APPLICATION PACKET CONTENTS

1. Program Overview 3
2. Admission Procedure 4
3. Deadlines for Application to Nursing Program 5
4. Nursing Applicant Checklist 6
5. Nursing Application Form 7-9
6. Writing Proficiency Requirement 10
7. Recommendation Form 11-12
8. TEAS Exam 13
9. Criminal Background/Drug Test/Immunization Requirements 14
10. Immunization Requirements 15-16
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, St. Elizabeth Hospital and other various skilled nursing facilities. The didactic and clinical experiences in the program enrich student learning and enable 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>Brendan Albury</th>
<th>Evelyn Khandagale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions &amp; Progressions Coordinator</td>
<td>Nursing Education Clinical Coordinator</td>
</tr>
<tr>
<td>(301) 891-4144 (O) (301) 891-4191 (F)</td>
<td>(301) 891-4182 (O) (301) 891-4191 (F)</td>
</tr>
<tr>
<td>Email - <a href="mailto:nursing@wau.edu">nursing@wau.edu</a></td>
<td>Email - <a href="mailto:ekhandag@wau.edu">ekhandag@wau.edu</a></td>
</tr>
<tr>
<td><a href="mailto:balbury@wau.edu">balbury@wau.edu</a></td>
<td>HS Building 7, Room 205A</td>
</tr>
<tr>
<td>HS Building 7, Room 205B</td>
<td></td>
</tr>
</tbody>
</table>
SPECIFICS OF ADMISSION PROCESS AND DEADLINES FOR FALL AND SPRING SEMESTERS

Spring (January) & Fall (August) Admission:

1. Application to Nursing Program
   - Submit nursing application
     - Fall applicants by May 15
     - Spring applicants by October 1
   - Complete TEAS exam and submit scores (Proficient overall score: >58.7%;
     Reading: >70%; Science: >66%; Math score of 70%
   - Fourteen prerequisites completed or in progress
     - Complete Background Check and Drug Test
   - Submit PDF results via email to the Nursing Admissions Coordinator

2. Notification of acceptance to program
   - Completion of the application package (see checklist)
   - Background check and drug testing completed:
     - Fall applicants by June 15
     - Spring applicants by November 1
   - Documents in the package must be submitted as one document to be considered.

3. Castlebranch requirements
   - Students accepted into the program are required to complete their immunization and other health
     requirements.
     - Fall applicants by May 15
     - Spring applicants by October 1
**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>
</tr>
</thead>
<tbody>
<tr>
<td>1. Submit the Nursing Application (pgs. 7-12) 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 ($73.50) (<a href="https://portal.castlebranch.com/cb22">https://portal.castlebranch.com/cb22</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Complete the Background Check (clear) and Drug Test (negative) and then submit to the Nursing Admissions Coordinator at <a href="mailto:balbury@wau.edu">balbury@wau.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Receive application status within four weeks via email by the Nursing Admissions Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Purchase CB22im (Medical Document Manager) ($25.00) (<a href="https://portal.castlebranch.com/cb22im">https://portal.castlebranch.com/cb22im</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Upload (Scan/Fax) all the required clinical documents to your Castlebranch 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 Castlebranch help desk at 1.888. 723.4263)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. For issues not resolved with Castlebranch: Make an appointment to see the Clinical Coordinator to review Castlebranch requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. <strong>Present the original physical exam form on nursing orientation day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. For courses In Progress (IP) only: Request the Official Transcript to be sent to WAU Records Office at <a href="mailto:records@wau.edu">records@wau.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Make an appointment to see the Nursing Admissions and Progressions Coordinator to register for nursing courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Attend the New Nursing Student Mandatory Orientation to complete academic matriculation into the Nursing Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</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
- Science composite GPA of 2.75 or higher
- TEAS VI scores
- Writing proficiency essay
- Two recommendation forms completed
- Criminal Background Check
- Urine Drug Test

### REGISTRATION REQUIREMENTS
- Immunizations
- Physical Exam
- CPR Card (American Heart Association Basic Life Support for Healthcare Providers only)

---

<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 102</td>
<td>Research &amp; Literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPTR 105</td>
<td>Introduction to Computers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMM 105</td>
<td>Introduction to Oral Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 105</td>
<td>Introduction to Psychology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 210</td>
<td>Psychology of Development &amp; Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 201</td>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 202</td>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 140</td>
<td>The Human Body in Health and Disease OR any biology elective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 150</td>
<td>Microbiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEM 114</td>
<td>Fundamentals of General, Organic and Biochemistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUTR 260</td>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCI 105</td>
<td>General Sociology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH 110</td>
<td>Probability &amp; Statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

At WAU we care about each student. Our Admissions and Progressions Committee carefully reads each application. 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. Students who apply for admission to the nursing program will be evaluated in the following areas:

- Acceptance into Washington Adventist University
- Completion of prerequisite courses with a C or better
- Submission of cumulative college GPA 3.0 or higher
- Science composite GPA of 2.75 or higher
- Writing proficiency essay
- Two recommendation forms completed
- Pledge to limit work schedule to 24 hours per week
- All science courses taken in less than five years

While at WAU, complete the following:

* TEAS VI scores
* Completion and upload of all CastleBranch requirement
* Criminal Background Check
* Urine Drug Test

Please carefully read the following information. Initial each statement and sign below:

- ___ I am applying for entry into the WAU BSN Program. I fully realize that until all of the above requirements are met, I cannot be admitted into the nursing program. 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 have read over the nursing admission requirements.
- ___ 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. Lab and clinical schedules are subject to change.
- ___ I understand that lab equipment fees, ATI testing fees, and clinical faculty fees are included each semester as a part of my tuition expenses.
- ___ I will utilize the ATI resources and complete a focus review post any assessments.
- ___ I understand that working beyond 24 hours per week can potentially lead to failure in the nursing program.

Signature: ___________________________________________  Date: __________________________
Name:________________________________________________________________________ Date:________________________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
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

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>
</tr>
<tr>
<td></td>
<td>□ Moderately well</td>
<td>□ Employer/Supervisor</td>
</tr>
<tr>
<td></td>
<td>□ Slightly</td>
<td>□ Colleague/Co-worker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Academic Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other (specify): ________________________</td>
</tr>
</tbody>
</table>
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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Character and Personality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability/Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moral Qualities/Ethical Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative &amp; Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work under pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intellectual Capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention of Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analytical Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment/Critical Thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Problem Solve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Competence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates potential for success</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication/Interpersonal Skill</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work effectively with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of written communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of spoken communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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.

*Proficient overall score: >58.7%; Reading: >70%; Science: >66%; Math score of 70%

PREPARATION FOR THE TEAS VI 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

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.

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

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.

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

TEAS TEST DAY REMINDERS

<table>
<thead>
<tr>
<th>Location:</th>
<th>Reminders:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Adventist University Edyth T. James Department of Nursing 7600 Flower Avenue Takoma Park, MD 20912 2nd floor Room # 209</td>
<td>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</td>
</tr>
</tbody>
</table>

Test Start Time

The exam will start at 1:00 pm and end at 5:00 pm. 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 by:

Fall applicants by May 1
Spring applicants by October 1

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 (Washington Adventist University - Nursing) and purchase the package code CB22 for Criminal Background Check and Urine Drug Test $73.50

**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. If the test is positive this will take longer because results go to the Medical Review Officer (MRO). Students might need to provide a prescription to the MRO.

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

In order to be placed in clinical sites, 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 October 1 for Spring applicants.

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

Once accepted into the program, clinical requirements must be renewed annually between May 1 and July 1. Requirements are subject to change in order to abide by the hospital/clinical requirements.

The following are the health/clinical requirements:

1. **CPR Certification (Valid 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. Paper cards must be signed. Computer printouts are acceptable.

2. **First Aid Certification (Valid until May 1 of the following year)**
   - Submit a copy of your First Aid card from the American Heart Association course. Paper cards 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. The name on the card must include the student’s official name or a written verification of the coverage from the insurance company is required.

4. **Influenza (between August and October)**
   - Submit documentation of a flu shot administered between 08/01 and 10/1 of the current year.

5. **Physical Examination (completed after May 1)**
   - Download, print & complete the Washington Adventist University Pre-Entrance Health Requirements form (3 pages) on your individual Castlebranch account and upload.
     - The physical exam must be completed by a Licensed Health Care provider and documented on the forms provided.
     - The 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**
   - Submit a clear Chest X-Ray report within the last 5 years if your TB test or blood test is positive.
   - During the 5-year period, you must complete a questionnaire annually reviewed by a health care provider after May 1 for Fall applicants and October 1 for Spring applicants, stating no current signs or symptoms of TB are present.

8. **Immunizations**

   **Hepatitis B**
   Submit documentation of one of the following:
   - Antibody titer (lab report required) OR
   - A series of 3 vaccinations

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

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

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

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

   **Varicella (Chicken Pox)**
   Submit documentation of one of the following:
   - Antibody titer (lab report required) OR
   - A series of 2 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)