Edyth T. James Department of Nursing
Program Application
EDYTH T. JAMES DEPARTMENT OF NURSING
PROGRAM OVERVIEW

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Cheryl H. Kisunzu, Ph.D, MSN, FNP, RN
Provost, Academic Administration

Associate Director of Nursing
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Nursing Admissions & Progressions Coordinator
Lindsay Maxwell-Stewart

Clinical Coordinator
Evelyn Khandagale
Office Manager
Raysa Creque

The Edyth T. James Department of Nursing is committed to providing quality baccalaureate Christian nursing education. The nursing program is approved with warning by the Maryland Board of Nursing. The baccalaureate nursing curriculum has been designed to develop professional competence in the scholarly practice of nursing. The program of study offers interrelated theoretical and clinical learning experiences. Multiple agencies are utilized for clinical experiences including: Washington Adventist Hospital, Shady Grove Adventist Hospital, Children’s National Medical Center, The Washington Hospital Center and other various skilled nursing facilities.

The Nursing program has an enrollment limit of 60 students per admission semester. The nursing program is a 4 year program; graduates receive a Bachelor of Science Degree which allows students to integrate into the practice of professional nursing within the health care system in a multicultural society. Employment opportunities extend beyond hospitals and nursing homes to community health agencies, health maintenance organizations, private industry, educational institutions, mission and foreign services.
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WASHINGTON ADVENTIST UNIVERSITY
Department of Nursing
Baccalaureate Degree Program
PROCEDURE FOR ADMISSION

Application

1. Apply to the University through the Admissions Office. Applications may be obtained by calling (301) 891-4502 or online at www.wau.edu. Please note: Acceptance to the University (even as a “pre” nursing major) does not guarantee acceptance into the Nursing Program. The Admissions Office will inform the student of what must be submitted along with the application to the University.

2. After acceptance to Washington Adventist University and payment of the admission confirmation fee has been made, previous college credits (if applicable) will be evaluated by the Registrar’s Office. (Note: Official transcripts must be submitted to the admissions office in order for the official evaluation to be completed). This process may take up to eight weeks and must be completed before applying to the nursing program. International transfer students wishing to transfer credits must submit official international transcripts, as well as an official WES transcript.

3. Once the student has been accepted to Washington Adventist University and the official transcript evaluation has been completed, the student will contact the Department of Nursing at (301) 891-4546 for an appointment with the nursing Admissions & Progression Coordinator.

4. The student will meet with a Department of Nursing advisor who will answer questions about the nursing program and will set up an individualized degree plan. The student must be accepted to Washington Adventist University and have the official transcript evaluation completed before an individual degree plan can be created.

5. The semester before the student plans on entering the core nursing program, a nursing application must be submitted to the department by the appropriate deadline (see page 7&8).

6. Along with the nursing application (5 above) it is a requirement that the department is supplied with one completed recommendation forms (see page 9&10). These forms should be completed by individuals who are able to assess your performance in an academic or work setting. (Please do not have peers or family members complete these forms).
For Fall (August) Admission
1. Application/Acceptance to WAU(suggested deadline)  February 1
2. Application to Nursing Program  April 1
   o Submit nursing application
   o Complete TEAS exam and submit scores &/or submit a copy of your earned degree
   o Background Check/Drug Test
3. Candidate Interviews (Directors Discretion)
4. Notification of acceptance to program

*The application packet (which including: application, letter or recommendation, TEAS scores or degree, and background check and drug test reports) must be returned as one document. No exceptions will be made. Failure to comply will result in your application not being reviewed.

For Spring (January) Admission
1. Application/Acceptance to WAU(suggested deadline)  July 1
2. Application to Nursing Program  October 16
   o Submit nursing application
   o Complete TEAS exam and submit scores &/or submit a copy of your earned degree
   o Background Check/Drug Test
3. Candidate Interviews (Directors Discretion)
4. Notification of acceptance into program

* The application packet (which including: application, letter or recommendation, TEAS scores or degree, and background check and drug test reports) must be returned as one document. No exceptions will be made. Failure to comply will result in your application not being reviewed.

Refer to the nursing section of the Academic Bulletin for more information on how students are selected for the program. Notification of admission status will be mailed.

It is the responsibility of each applicant to be familiar with the nursing admission and progression policies outlined here as well as in the Academic Bulletin.
HOW TO APPLY TO WASHINGTON ADVENTIST UNIVERSITY (WAU) (Part I)

Step 1: Complete the Application for WAU
Fill out the online application to or submit a paper application to the admissions office.

Step 2: Send Transcripts
Freshman must send high school transcripts with at least 6 completed semesters to the admissions office. After graduation Final Transcripts will be required.

Transfer students with less than 24 credit hours will need both college transcripts and high school transcripts.

Transfer students with more than 24 credit hours should submit only college or university transcripts. We require that transcripts be sent from all colleges or universities a student has attended.

Step 3: Send Test Scores
Freshman or Transfer students with less than 24 credit hours should submit test scores for admissions and financial aid purposes.

Step 4: Send Recommendation Letter
Each student is required to submit one letter of character recommendation to the admissions office. Letters may not be filled out by a family member or friend. Letters should reflect the student’s character and how that may affect their success being a student and WAU.

Step 5: Complete the FAFSA Form
www.fafsa.ed.gov
Add WAU’s School code: 002067
HOW TO APPLY TO THE WAU NURSING PROGRAM (Part II)

**This checklist is for student convenience. It is the student's responsibility to ensure that all admission requirements are met. Please keep this form for signatures and to register.**

<table>
<thead>
<tr>
<th>Process to Register</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Submit the Nursing Application (pgs 8-12) from the Nursing Admission Packet to the Nursing Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Open Castle Branch account online and purchase the package code CB22 for Criminal Background Check and Urine Drug Test $100.00 (<a href="https://portal.castlebranch.com/cb22">https://portal.castlebranch.com/cb22</a>)</td>
<td></td>
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<tr>
<td>3. Complete the Background Check (clear) and Drug Test (negative) and then notify Admissions Coordinator</td>
<td></td>
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<tr>
<td>4. Receive Acceptance Packet by mail (usually in 4 weeks) Yes/No If No, please email <a href="mailto:nursing@wau.edu">nursing@wau.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Submit acceptance confirmation page to Nursing Department and receive a copy</td>
<td></td>
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</tr>
<tr>
<td>6. Purchase CB22im (Medical Document Manager) $20.00 (<a href="https://portal.castlebranch.com/cb22im">https://portal.castlebranch.com/cb22im</a>)</td>
<td></td>
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</tr>
<tr>
<td>7. Upload (Scan/Fax) all the required clinical documents to your Castle Branch profile <a href="https://www.castlebranch.com">https://www.castlebranch.com</a> according to the criteria for acceptance (If an item is rejected, please follow instructions and resubmit. If any item is pending for review, please call Castle Branch help desk at 1.888.723.4263)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. For issues not resolved with Castle Branch: Make an appointment to see the Clinical Coordinator to review Castle Branch requirements</td>
<td></td>
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</tbody>
</table>
| 9. Physical Exam must be within a year  
  a. Submit the original copy of the yellow Pre-Entrance form to Student Life in Wilkinson Hall and  
  b. ask for a copy for your records, Copies will not be given after submission to Student Life. |         |              |
| 10. For courses In Progress (IP) only: Provide the Official Transcript when done to Admissions office in Wilkinson Hall |         |              |
| 11. Make an appointment to see the Admissions Coordinator to register for nursing courses |         |              |
| 12. Attend the New Nursing Student Mandatory Orientation Attendance holds your seat in the Nursing Program |         |              |

Admissions & Progressions Coordinator  
301.891.4144 (office) 301.891.4191 (fax)  
nursing@wau.edu (email)  
HS Building 7, Room 205B

Nursing Education Clinical Coordinator  
301.891.4144 (office) 301.891.4191 (fax)  
nursing@wau.edu (email)  
HS Building 7, Room 205A
# ADMISSION APPLICATION – NURSING PROGRAM

**This form is to be completed AFTER you have been accepted as a student of WAU.**

Please complete this form (pages 8-12) and return it to the Department of Nursing, along with supportive documentation.

Date: ______________________________  Applying for:  □ Fall □ Spring of 20_____

Last Name: ____________________  First Name: ___________________  WAU ID#: ________

DOB: _________________  Gender: □ Male □ Female  U.S. Resident: □ Yes □ No

Mailing Address: ________________________________________________________________

Home Phone: _______________________________  Cell Phone: ________________________

Email Address: _____________________________________

Ethnicity*:  □ American Indian/Alaska Native □ Asian  □ Black, African American
□ Native Hawaiian or Other Pacific Islander □ Other Black (Dominican, Ethiopian, etc.)
□ Hispanic/Latino □ White, Non-Hispanic □ Unknown/Multiple Category

Other Colleges Attended: _____________________________________________________________________

Degree(s) Earned: _________________________________________  Cumulative GPA: ___________

## PREREQUISITES

Please indicate which prerequisites have been completed, including grades. Indicate which courses have been repeated and the grade receiving each time.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
<th>Grade Received</th>
<th>Repeat? (Y/N)</th>
<th>Repeat Grade</th>
<th>Currently Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 101</td>
<td>Composition</td>
<td></td>
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<tr>
<td>ENGL 102</td>
<td>Research &amp; Literature</td>
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<tr>
<td>CPTR 105</td>
<td>Introduction to Computers</td>
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<tr>
<td>COMM 105</td>
<td>Introduction to Oral Communication</td>
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<tr>
<td>PSYC 105</td>
<td>Introduction to Psychology</td>
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<tr>
<td>PSYC 210</td>
<td>Psychology of Development &amp; Learning</td>
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<tr>
<td>BIOL 201</td>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>BIOL 202</td>
<td>Anatomy &amp; Physiology II</td>
<td></td>
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<tr>
<td>BIOL 140</td>
<td>The Human Body in Health and Disease or any biology elective</td>
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<tr>
<td>BIOL 150</td>
<td>Microbiology</td>
<td></td>
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<tr>
<td>CHEM 114</td>
<td>Fundamentals of General, Organic and Biochemistry</td>
<td></td>
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<tr>
<td>NUTR 260</td>
<td>Nutrition</td>
<td></td>
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<tr>
<td>SOCI 105</td>
<td>General Sociology</td>
<td></td>
<td></td>
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<tr>
<td>MATH 110</td>
<td>Probability &amp; Statistics</td>
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</table>

**Must be completed before entering nursing program**

**Must be completed before entering second semester of the nursing program**

I understand that all of the above prerequisites must be completed before admission into the nursing program.

Signed: ____________________________________________________

Edyth T. James  Department of Nursing
7600 Flower Avenue, Health Science Building, Rm. 205, Takoma Park, MD 20912 • (301) 891-4144 (P) • (301) 891-4191 (F)
Students who apply for admission to the nursing program will be evaluated in eight different areas. These include:

- Personal Interview (Director’s Discretion)
- Criminal Background Check and Drug Test report completed
- Essay
- Cumulative college GPA 3.0 or higher
- Science prerequisites
- TEAS VI test scores
- Letter of recommendation
- University enrollment date

At WAU we care about each student. Accordingly, our Admissions and Progressions Committee carefully reads each application. We do not have simple or formulaic ideas about the profile of an admitted student; rather, we believe that there are many indicators of your potential for success academically, professionally, and as a positive contributor to our community of students and to our global society.

We determine your potential for success by completing a holistic evaluation of your application package. Each required item is requested for a reason and contributes to our evaluation of every applicant. There is not a maximum score for any test that guarantees acceptance or non-admittance. However, a cumulative GPA of 3.0 or above on all courses attempted, as well as a composite 2.75 GPA on science prerequisites is strongly recommended for acceptance.

Please carefully read the following information and sign below:

- I am applying for entry into the BSN Program. I fully realize that until all of the above requirement are met, I cannot be admitted into the nursing program. I have read over the nursing admission requirements. I understand that meeting the minimum requirements for admission into the nursing program does not guarantee acceptance, as admission into nursing is a competitive process.
- I understand and accept that I am responsible for updating and maintaining all of the above clinical requirements for the duration of my enrollment in the Washington Adventist University nursing program.
- I understand and accept that I may be required to attend classes and/or clinicals on Sunday and in the evenings.
- I understand that there will be lab equipment fees, ATI testing fees, and clinical faculty fees added to my nursing program each semester.
- I understand that the program is highly selective. I understand that there are many more applicants than there is available space. While I may meet the criteria above, there may be more candidates that surpassed the criteria.

I am applying for entry into the BSN Program. I fully realize that until all of the above requirements are met, I cannot be admitted into the nursing program. I have read over the nursing admission requirements. I understand that meeting the minimum requirements for admission into the nursing program does not guarantee acceptance, as admission into nursing is a competitive process.

Signed: ____________________________ Date: ____________________________
Name: ___________________________________________
Date: ________________________

Explain briefly why you are pursuing a baccalaureate degree in nursing and your career goals. Your response should be hand-written and at least one page in length.

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RECOMMENDATION FORM – NURSING PROGRAM

Instruction to applicant: Please complete the information below and then give this form to the person who can provide a recommendation on your behalf. Also provide this person with an envelope addressed to the Nursing Department at WAU.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Address 1

<table>
<thead>
<tr>
<th>Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Daytime Phone Number          Evening Phone Number          Email Address

Intended Enrollment Status: □ Full-time □ Part-time

Signature: ___________________________ Date: ___________________________

Instructions to recommender: Please complete the information requested below by providing your candid assessment of the applicant’s preparation, motivation, academic potential, and capacity for advancement in this program. If you need to use additional sheets of paper, please attach them to this form. Your assessment will be held completely confidential. Please seal the form in the envelope provided by the applicant, sign across the seal and return to the applicant.

Evaluator’s Name (Please Print)          Position/Title (Please Print)

Evaluator’s Employer (Name and Address)

Evaluator’s Business Telephone Number          Evaluator’s Email Address

Evaluator’s Signature: ___________________________ Date: ___________________________

Knowledge of Applicant

<table>
<thead>
<tr>
<th>How long have you known the applicant?</th>
<th>How well do you know the applicant?</th>
<th>In what capacity do you know the applicant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________ Years</td>
<td>□ Very well</td>
<td>□ Professor/Instructor</td>
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<tr>
<td>_________ Months</td>
<td>□ Moderately well</td>
<td>□ Employer/Supervisor</td>
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<td></td>
<td>□ Slightly</td>
<td>□ Colleague/Co-worker</td>
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<td></td>
<td></td>
<td>□ Academic Advisor</td>
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<td></td>
<td></td>
<td>□ Other (specify):</td>
</tr>
</tbody>
</table>
### -Continued- -

<table>
<thead>
<tr>
<th>Character and Personality</th>
<th>Excellent/ Outstanding</th>
<th>Average/ Good</th>
<th>Below Average/Fair</th>
<th>Not Satisfactory</th>
<th>Insufficient Opportunity to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Maturity</td>
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<tr>
<td>Dependability/Responsibility</td>
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<tr>
<td>Moral qualities/Ethical standards</td>
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<td></td>
<td></td>
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<tr>
<td>Initiative, motivation</td>
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<tr>
<td>Persistence</td>
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<tr>
<td>Leadership</td>
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<tr>
<td>Ability to work under pressure</td>
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<tr>
<td>Personal integrity</td>
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</tbody>
</table>

### Intellectual Capacity

<table>
<thead>
<tr>
<th>Retention of information</th>
<th>Analytical ability</th>
<th>Judgment/critical thinking</th>
<th>Ability to problem solve</th>
<th>Creativity</th>
</tr>
</thead>
</table>

### Clinical Competence

<table>
<thead>
<tr>
<th>Demonstrates potential for success</th>
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</thead>
</table>

### Communication/Interpersonal Skill

<table>
<thead>
<tr>
<th>Ability to work effectively with others</th>
<th>Quality of written communication</th>
<th>Quality of spoken communication</th>
</tr>
</thead>
</table>

What are the applicant’s areas of strength as you have observed?

What are the applicant’s areas of weaknesses as you have observed?

Based on your overall evaluation of the applicant’s ability in the nursing field, please indicate your recommendation:

- [ ] Strongly recommend
- [ ] Recommend
- [ ] Recommend with reservations
- [ ] Do not recommend

Please seal, sign across the seal and return the completed recommendation to the applicant.
ABOUT THE TEAS TEST

The Test of Essential Academic Skills (TEAS) is a multiple-choice assessment of basic academic knowledge in reading, mathematics, science and English and language usage. The objectives assessed on the TEAS exam are those which nurse educators deemed most appropriate and relevant to measure entry level skills and abilities for nursing students. The purpose of the TEAS is to ensure that you are academically prepared to be successful in a health science program. Required scores of PROFICIENT or above are predictors of success for our nursing program.

PREPARATION FOR THE TEAS VI (6) EXAM

In order to prepare for the TEAS exam, it is recommended that you study the ATI Test of Essential Academic Skills Manual, which can be purchased in the online store at www.atitesting.com

REGISTERING FOR TEAS

The TEAS exam is a required entrance examination that must be completed and submitted with the nursing application. Students may only take the test twice during a twelve month period. Students can retake the TEAS an additional time if students enroll in the TEAS prep course with appropriate documentation and are approved by the Nursing Admissions and Progressions Coordinator.

Please find the available testing dates for Washington Adventist University at www.atitesting.com

HOW TO REGISTER FOR THE TEAS

1. Visit www.atitesting.com website
2. Click on “Online Store” in upper right
3. Select TEAS under the “Register For” column on the left hand side of the page
4. Select City & State (Takoma Park, MD) to reveal the TEAS registration dates (if it is an option, select WAU tab)
5. Follow final check out steps.

Please register for exam in advance to ensure the application deadline is met for both spring and fall admissions. There are only 30 seats available for each test date, please plan accordingly.

TEAS TEST DAY REMINDERS

Location
Washington Adventist University
Edyth T. James Department of Nursing
7600 Flower Avenue
Takoma Park, MD 20912
2nd floor Room # 209

Start Time
The exam will start at 9:00am and end at 1:00pm. Please arrive 15 minutes early to the testing site. Those arriving late will not be allowed to test. Individuals must present a valid photo ID to the exam proctor before creating their ATI username and password.

Reminders
- Calculators are NOT allowed
- Bring 2 or more # 2 pencils
- scratch paper will be provided
- Schedule 4 hours to take the test
CRIMINAL BACKGROUND CHECK AND DRUG TEST REQUIREMENT

All applicants must submit a completed criminal Background Check and urine Drug Test through Castle Branch (CB22) by April 1st for Fall applicants and October 16th for Spring applicants. There is a fee associated with this process. It will take one to two weeks for the background check to run its full report.

Background Check: The records must indicate that the student has never been convicted of any of the following offenses:

- Murder
- Arson
- Assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm
- Burglary
- Robbery
- Kidnapping
- Theft, fraud, forgery, extortion or blackmail
- Illegal use or possession of a firearm
- Rape, sexual assault, sexual battery, or sexual abuse
- Child abuse or cruelty to children
- Unlawful distribution, or possession with intent to distribute, a controlled substance

A urine drug test takes 3-5 business days from the time the sample is placed. However, if the test is positive this will take longer; it goes to the Medical Review Officer for review and for students to provide any prescription. Make arrangements to order this package and submit a urine sample well before April 1st (for fall) or October 16th (for spring). Students with a positive drug test will not be accepted into the nursing program.

Drug Test: A 10-Panel Urine Test Substances Tested

1. Amphetamines
2. Barbiturate
3. Benzodiazepines
4. Cannabinoids
5. Cocaine
6. Methadone
7. Methaqualone
8. Opiates
9. Phencyclidine
10. Propoxyphene
IMMUNIZATION AND HEALTH REQUIREMENTS

Criminal Background Checks, Urine Drug Tests, Physical Exams, Immunizations, TB testing, must be kept up to date once accepted into the program. Requirements are subject to change in order to abide by the hospital/clinical requirements.

*Background Check (submitted with application, prior to acceptance)
  • Within last year through Castle Branch (CB22)

*Urine Drug Toxicology Screen (submitted with application, prior to acceptance)
  • Within last year through Castle Branch (CB22)

Once accepted into the program, students will need to meet the following immunization and health requirements. This documentation must be submitted into the document manager of Castle Branch (CB22im) by the first day of nursing orientation.

CPR Certification
  • Submit a copy of both the front and the back of your CPR card from the American Heart Association Basic Life Support for Healthcare Provider course. The paper card must be signed.

Health Insurance
  • Submit a copy of both the front and the back of your current health insurance card or proof of coverage. If the name on the card does not match the student’s name, written verification of coverage from the provider is required.

Influenza
  • Submit documentation of a flu shot administered between 08/01 (August 1st) and 10/31 (October 31st).

Physical Examination
  • Download, print & complete the Washington Adventist University Pre-Entrance Health Requirements form (3 pages) and upload. The exam must be completed by a Licensed Health Care provider and documented on the form provided.

TB Skin Test OR Quantiferon Gold Blood Test (within last year)
  Submit documentation of one of the following:
  • 2 step TB skin test (1-3 weeks apart) OR
  • 2 consecutive annual tests (no more than 12 months between tests) WITH a 1 step TB skin test within the past year

Chest X Ray (if positive TB Test results)
  • Submit a clear Chest X-Ray report within the last 5 years. During the 5 year period, you must complete a questionnaire annually reviewed by an examining physician/health care provider stating no current signs or symptoms of Tuberculosis are present.
Hepatitis B
Submit documentation of one of the following:

- Quantitative antibody titer (lab report required) OR
- A series of 3 vaccinations

Polio
Submit documentation of one of the following:

- Quantitative antibody titer (lab report required) OR
- A series of 3 vaccinations

Measles (Rubeola) *
Submit documentation of one of the following:

- Quantitative antibody titer (lab report required) OR
- A series of 3 vaccinations

Mumps *
Submit documentation of one of the following:

- Quantitative antibody titer (lab report required) OR
- A series of 3 vaccinations

Rubella *
Submit documentation of one of the following:

- Quantitative antibody titer (lab report required) OR
- A series of 3 vaccinations

Varicella (Chicken Pox)
Submit documentation of one of the following:

- Quantitative antibody titer (lab report required) OR
- A series of 3 vaccinations

Tetanus, Diphtheria & Pertussis (Tdap)

- Submit documentation of a Tdap (not Td or DTaP) booster within the past 10 years

* may be grouped together as MMR (Measles, Mumps, Rubella)
^ Titer (blood test with quantitative results preferred)