



CCC Nursing Program Health Care Certification Form

Applicant Name:	Applicant Student ID Number:
License/Certification:	Certifying Body:
Applicants may earn up to 3 points for their professional health	n care certification and/or health care licensure.
This form is required for applicants interested in having their pr licensure considered.	ofessional health care certification and/or
• There is no expiration or minimum number of practice h	ours required.
• Cartification and/or license need not be current	

- Certification and/or license need not be current.
- All Certifications will be considered on a case-by-case basis by the admission evaluation committee.
- International and domestic certifications will be considered on a case-by-case basis by the admission evaluation committee. All supporting documents must be translated to English and be uploaded in your Nursing CAS application.
- Failure to upload supporting documentation will impact consideration for experience points.
- Applicants must provide a copy of certificate, credential and/or license.
- Acceptable proof of certifications must come from a professional credentialing body. Examples may include: OSBN, ARRT, OVMEB, AMT, AAMA, NCCT, NHA, ASCP, ADA, Etc.
- All required/supporting documentation must be uploaded to your NCAS online application by 8:59pm PST (11:59pm EST) on February 15, 2026. Documentation submitted after that date and time will not be considered.
- Healthcare certification/licensure must be complete January 24, 2026.
- By signing below I certify that I have uploaded proof of a health care certification and/or health care licensure for consideration by the admission evaluation committee.
- By signing below I certify that I understand that providing false information on this form will result in nullification of application and/or dismissal from the program.

Applicant Signature:	Date	: