

Learner Application Checklist



Your Full Name: _____ Maiden Name: _____

Please mail this completed checklist with items listed as **"Mail with Completed Checklist"** to:

WEB WOC Nursing Education Program - Admissions
3033 Excelsior Blvd, Suite 460
Minneapolis, MN 55416

Learner Application

- I have submitted my application online at webwocnurse.com.
- I have submitted my Resume either online at webwocnurse.com or via email at admissions@webwocnurse.com.

Application Fees - *Mail with Completed Checklist (Please email Admissions if you are interested in online payment)*

- I have included a \$75 non-refundable application fee made payable to WEB WOC Nursing Education Program.

Reference Request Forms - *Mail with Completed Checklist (or may be sent separately)*

Required: You must use the Reference Request Forms on page 2-3 of this document.

- I have included a copy of an Employer/Supervisor or Former Faculty/Instructor completed Reference Request Form.
- I have included a copy of a Peer/Co-Worker or Professional Colleague completed Reference Request Form.

Requested Official Transcripts for all undergraduate/ graduate work*.

**Required: Original transcripts from bachelor's degree and RN Degree*

If you have an MSN, only request a transcript from the institution that awarded your masters degree

**All Foreign transcripts (i.e., bachelor's/associate's) from degree-granting universities must be evaluated for verification of education, coursework and calculation of GPA. The evaluation must be a 'Course by Course' report from an organization such as: www.wes.org, www.ece.org, or www.cgfns.org (if using CGFNS, the evaluation is called an 'Academic Report').*

- I have requested transcripts from _____ for my _____.
College/University Name Degree Earned
- I have requested transcripts from _____ for my _____.
College/University Name Degree Earned
- I have requested transcripts from _____ for my _____.
College/University Name Degree Earned
- I have requested an Academic Report of my foreign transcript for my _____.
Degree Earned

Supporting Documentation - *May be required for Clinical Practicum, but not for acceptance into program.*

- Malpractice insurance (current within one year). If you are covered by your employer and planning to do clinical practicum within your own facility, proof of coverage through your employer is sufficient (ie., copy of policy page).
- HIPAA training (current within one year). This can be proof of compliance training at your facility.
- Current CPR certification card.
- Most recent Mantoux (TB) skin test or chest x-ray results.
- Hepatitis B Vaccination (titer results or signed declination is also sufficient).
- Influenza Vaccination documentation.

Background Check - *A current background check may be required for Clinical Practicum (must be current within one year)*

- If you are a **Minnesota Resident**, you must complete a **DHS Background Study**:
 1. click here for instructions: <http://webwocnurse.com/wp-content/uploads/2017/09/NETStudy-2.0-Background-Study-Instructions.pdf>
- Purchase a background check from **Castle Branch**: www.castlebranch.com
 1. Go to www.castlebranch.com
 2. Click on the button labeled "PLACE ORDER" enter our package code: WE47
 3. Follow instructions on screen to continue processing order
 4. You will receive an email response from Castle Branch confirming your order
 5. Once the background check is complete, WEB WOC will print on their end

Reference Request Employer/Supervisor or Former Faculty/Instructor

WEB WOC Nursing Education Program



	() -	/ / /
Applicant's Name	Applicant's Phone Number	Today's Date

Instructions: The person named above has applied for admission to the WEB WOC Nursing Education Program. The Admissions Committee would appreciate your assessment of the applicant. If you are unable to assess the applicant in more than half of the categories listed below, please contact the applicant so that she/he can request a recommendation from someone who is able to assess her/him in a majority of the categories listed.

Required: References must be submitted on this form to be accepted. Separate letters of recommendation will not be reviewed. To add general comments (i.e. strengths and potential weaknesses of the applicant, initiative, motivation, etc.), please use the opposite side of this form.

	() -	
Evaluator's Printed Name	Position/Title	Phone Number

Evaluator's Employer	City/State

1. My relationship to the applicant is:

Employer/Supervisor
 Former Faculty/Instructor

2. I have known the applicant for _____ years and _____ months.

3. From among the college/professional nurse population with whom you are acquainted, how would you rate this applicant? (Please mark checkboxes below as appropriate)

	Superior (top 15%)	Very Good (top 33%)	Satisfactory (top 50%)	Un-satisfactory	Unable to Evaluate
Clinical Nursing Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence and Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you recommend the applicant for this program?

Yes
 No

	/ / /
Evaluator's Signature	Date

Please send this completed form to us via:

Email: admissions@webwocnurse.com -OR- Fax: 612-926-8075 -OR-
 Mail: WEB WOC Nursing Education Program, 3033 Excelsior Blvd, Suite 460, Minneapolis, MN 55416

Questions? Call 612-331-4601 or email us at: admissions@webwocnurse.com

Reference Request

Peer/Co-Worker or Professional Colleague



WEB WOC Nursing Education Program

() - / /
 Applicant's Name Applicant's Phone Number Today's Date

Instructions: The person named above has applied for admission to the WEB WOC Nursing Education Program. The Admissions Committee would appreciate your assessment of the applicant. If you are unable to assess the applicant in more than half of the categories listed below, please contact the applicant so that she/he can request a recommendation from someone who is able to assess her/him in a majority of the categories listed.

Required: References must be submitted on this form to be accepted. Separate letters of recommendation will not be reviewed. To add general comments (i.e. strengths and potential weaknesses of the applicant, initiative, motivation, etc.), please use the opposite side of this form.

() -
 Evaluator's Printed Name Position/Title Phone Number

Evaluator's Employer City/State

1. I am a Peer/Co-Worker or Professional Colleague of the applicant.

TRUE
 FALSE

2. I have known the applicant for _____ years and _____ months.

3. From among the professional nurse population with whom you are acquainted, how would you rate this applicant?
 (Please mark checkboxes below as appropriate)

	Superior (top 15%)	Very Good (top 33%)	Satisfactory (top 50%)	Un- satisfactory	Unable to Evaluate
Clinical Nursing Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence and Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you recommend the applicant for this program?

Yes
 No

 Evaluator's Signature

 Date

Please send this completed form to:

Email: admissions@webwocnurse.com -OR- Fax: 612-926-8075 -OR-

Mail: WEB WOC Nursing Education Program, 3033 Excelsior Blvd, Suite 460, Minneapolis, MN 55416

Questions? Call 612-331-4601 or email us at: admissions@webwocnurse.com