

## Admissions Documents Required Based Upon Your WOCNCB Pathway Elected:

| <b>Traditional Pathway<br/>to Cert. Exam Eligibility<br/>(Practicum Course with Direct Patient Care Clinical)</b>  | <b>Experiential Pathway<br/>to Cert. Exam Eligibility<br/>(no Practicum Course nor Clinical)</b>   |
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| Copy of current U.S. nursing licensure report without infractions at <a href="http://www.nursys.com">www.nursys.com</a>  | Copy of current U.S. nursing licensure report without infractions at <a href="http://www.nursys.com">www.nursys.com</a>  |
| Official Baccalaureate e-transcripts   | Official Baccalaureate e-transcripts   |
| Copy of current CV/resume  | Copy of current CV/resume  |
|  | <b>NOTE:</b> The following documents are NOT required if electing the Experiential Pathway. There is no clinical requirement, and nursing C.E.'s are awarded upon successful completion of each didactic course elected. |
| Professional RN liability certificate of insurance <b>with coverage limits of not less than \$1,000,000 per occurrence and \$6,000,000 annual aggregate.</b>   | N/A  |
| Copy of personal health care insurance ID card (both front and back sides).  | N/A  |
| Copy of active American Heart Association Basic Life Support (BLS) ID card (front and back sides).   | N/A  |
| Statement of overall good health from PCP using our Health Assessment Form.  | N/A  |
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| Copy of current, annual Negative TB test (2-step Mantoux or QuantiFERON TB Gold test) <b>within the past 6 months</b> <b>or</b> chest X-ray (if prior positive results).   | N/A  |
| Copies of immunizations <b>or titers within the last 10 years</b> for measles (Rubeola), German measles (Rubella), chicken pox (Varicella), Tdap (Tetanus, Diphtheria, Pertussis) booster. As well as Hepatitis B vaccine/immunity/titer (or signed waiver assuming the risk of exposure). | N/A  |
| Copy of CDC gov't COVID-19 Vaccination Record Card evidencing proof that all required COVID-19 vaccine doses were administered   | N/A  |
| Flu vaccine for current year   | N/A  |
| Preceptor Application Packet (offsite clinical election only)  | N/A  |
| Clinical Affiliation Agreement Template (offsite clinical election only)   | N/A  |
| For more details, refer to <b>Step 2: Prerequisites, Application, &amp; RedCarpet Automated Enrollment Process</b> , under the Automated RedCarpet-Silkroad Enrollment System section.   |  |