

# Learner Application Checklist

Your Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Please mail this completed checklist with items listed as *"Mail with Completed Checklist"* to:  
webWOC Nursing Education Program - Admissions  
4317 Upton Ave. S, Suite A  
Minneapolis, MN 55410

### Learner Application

- I have submitted my application online at webWOCnurse.com.
- The last four digits of my Social Security Number are: XXX - XX - \_\_\_\_\_ (used to retrieve your background check).

### Application Fees - *Mail with Completed Checklist*

- I have included a \$20 non-refundable application fee made payable to Metropolitan State University.
- I have included a \$75 non-refundable application fee made payable to webWOC Nursing Education Program.

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

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

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

### Requested Official Transcripts for all undergraduate/ graduate work\*.

*\*Required: Original transcripts from EACH institution listed on your bachelor's degree offering transfer credits toward your degree (Exception: If you have an MSN, only request a transcript from the institution that awarded your masters degree.)*

*\*Foreign Transcripts: Must be submitted to the CGFNS for verification of education, coursework and calculation of GPA.*

*Please request an Academic Report from the CGFNS International Credentials Evaluation Service:*

*<http://www.cgfns.com/sections/programs/ces/>*

*For your convenience, you will find a Request for Official Transcripts Form on page 4 of this document.*

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

### Supporting Documentation - *Mail with Completed Checklist*

- I have included a copy of my Malpractice insurance (must be current within one year).
- I have included a copy of my HIPAA training (must be current within one year).
- I have included a copy of my CPR certification card.
- I have included a copy of my current Mantoux (TB) skin test.
- I have included a copy of my Hepatitis B Vaccination.

### Background Check - *Steps to complete:*

1. Contact Certified background at <http://www.certifiedbackground.com>
2. Proceed to "Applicants" and enter our code: WE47
3. You will receive an e-mail response from Certified Background confirming your order.

- The background check has been ordered (webWOC will print on their end).



## Reference Request Peer/Co-Worker

# webWOC Nursing Education Program

(a program offered in collaboration with Metropolitan State University)

\_\_\_\_\_  
Applicant's Name

(     )     -     \_\_\_\_\_  
Applicant's Phone Number

\_\_\_\_\_  
Today's Date

**Instructions:** The person named above has applied for admission to the webWOC Nursing Education Program in the College of Nursing and Health Sciences at Metropolitan State University. 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 Name

\_\_\_\_\_  
Position/Title

(     )     -     \_\_\_\_\_  
Phone Number

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

TRUE  
 FALSE

2. I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.

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

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

4. Do you recommend the applicant for this program?

Yes  
 No

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

Please send this completed form to:

Email: admissions@webwocnurse.com -OR- Fax: 612-926-8075 -OR-  
Mail: webWOC Nursing Education Program, 4317 Upton Ave. S, Suite A, Minneapolis, MN 55410

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

## webWOC Nursing Education Program

(a program offered in collaboration with Metropolitan State University)

To: Office of Student Records at \_\_\_\_\_  
(insert school name)

Please send an official transcript to:

webWOC Nursing Education Program  
ATTN: Admissions  
4317 Upton Ave. S, Suite A  
Minneapolis, MN 55410  
Ph: 612-331-4601  
Fax: 612-926-8075  
[partners@webwocnurse.com](mailto:partners@webwocnurse.com)

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Maiden Name

\_\_\_\_\_  
Student ID Number                      -                      -                      /                      /  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code                      Telephone Number

\_\_\_\_\_  
College (if appropriate)/ Major/ Program                      Dates of Attendance

\_\_\_\_\_  
Signature                      Date