

. .	CID	
Name	SID	

ALLIED HEALTHCARE LICENSURE/CERTIFICATION AND EXPERIENCE VERIFICATION FORM

Whatcom Community College **does not require** applicants to the Associate Degree Nursing DTA/MRP program to have healthcare experience. However, healthcare licensure/certification and healthcare work experience are evaluated for points towards the entrance score. The nursing program will review and either approve or deny an applicant's healthcare experience based on the information provided by the applicant.

Washington Healthcare licensure/certification and experience accepted: Nursing assistant, medical assistant, paramedic, emergency medical technician, radiology technician, surgical technologist, home care aid, phlebotomist, pharmacy technician, physical therapist assistant, massage therapist, respiratory therapist or licensed clinical social worker. Veterans who served as military medics/corpsman may provide military documentation to demonstrate this training/experience (DD-214 and Joint Services Transcript/Community College of the Air Force Transcript and Letter on official letterhead from Commanding Officer or equivalent documenting hours). Please contact WCC Veteran's Services for further information.

Other allied health professionals may be considered by request.

The Washington license/certification must be current and active at application deadline to be considered for points toward the entrance score.

Type of Healthcare Experience		
Certification in Allied Healthcare Field: attach printout from the Washington State Dept. of Health (DOH) website		
Credential Type:		
Credential #	-	
Credential Status:	First Issue Date:	
Last Issue Date:	Expiration Date:	
Type of Military Experience		
DD-214 and Joint Services Transcript/Community College of the Air Force Transcript		
☐ Letter on official letterhead from Commanding Officer or equivalent (documenting hours)		
Work Experience: 2 points for +500 hours/4 points for +1000 hours (no additional points given for extra hours), points cannot be combined {+1500 hours does not = 6 points}). Provide letter of documentation from employer on company letterhead stating hours worked and in what capacity.		
☐ I have documentation of +500 hours work experience	☐ I have documentation of +1000 hours work experience	
Office Use Only: Approved Denied		
Nursing Program Representative		