



Applicant Signature:

## CCC Nursing Program Health Care Certification Form

Date: \_\_\_\_\_

Applicant Name:	Applicant Student ID Number:
License/Certification:	Certifying Body:
Applicants may earn up to 3 points for their professional he	ealth care certification and/or health care licensure.
This form is required for applicants interested in having the licensure considered.	ir professional health care certification and/or
<ul> <li>There is no expiration or minimum number of practi</li> <li>Certification and/or license need not be current.</li> </ul>	ce hours required.
<ul> <li>All Certifications will be considered on a case-by-ca</li> <li>International and domestic certifications will be consevaluation committee. All supporting documents multiple CAS application.</li> </ul>	sidered on a case-by-case basis by the admission
<ul> <li>Failure to upload supporting documentation will imp</li> <li>Applicants must provide a copy of certificate, creder</li> </ul>	• •
<ul> <li>Acceptable proof of certifications must come from a include: OSBN, ARRT, OVMEB, AMT, AAMA, N</li> </ul>	
<ul> <li>All required/supporting documentation must be uplo PST (11:59pm EST) on February 15, 2025. Docume considered.</li> </ul>	
<ul> <li>Healthcare certification/licensure must be complete.</li> </ul>	January 25, 2025.
By signing below I certify that I have uploaded proo	
licensure for consideration by the admission evaluation	
<ul> <li>By signing below I certify that I understand that provinullification of application and/or dismissal from the</li> </ul>	_