



## Learner Application Checklist

Full Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Please upload the required documents to your application, email them to [admissions@webwocnurse.com](mailto:admissions@webwocnurse.com), fax them to 612-926-8075, or mail them to WEB WOC Nursing Education Program, 200 Southdale Center, Minneapolis, MN 55435.

**The items in bold are required for admission consideration.**

- Resume**
  - Required
- Goal Statement**
  - Required: Minimum 4 sentences
- Application Fee – [Click here to make payment](#)**
  - Required: Admissions will be notified of your payment.
- Peer and Supervisor References**
  - Required: You must submit the Reference Request Forms on page 2-3 of this document or the online Reference Request Forms on the Learner Application Page.
- Transcripts**
  - Required: Official or Unofficial copies of the Transcripts from your BSN or Higher must be submitted for admission consideration. A Bachelors in any field with an Associate's in Nursing is also acceptable. Copies may be submitted electronically or mailed.
  - For Learners who earned degrees outside of the United States: your transcripts 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](http://www.wes.org), [www.ece.org](http://www.ece.org), or [www.cgfns.org](http://www.cgfns.org) (if using CGFNS, the evaluation is called an 'Academic Report').
- Background Check - A current background check may be required for practicum but is not required for admission consideration.**
  - Minnesota Residents: you must complete a DHS Background Study:
    - [Click here for Instructions](#)
  - Non-Minnesota Residents: Purchase a background check from Castle Branch
    - Go to [www.castlebranch.com](http://www.castlebranch.com).
    - Select the "PLACE ORDER" button and enter our package code: WE47
    - Follow the instructions on screen to process your order.
    - You will receive an email from Castle Branch confirming your order.
    - Once the background check is complete, WEBWOC will process.
- Supporting Documents - These documents may be required for practicum but are not required for admission consideration.**
  - Malpractice insurance (current within one year). If you are covered by your employer and planning to do clinical practicum in your facility, proof of coverage through your employer is sufficient (ie., copy of policy page).
  - Current CPR certification card
  - Proof of Varicella
  - Mantoux (TB) skin test or chest x-ray results (recent, in the last 4 years)
  - Hepatitis B Vaccination (titer results or signed declination is also sufficient).
  - Influenza Vaccination
  - Covid-19 Vaccination (May be required at some facilities)

WEB WOC Nursing Education Program 200 Southdale Center  
Minneapolis, MN 55435  
Phone: 612-331-4601 Fax: 612-926-8075  
Email: [admissions@webwocnurse.com](mailto:admissions@webwocnurse.com)

# 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"/>
<b>Integrity</b>	<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"/>
<b>Oral Expression</b>	<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"/>
<b>Flexibility</b>	<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"/>
<b>Creativity</b>	<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](mailto:admissions@webwocnurse.com) -OR- Fax: 612-926-8075 -OR-  
Mail: WEB WOC Nursing Education Program, 200 Southdale Center, Minneapolis, MN 55435

Questions? Call 612-331-4601 or email us at: [admissions@webwocnurse.com](mailto: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"/>
<b>Integrity</b>	<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"/>
<b>Oral Expression</b>	<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"/>
<b>Flexibility</b>	<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"/>
<b>Creativity</b>	<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](mailto:admissions@webwocnurse.com) -OR- Fax: 612-926-8075 -OR-  
 Mail: WEB WOC Nursing Education Program, 200 Southdale Center, Minneapolis, MN 55435  
 Questions? Call 612-331-4601 or email us at: [admissions@webwocnurse.com](mailto:admissions@webwocnurse.com)