Cleveland Clinic
Digestive Disease Institute

R. B. Turnbull Jr. MD
WOC Nursing Education Program
Office Mobile: (216) 317-7163

Required Admission Documents by Educational Pathway

Traditional Pathway (Practicum Course, Clinical & Exam)	Experiential Pathway (no Practicum Course, no Clinical, & no Exam)
Active, unencumbered, U.S. RN nursing license **in state of approved clinical location.**	Active, unencumbered, U.S. RN nursing license
Official Baccalaureate e-transcripts	Official Baccalaureate e-transcripts
Current CV/resume	Current CV/resume
Personal, professional RN liability certificate of insurance **with coverage limits of not less than $1,000,000 per occurrence and $6,000,000 annual aggregate**. **NOTE**: Employer's RN liability insurance policy will not cover you as a WOC nursing student to complete the clinical criteria.	**N/A**
Active, personal health care insurance. ID card (both front and back sides) required.	**N/A**
Active American Heart Association Basic Life Support (BLS) ID card	**N/A**
Completed Physical Requirements & Health Form by PCP / NP ***(must utilize our program's Physical Requirements & Health Form)***	**N/A**
Current, **lab results within the past 12 months** for annual Negative TB test (2-step Mantoux or QuantiFERON TB Gold test) or chest X-ray (if prior positive results).	**N/A**
Immunization and/or titer records **within the last 10 years** which evidence ongoing immunity for measles (Rubeola), German measles (Rubella), mumps, chicken pox (Varicella), Tdap (Tetanus, Diphtheria, Pertussis) booster. As well as Hepatitis B vaccine/titer or our program's signed waiver form assuming the risk of exposure.	**N/A**
COVID-19 Vaccination Record Card evidencing proof that all required COVID-19 vaccine doses were administered. (Not required by all clinical sites.)	**N/A**
Flu vaccine record for current year (**for clinical rotations scheduled during October 1 – March 31**) or complete a religious or medical exemption form. Review and approval must be granted for such by Cleveland Clinic's OccHealth team.	**N/A**
Preceptor Application Packet (may be required for a Non-Cleveland Clinic approved preceptor)	**N/A**
Clinical Affiliation Agreement Template (may be required for a Non-Cleveland Clinic clinical site)	**N/A**