Application for Program Admission

Health Science Programs

Wayne County Community College District

8200 W. Outer Drive • Detroit, MI 48219 • 313-943-4500
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

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<tr>
<th>City</th>
<th>State</th>
<th>Date of Graduation</th>
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COLLEGES/UNIVERSITIES ATTENDED

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<tr>
<th>Colleges/Universities</th>
<th>City</th>
<th>State</th>
<th>Dates Attended</th>
<th>Degree Conferred</th>
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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)

- Anesthesia Technology
- Central Service Technician Certificate
- Dental Assisting Certificate
- Dental Hygiene Associate Degree
- Foodservice Systems Management Associate Degree
- Foodservice Systems Management Certificate
- Medical Office Specialist Certificate
- Nursing Assistant Training Certificate
- Patient Care Technology Certificate
- Pharmacy Technology Associate Degree
- Phlebotomy Technician
- Surgical First Assistant
- Surgical Technology Accelerates Alternative Delivery (AAD Certificate)
- 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)

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<tr>
<th>NAME AND FULL ADDRESS OF SCHOOL OR COMPANY</th>
<th>EMPLOYMENT DATES: FROM:</th>
<th>TO:</th>
<th>☐ FULL-TIME</th>
<th>☐ PART-TIME</th>
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<td>NAME AND TITLE OF SUPERVISOR:</td>
<td>TELEPHONE:</td>
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PLEASE COMPLETE BELOW, INDICATING:

• the reasons you wish to be considered for admission into this program,

• your career goals and time frame for achievement, and

• any special qualities or characteristics that would be an asset in your chosen profession.

______________________________________________________________________________________________

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I certify that all the information provided on this form is complete and accurate. I understand that falsifying any part of the application will result in cancellation of admission and/or registration. If admitted, I will be governed by the rules and regulations of the Wayne County Community College District Health Science Program.

Student’s Signature ____________________________________________________ Date ______________________

Please mail all correspondence related to this admission along with this application to:

Provost Health Science
Wayne County Community College District
8200 W. Outer Drive • Detroit, MI 48219

Statement of Compliance with Federal and State Law
Wayne County Community College District (WCCCD), pursuant to the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Vietnam-Era Veterans Readjustment Act of 1974, the Elliot-Larsen Civil Rights Act, Executive Order 11246, and Title II of the Americans with Disabilities Act (ADA) complies with all Federal and State laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education.

It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, or political affiliation or belief, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. (Policy adopted by the Wayne County Community College District Board of Trustees, July 28, 1993)

Notice of Nondiscrimination
Any questions concerning Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, or inquiries related to Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of handicap, and inquiries related to Title II of the Americans with Disabilities Act (ADA) which provides comprehensive civil rights protection for individuals with disabilities, or the College's Statement of Compliance with Federal and State law, should be directed to Director of Human Resources, Wayne County Community College District, 801 W. Fort, Detroit, MI 48226 or by calling 313-496-2765.

Institutional Accreditation
Wayne County Community College District is accredited by the Higher Learning Commission, a Commission of the North Central Association of Colleges and Schools. 230 North LaSalle Street, Suite 7-500, Chicago, Illinois 60604; at 312-263-0456, 1-800-621-7440, (fax at) 312-263-7462 or www.ncacihe.org. Information regarding the status of an institution is available at ext. 11, or by email at status@ncacihe.org; complaints can be directed to ext. 198, or by email at complaints@ncacihe.org.