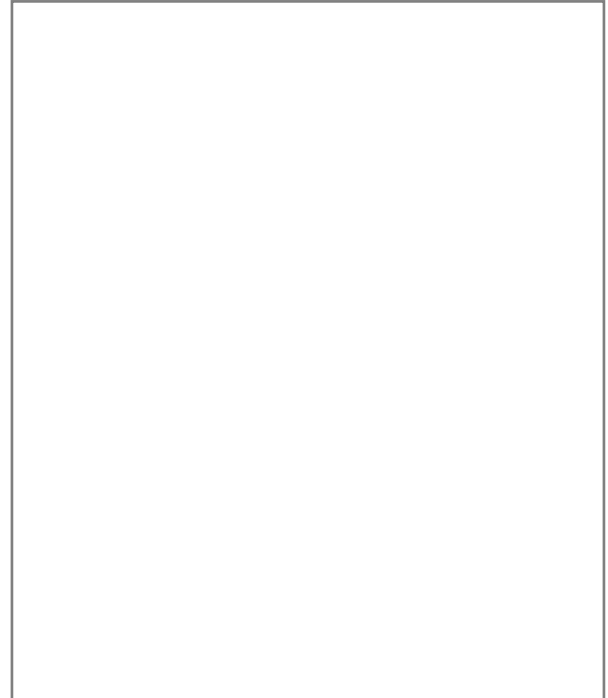
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### SIGNATURE & PHOTO

**Attach Passport size photo below:**

- The photograph should be in colour and of the size of 3.5cm x 4 cm
- The photo-print should be clear and with a continuous-tone quality.
- It should have full face, front view, eyes open.
- Photo should present full head from top of hair to bottom of chin.
- Center head within frame.
- The background should be a plain white or off-white.
- There should not be any distracting shadows on the face or on the background.
- Head coverings are not permitted except for religious reasons, but the facial features from bottom of chin to top of forehead and both edges of the face must be clearly shown.
- The expression on the face should look natural.



**Signature of applicant:**

**Date** MM/DD/YY: