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)
Physical Therapist Assistant
Surgical First Assistant
Surgical Technology
Wayne County Community College District
Application for Program Admission • Health Science Programs

PLEASE PRINT OR TYPE (USE BLUE OR BLACK INK)

Name: ____________________________________  __________________________  __________________________  MIDDLE

Former Name: ____________________________________  __________________________  __________________________  MIDDLE

Student ID #: A __________________________  Male □  Female □  WCCCD Email: __________________________

CURRENT ADDRESS AND PHONE NUMBERS

Home Address: __________________________  __________________________  __________________________  __________________________

Mailing Address (if different): __________________________  __________________________  __________________________  __________________________

Phone (include area codes): __________________________  __________________________  __________________________

Home Address:

Mailing Address (if different):

Phone (include area codes):

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: ____________________________________  __________________________  __________________________  MIDDLE

Home Address: __________________________  __________________________  __________________________  __________________________

Phone (include area codes): __________________________  __________________________  __________________________

Relationship: __________________________

RESIDENCY

Are you a United States citizen? YES □  NO □

Are you a resident of the Wayne County? YES □  NO □  (If yes, include documentation of residency)

Are you 18 years of age or older? YES □  NO □

PRIOR ACADEMIC HISTORY

Have you received a High School Diploma? YES □  NO □

Have you received a GED? YES □  NO □  Date Received ________________

Have you completed 12 hours of college credits at WCCCD with a grade of “C” or better? YES □  NO □

HIGH SCHOOL: __________________________  __________________________  __________________________  __________________________

COLLEGES/UNIVERSITIES ATTENDED - (LIST ALL) REQUEST TRANSCRIPTS FROM ALL:

<table>
<thead>
<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 Associate Degree
- Dental Assisting Certificate
- Medical Office Specialist Certificate
- Patient Care Technology Certificate
- Pharmacy Technology Certificate
- Practical Nursing Education (LPN) Certificate
- Physical Therapist Assistant Associate Degree
- Central Service Technician Certificate
- Dental Hygiene Associate Degree
- Nursing Assistant Training Certificate
- Pharmacy Technology Associate Degree
- Phlebotomy Technician Certificate
- Surgical First Assistant 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>
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<th>□ FULL-TIME □ PART-TIME</th>
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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 ______________

ELECTRONIC FORM: By typing your name in the form field above, you acknowledge this text serves as your signature.

NOTE: Use Adobe Acrobat Reader to complete and submit this form electronically. Download Adobe Acrobat Reader get.adobe.com/reader/
    Email form to HealthScienceAdmissions@wcccd.edu
    OR mail completed form to:
    Provost Health Sciences • Wayne County Community College District
    8200 West 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, 230 South LaSalle Street, Suite 7-500, Chicago, Illinois 60604; 312-263-0456, 1-800-621-7440 (fax at) 312-263-7462. The Higher Learning Commission accredits degree granting institutions within the 19-state North Central region of the United States. General questions and information may be located on the website www.hlcommission.org or by email to info@hlcommission.org. Information regarding WCCCD's status of accreditation is made available on the WCCCD HLC website. Complaints can be directed by email to complaints@hlcommission.org.

4/2023