

<p>Clinical evaluation form from your Adult Medical/Surgical placement or another more recent/relevant placement.</p> <p>If you have not completed your Adult Medical/Surgical clinical placement, please indicate expected completion date in your email to us. Once your clinical placement is complete, please send your evaluation form to esn@phsa.ca.</p>	<input type="checkbox"/>
<p>Unofficial transcript.</p>	<input type="checkbox"/>
<p>Email all documents in ONE email to esn@phsa.ca with the subject line: “ESN 2024 – (Last Name, First Name – Program).”</p>	<input type="checkbox"/>