

**Womack Army Medical Center**

**Nurse Name**\_\_\_\_\_ **Specialty**\_\_\_\_\_

**REQUIRED FORMS MUST BE COMPLETED AND SIGNED:**

	LEIE Form
	WAMC Form 40-68n

**REQUIRED DOCUMENTATION:**

	Transcripts (Official or Unofficial) or Copy of Diploma
	Copies of all Nursing Licensure
	Copy of Current American Heart Association or Military Training Network Basic Life Support (BLS) for the healthcare provider. In addition NRP, ACLS, PALS, or ATLS may be required for select positions. On-Line course are not acceptable

A copy of the WAMC By-laws is posted on the website.

If you have any questions or need assistance, please contact the nursing credentials coordinator at (910) 907-6508.

**RETURN PACKET TO:** WOMACK ARMY MEDICAL CENTER  
MCXC-QSD/CREDENTIALS  
2817 REILLY ROAD  
FORT BRAGG, NC 28310

\*\*\*\*\*PLEASE RETURN THIS DOCUMENT WITH YOUR APPLICATION\*\*\*\*\*