Edyth T. James Department of Nursing
Application Packet
WASHINGTON ADVENTIST UNIVERSITY
EDYTH T. JAMES DEPARTMENT OF NURSING

APPLICATION PACKET CONTENTS

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PROGRAM OVERVIEW

Director, Department of Nursing
Tijuana G. Griffin, Ph.D, MSN, RN

Associate Director of Nursing
Helen J. Wilson, DNP, MSN, RN, CRRN, CNE

Full Time Faculty
Basava Jitta, MSN, RN
Nellie McKenzie, PharmD, RPh, RN
Jercilla Murmu, MSN, RN
Dhaya Nandipamu, DNP, MSN, CCRN, RN
Oluwakemi Opanubi, MSN, MBA, RN
Carelle Varona, MSN, RN
Helen John Wilson, DNP, MSN, RN, CRRN, CNE

Nursing Skills Laboratory and Simulation Coordinator
Carelle Varona, MSN, RN

Nursing Admissions & Progressions Coordinator
Brendon Albury, BA

Clinical Coordinator
Evelyn Khandagale, MA, BSN, RN, FCN, RN,CM/DN, IBCLC

Office Manager
Raysa Creque, MA

INTRODUCTION

The Edyth T. James Department of Nursing at Washington Adventist University is among the first nursing programs established in the state of Maryland, dating back to 1909. The university now offers a Bachelor of Science in Nursing degree, which is a four-year program and is truly committed to providing quality Christian nursing education. The Nursing program maintains rigorous standards and is accredited by the Commission on Collegiate Nursing Education, and is approved by the Maryland Board of Nursing.

The curriculum of the nursing program is designed to develop professional competence in the scholarly practice of nursing. The program of study offers interrelated theoretical and clinical learning experiences, and multiple agencies are utilized for clinical experiences including Adventist Healthcare White Oak Medical Center, Shady Grove Medical Center, Children’s National Medical Center, MedStar Washington Hospital Center, Washington DC VA Medical Center and other various skilled nursing facilities. The didactic and clinical experiences in the program enrich student learning and enables integration of theory and practice of professional nursing within the healthcare 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.
BACCALAUREATE DEGREE PROGRAM IN NURSING

ADMISSION PROCESS

1. Upon acceptance to Washington Adventist University (WAU) and payment of the admission confirmation fee, 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.

2. After the student has been accepted into Washington Adventist University and the official transcript evaluation has been completed, the applicant is eligible to apply to the Nursing Program. Please note: Acceptance to the University (even as a “pre” nursing major) does not guarantee acceptance into the Nursing Program.

3. As part of the application process, the applicant should make an appointment with the Nursing Admissions & Progression Coordinator via email or phone (balbury@wau.edu / 301 891 4144)

4. Along with the nursing application, the applicant is expected to submit two recommendation forms (see page 11 &12). 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).

Please 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 emailed. 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.

Admissions Support:

<table>
<thead>
<tr>
<th>Admissions &amp; Progressions Coordinator</th>
<th>Nursing Education Clinical Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>301.891.4144 (office) 301.891.4191 (fax)</td>
<td>301.891.4182 (office) 301.891.4191 (fax)</td>
</tr>
<tr>
<td><a href="mailto:nursing@wau.edu">nursing@wau.edu</a> (email)</td>
<td><a href="mailto:ekhandag@wau.edu">ekhandag@wau.edu</a> (email)</td>
</tr>
<tr>
<td>HS Building 7, Room 205B</td>
<td>HS Building 7, Room 205A</td>
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</tbody>
</table>
SPECIFICS OF ADMISSION PROCESS AND DEADLINES FOR FALL AND SPRING SEMESTERS

Fall (August) Admission:

1. Application to Nursing Program - March 15  
   o Submit nursing application  
   o Complete TEAS exam and submit scores &/or submit a copy of your earned Bachelor’s degree  
   o Complete Background Check and Drug Test  
2. Candidate Interviews (as per Director’s Discretion)  
3. Notification of acceptance to program

*The application packet includes application, letters of recommendation, TEAS scores or degree, background check and drug test reports, and must be returned as one document. No exceptions will be made and failure to comply will result in your application not being reviewed.  
**The Background Check and Drug Test needs to be completed after May 1 and before May 15 so that you will be cleared for both academic semesters.

Spring (January) Admission:

1. Application to Nursing Program - Aug 31  
   o Submit nursing application  
   o Complete TEAS exam and submit scores &/or submit a copy of your earned Bachelor's degree  
   o Complete Background Check and Drug Test  
2. Candidate Interviews (as per Director’s Discretion)  
3. Notification of acceptance into program

* The application packet includes application, letters of recommendation, TEAS scores or degree, background check and drug test reports, and must be returned as one document. No exceptions will be made and failure to comply will result in your application not being reviewed.  
**The Background Check and Drug Test needs to be completed after May 1 and before Aug 31 so that you will be cleared for the next academic semester.

Students do not need to meet requirements until accepted into the nursing program. In order to be placed in clinical, all applicants must complete their Immunization and other Health requirements after May 1 and before July 1 for Fall applicants and after May 1 and before November 15 for Spring applicants.
# NURSING APPLICANT CHECKLIST

*This checklist is for student use. It is the student’s responsibility to ensure that all admission requirements are met. Please keep this form for signatures/initials and to help with registration.*

<table>
<thead>
<tr>
<th>Process to Register</th>
<th>Initial</th>
<th>Date</th>
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<tbody>
<tr>
<td>1. Submit the Nursing Application (pgs. 7-12) from the Nursing Admission Packet to the Nursing Department</td>
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</tr>
<tr>
<td>2. Open Castle Branch account online and purchase the package code CB22 for Criminal Background Check and Urine Drug Test ($43.50) (<a href="https://portal.castlebranch.com/cb22">https://portal.castlebranch.com/cb22</a>)</td>
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<tr>
<td>3. Complete the Background Check (clear) and Drug Test (negative) and then notify Admissions Coordinator</td>
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<tr>
<td>4. Receive Acceptance Packet by mail (usually in 4 weeks)</td>
<td>Yes/No</td>
<td>If No, please email <a href="mailto:nursing@wau.edu">nursing@wau.edu</a></td>
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<tr>
<td>Once you have received ACCEPTANCE into the Nursing Program, complete items 5-12 below</td>
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<tr>
<td>5. Submit acceptance confirmation page to Nursing Department and receive a copy</td>
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<tr>
<td>6. Purchase CB22im (Medical Document Manager) ($25.00) (<a href="https://portal.castlebranch.com/cb22im">https://portal.castlebranch.com/cb22im</a>)</td>
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<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>
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<tr>
<td>8. For issues not resolved with Castle Branch: Make an appointment to see the Clinical Coordinator to review Castle Branch requirements</td>
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<tr>
<td>9. Physical Exam must be within a year&lt;br&gt;a. Submit the original copy of the yellow Pre-Entrance form to Student Life in Wilkinson Hall and&lt;br&gt;b. ask for a copy for your records, <em>Copies will not be given after submission to Student Life.</em></td>
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<tr>
<td>10. For courses In Progress (IP) only: Provide the Official Transcript when done to Admissions office in Wilkinson Hall</td>
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<tr>
<td>11. Make an appointment to see the Nursing Admissions and Progressions Coordinator to register for nursing courses</td>
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<tr>
<td>12. Attend the New Nursing Student Mandatory Orientation Attendance holds your seat in the Nursing Program</td>
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</table>
ADMISSIONS APPLICATION – NURSING PROGRAM

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

Print clearly, in ink; please complete pages 7-12 and return it to the Department of Nursing, along with supportive documentation.

DATE: ________________ APPLYING FOR: □ Fall Term □ Spring Term of 20____

NAME: - Last: ___________________ First: ___________________ Middle: ____________

WAU ID#:___________________ BIRTH DATE: _________________

GENDER: □ Male □ Female U.S. CITIZEN □ Yes □No

CURRENT MAILING ADDRESS:
_____________________________________________________________________________
_____________________________________________________________________________

CELL PHONE: ______________________ HOME PHONE: ______________________

EMAIL: __________________________

EMERGENCY CONTACT: Last Name_________________ First Name_________________

Relationship_________________ Phone_________________ Email _______________

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: ______
## ADMISSION AND REGISTRATION REQUIREMENTS

### ADMISSION REQUIREMENTS
- Acceptance into Washington Adventist University
- Completion of prerequisite courses with a C or better
- Submission of cumulative college GPA 3.0 or higher
- Proficient or higher level scores on the TEAS VI
- TEAS VI Reading score of 70% ; Science score of 66%
- Writing proficiency- submission of an essay on your nursing career goals
- Two recommendations forms completed (pg.) from a former professor, employer, co-worker, or pastor.
- Personal Interview (Director’s Discretion)

### REGISTRATION REQUIREMENTS
- Criminal Background Check- negative history
- Urine Drug Test-negative
- Immunizations
- Physical Exam
- CPR Card (American Heart Association Basic Life Support for Healthcare Providers only)

## PREREQUISITES

<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>
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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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<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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<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>
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<tr>
<td>BIOL 202</td>
<td>Anatomy &amp; Physiology II</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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<td>BIOL 150</td>
<td>Microbiology</td>
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<tr>
<td>CHEM 114</td>
<td>Fundamentals of General, Organic and Biochemistry</td>
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<td>NUTR 260</td>
<td>Nutrition</td>
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<tr>
<td>SOCI 105</td>
<td>General Sociology</td>
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</tbody>
</table>

**Course must be completed before entering nursing program**

**Course must be completed before entering the second semester of the nursing program**

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

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 pre-requisites
- TEAS VI test scores
- Two Letters 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 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.
- 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 Clinical 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.

Signature: _______________________________ Date: ________________
ADMISSIONS APPLICATION - NURSING PROGRAM

Writing Proficiency Requirement

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.

Last Name ___________________________________________ First Name ___________________________ Middle Initial ___________________________

Address 1 ___________________________________________

Address 2 ___________________________________________

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>□ Slightly</td>
<td>□ Colleague/Co-worker</td>
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<td>□ Academic Advisor</td>
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<td></td>
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<td>□ Other (specify): ________________</td>
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</tbody>
</table>

Rev. 11/2019

Edyth T. James Department of Nursing, Admissions & Progressions Coordinator
Health Science Bldg. Rm.205 ● (301) 891-4144 (P) ● (301) 891-4191 (F)
Please rate the applicant in the following areas:

<table>
<thead>
<tr>
<th>Areas</th>
<th>Excellent/Outstanding</th>
<th>Above Average</th>
<th>Average/Good</th>
<th>Below Average/Fair</th>
<th>Not Satisfactory</th>
<th>Insufficient Opportunity to Observe</th>
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</thead>
<tbody>
<tr>
<td>Character and Personality</td>
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<tr>
<td>Emotional Maturity</td>
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<td>Dependability/Responsibility</td>
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<td>Moral Qualities/Ethical Standards</td>
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<td>Initiative &amp; Motivation</td>
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<td>Persistence</td>
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<td>Leadership</td>
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<td>Ability to work under pressure</td>
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<tr>
<td>Personal Integrity</td>
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<td>Intellectual Capacity</td>
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<td>Retention of Information</td>
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<td>Analytical Ability</td>
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<tr>
<td>Judgment/Critical Thinking</td>
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<td>Ability to Problem Solve</td>
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<tr>
<td>Creativity</td>
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<tr>
<td>Clinical Competence</td>
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<td>Demonstrates potential for success</td>
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<tr>
<td>Communication/Interpersonal Skill</td>
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<td>Ability to work effectively with others</td>
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<tr>
<td>Quality of written communication</td>
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<tr>
<td>Quality of spoken communication</td>
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</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.
TEAS TEST

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.

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.

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 the 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.

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

TEAS TEST DAY REMINDERS

<table>
<thead>
<tr>
<th>Location:</th>
<th>Reminders:</th>
</tr>
</thead>
</table>
| Washington Adventist University  
Edyth T. James Department of Nursing  
7600 Flower Avenue  
Takoma Park, MD 20912  
2nd floor Room # 209 | 1. Calculators are NOT allowed  
2. Bring 2 or more # 2 pencils  
3. scratch paper will be provided  
4. Schedule 4 hours to take the test |

Test 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.
CRIMINAL BACKGROUND CHECK AND DRUG TEST REQUIREMENT

All applicants must submit a completed criminal Background Check and urine Drug Test through Castle Branch (CB22) done between May 1 and May 15 for Fall applicants and before August 31 for Spring applicants.

There is a fee associated with this process and will take about two weeks for the background check full report. Open Castle Branch account online (https://portal.castlebranch.com/cb22) and purchase the package code CB22 for Criminal Background Check and Urine Drug Test $43.50

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

Drug Test: 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. Students with a positive drug test will not be accepted into the nursing program.

Substances Tested in a 10-Panel Urine Test:
1. Amphetamines
2. Barbiturate
3. Benzodiazepines
4. Cannabinoids
5. Cocaine
6. Methadone
7. Methaqualone
8. Opiates
9. Phencyclidine
10. Propoxyphene
IMMUNIZATION AND HEALTH REQUIREMENTS

Students do not need to meet requirements until accepted into the nursing program. In order to be placed in clinical, all applicants must complete their Immunization and other Health requirements after May 1 and before July 1 for Fall applicants and after May 1 and before November 15 for Spring applicants.

Create an account in Castle Branch (https://portal.castlebranch.com/cb22im) and purchase package code CB22im (Medical Document Manager) for $25.00 to submit the clinical requirements.

Clinical requirements must be renewed annually between May 1 and July 1 once accepted into the program. The following are the health/clinical requirements. Requirements are subject to change in order to abide by the hospital/clinical requirements.

1. CPR Certification (must be valid at least until May 1 of the following year)
   • Submit a copy of your CPR card from the American Heart Association Basic Life Support for Healthcare Provider course. (If there is paper card, it must be signed. Computer printouts are acceptable.)

2. First Aid Certification (must be valid until May 1 of the following year)
   • Submit a copy of your First Aid card from the American Heart Association course. (If there is paper card, it must be signed. Computer printouts are acceptable.)

3. 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.

4. Influenza (between 08/01 and 10/1)
   • Submit documentation of a flu shot administered between 08/01 and 10/1

5. Physical Examination (completed after May 1)
   • 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. (Your Provider must sign and date the appropriate pages. Your name and date must be on each page.)

6. TB Skin Test OR Blood Test QuantiFERON Gold/IGRA/T-Spot (completed after May 1)
   • 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

7. Chest X Ray (if positive TB Test results)
   • Submit a clear Chest X-Ray report within the last 5 years.

8. TB Questionnaire (completed after May 1)
   • During the 5 year period, you must complete a questionnaire annually reviewed by an examining physician/health care provider after May 1 stating no current signs or symptoms of Tuberculosis are present.
9. **Hepatitis B**  
Submit documentation of one of the following:  
- Quantitative antibody titer (lab report required) OR  
- A series of 3 vaccinations

10. **Polio**  
Submit documentation of one of the following:  
- Quantitative antibody titer (lab report required) OR  
- A series of 3 vaccinations

11. **Measles (Rubeola)** *  
Submit documentation of one of the following:  
- Quantitative antibody titer (lab report required) OR  
- A series of 2 vaccinations

12. **Mumps** *  
Submit documentation of one of the following:  
- Quantitative antibody titer (lab report required) OR  
- A series of 2 vaccinations

13. **Rubella** *  
Submit documentation of one of the following:  
- Quantitative antibody titer (lab report required) OR  
- A series of 2 vaccinations

14. **Varicella (Chicken Pox)**  
Submit documentation of one of the following:  
- Quantitative antibody titer (lab report required) OR  
- A series of 2 vaccinations

15. **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)