

Wayne County Community College District



**HEALTH
SCIENCE
CENTER**



Anesthesia Technology
Central Service Technician
Dental Assisting
Dental Hygiene
Medical Office Specialist
Nursing Assistant Training
Patient Care Technology
Pharmacy Technology

Phlebotomy Technician
Practical Nursing Education (LPN)
Pre-Physicians Assistant
Surgical First Assistant
Surgical Technology -
Accelerated Alternative Delivery
Surgical Technology

Application for Program Admission Health Science Programs

Wayne County Community College District
8200 W. Outer Drive, Detroit, MI 48219 • 313-943-4000

Wayne County Community College District

Application for Program Admission • Health Science Programs

PLEASE PRINT

Name: _____
Last First Middle

Former Name: _____
Last First Middle

Banner Student Identification (ID) Number: _____

Sex: Male Female

CURRENT ADDRESS AND PHONE NUMBERS(S)

Home Address _____
City State Zip Code

Mailing Address (If Different) _____
City State Zip Code

Phone: Home _____ Cell _____
(Area Code) (Area Code)

Email Address: _____

If any of your transcripts, test scores, etc. might arrive under any name other than those listed above, enter names here

IN CASE OF EMERGENCY CONTACT

Name: _____
Last First Middle

Address: _____
City State Zip Code

Phone: Home _____ Work _____
(Area Code) (Area Code)

Relationship: _____

ALL PROGRAM APPLICANTS ARE REQUIRED TO ANSWER THE FOLLOWING:

RESIDENCY

- Yes No Are you a United States citizen?
- Yes No Are you a resident of the Wayne County Community College District?
(If yes, include documentation of residency.)
- Yes No Are you 18 years of age or older?

PRIOR ACADEMIC HISTORY

- Yes No Have you received a High School Diploma?
- Yes No Have you received a GED? Date Received _____
- Yes No Have you completed 12 hours of college credits at WCCCD with a grade of "C" or better?

HIGH SCHOOL ATTENDED _____
City State Date of Graduation

COLLEGES/UNIVERSITIES ATTENDED

Colleges/Universities	City	State	Dates Attended	Degree Conferred
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please Note: Official transcripts from high school, GED scores or other colleges and universities, including your most recent WCCCD transcript, must be included in your admission file before the deadline date.

WHICH HEALTH SCIENCE PROGRAM ARE YOU APPLYING FOR? (PLEASE PICK ONLY ONE)

- | | |
|---|---|
| <input type="checkbox"/> Anesthesia Technology | <input type="checkbox"/> Pharmacy Technology Associate Degree |
| <input type="checkbox"/> Central Service Technician Certificate | <input type="checkbox"/> Pharmacy Technology Certificate |
| <input type="checkbox"/> Dental Assisting Certificate | <input type="checkbox"/> Phlebotomy Technician Certificate |
| <input type="checkbox"/> Dental Hygiene Associate Degree | <input type="checkbox"/> Practical Nursing Education (LPN) Certificate |
| <input type="checkbox"/> Medical Office Specialist Certificate | <input type="checkbox"/> Surgical First Assistant Certificate |
| <input type="checkbox"/> Nursing Assistant Training Certificate | <input type="checkbox"/> Surgical Technology Accelerated Alternative Delivery (AAD) Certificate |
| <input type="checkbox"/> Patient Care Technology Certificate | <input type="checkbox"/> Surgical Technology Associate Degree |

Are you a Veteran? Yes No V.A. Certificate # _____

How did you hear about our programs?

- High School Counselor College Advisor Radio Television Newspaper Friend/Family Other

Based upon Michigan Law

Students applying for admission will be subject to a criminal background check, the results of which could preclude an applicant from admission to Wayne County Community College District on the basis of any of the following:

- A felony conviction, or conviction for an attempt or conspiracy to commit a felony within the past 15 years.
- Any misdemeanor conviction involving abuse, neglect, assault, battery or criminal sexual conduct within the past 10 years.
- Any misdemeanor conviction involving fraud or theft against a vulnerable adult.

OSHA REQUIREMENTS

Applicants must understand they may be exposed to hazardous air/blood pathogens and will be required to comply with all OSHA requirements. These requirements may include wearing tight-fitting masks, protective eye wear, gloves and gowns. A physician-signed examination form, TB test, Hepatitis B vaccination and other vaccinations will be required at the student's expense. Program specific OSHA requirements will be provided upon admission and possible drug testing. Additionally, the clinical practice site may require additional health requirements.

COMMUNITY SERVICE ACTIVITIES (PLEASE LIST)

EMPLOYMENT EXPERIENCES BEGINNING WITH MOST RECENT (PLEASE LIST)

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM:	TO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NAME AND TITLE OF SUPERVISOR:	TELEPHONE:	
POSITION			

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM:	TO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NAME AND TITLE OF SUPERVISOR:	TELEPHONE:	
POSITION			

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM:	TO:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NAME AND TITLE OF SUPERVISOR:	TELEPHONE:	
POSITION			

