

**T I D E W A T E R   C O M M U N I T Y   C O L L E G E**

# **HEALTH PROFESSIONS PROGRAM APPLICATION**

**Diagnostic Medical Sonography  
Emergency Medical Services  
Health Information Technology/Coding  
Medical Assistant  
Medical Office Administration  
Occupational Therapy Assistant  
Physical Therapist Assistant  
Polysomnography  
Radiography  
Respiratory Therapy**

Health Professions Division • Virginia Beach Campus  
1700 College Crescent • Virginia Beach, VA 23453  
Telephone: 757-822-7257 • Fax: 757-822-7503

Emergency Medical Services Program  
Telephone: 757-822-2303 • Fax: 757-822-7460

NOTE: The Registered Nursing program has a separate application form that can be accessed online at:  
<http://www.tcc.edu/academics/divisions/healthprofessions/nursing/index.htm> or by calling 757-822-1122



**TIDEWATER COMMUNITY COLLEGE**

From here, go anywhere.™

**757-822-1122  
1-800-371-0898  
[www.tcc.edu](http://www.tcc.edu)**

**Nondiscrimination Policy** Tidewater Community College does not discriminate on the basis of race, religion, age, color, creed, national or ethnic origin, sex, marital status, political affiliation or disability (Except where disability may be a factor in the occupational qualifications).

**Tidewater Community College • Division of Health Professions**  
**APPLICATION INFORMATION**

Acceptance into each of the programs in the Health Professions Division is selective due to the limited number of clinical placements available. The following steps **MUST** be completed in order for the applicant to be considered for admission to a program.

**1. ADMISSION TO THE COLLEGE** (Notification of admission to the college does not mean that the applicant has been accepted into a Health Professions Program.)

- a. **New TCC Students** must complete a separate TCC application for admission to the college before applying to a Health Professions Program. Applications may be obtained from the Enrollment Services Admissions Center on any of the College's campuses. Health Professions Program Applications may be obtained from the Counseling Center at any campus, by calling 757-822-1122, or by accessing the website: [www.tcc.edu/healthprofessions](http://www.tcc.edu/healthprofessions).
- b. **Continuing Students** do not need to complete another application to the college. However, students should update their academic records in the Records Office if there has been any change in name, address, etc.
- c. **Students who have previously applied to the college but did not attend within one year of application must reapply. Students who have not attended the college in the past three years** must also reapply.

**2. ADMISSION TO A HEALTH PROFESSIONS PROGRAM**

- a. A **complete** application packet **must** be submitted to the appropriate address listed below to be considered for acceptance into a Health Professions program. This packet must include a completed Health Professions Application, an official copy of college/university transcripts (if applicable), and high school transcripts/proof of GED.
  - Health Information Technology/Coding (HIT), Medical Assistant (MDA), Medical Office Administration (MOA), Polysomnography (PSG), or Respiratory Therapy (RTH) program applicants submit completed application packet to: **(Program name) Program Director, Health Professions Division, Tidewater Community College, 1700 College Crescent, Virginia Beach, VA 23453.**
  - Diagnostic Medical Sonography (DMS), Occupational Therapy Assistant (OTA), Physical Therapist Assistant (PTA), or Radiography (RAD), program applicants submit completed application packet to: **Gloria Singleton, Health Professions/Domicile Room A-100A, 1700 College Crescent, Virginia Beach, VA 23453.**
- b. **Applicants must have all official high school transcripts and/or GED certifications** sent to the **Health Professions/Domicile Office**, Room A-100A, 1700 College Crescent, Virginia Beach, VA 23453. Applicants with **any prior college credit** must have a second official copy of all college/university transcripts mailed directly from the college/university to: **Tidewater Community College, Central Records Office, P.O. Box 9000, Norfolk, VA 23509-9000.** In addition, applicants must complete a request to have their transcripts evaluated. This form may be obtained at any campus Enrollment Services office or online at: <https://www.tcc.edu/secure/forms/evaluationrequest.php>
- c. Applicants to Health Professions Programs must provide proof of satisfactory scores on the **SAT/ACT** or provide evidence of **TCC MATH and ENGLISH ASSESSMENT PLACEMENT TESTS** or provide a transcript from an accredited institution evidencing college-level credit in English and algebra with grades of "C" or above. TCC assessment placement tests are administered by each campus Counseling Center.
- d. When enrollments must be limited for any curriculum, priority shall be given to all qualified students who are residents of the political subdivisions supporting the college and to Virginia residents not having access to a given program at their local community college, provided such students apply for admission to the program prior to registration or by a deadline established by the college. In addition, residents of localities with which the college has clinical-site or other agreements may receive equal consideration for admission. If you have questions regarding domiciliary requirements or domiciliary status, please contact the Records/Domicile Office : 757-822-7340. **Admission priorities will be based on the applicant's Domicile status on the application deadline date.** Please note that some students receive in-state tuition based on an exception to the statute, but are domiciled out-of-state.

**3. ADDITIONAL PROGRAM ADMISSION REQUIREMENTS:** Students are responsible for obtaining a program packet, which includes admission selection criteria.

**4. APPLICATION DEADLINES:** All transcripts, domicile status, test scores, and applications **MUST** be on file with the appropriate college office **prior to the published application deadline date in order for the applicant to be considered for acceptance.** Applicants with missing information (incomplete applications) **WILL NOT BE CONSIDERED FOR INITIAL ADMISSION** to a Health Professions Program. Please refer to the next page of this application for the published deadline dates. Late applicants will be considered only if the initial pool of eligible applicants does not fill a program.

**5. NOTIFICATION:** Letters of acceptance or non-acceptance will be mailed to the applicant. Students not accepted into their desired Health Professions program are advised to see a Counselor to discuss their curriculum options.

**6. FINANCIAL AID:** Applicants needing financial aid should visit or call the Financial Aid Office at any TCC campus as soon as possible. Financial Aid applications are also available at [www.tcc.edu/students/finaid/index.htm](http://www.tcc.edu/students/finaid/index.htm).

**7. HEALTH RECORD:** An applicant who is accepted for admission must complete a physical form that includes an immunization record and a physical examination. A licensed physician, or his/her official medical professional designee, must complete the examination. The Physical form will be included in the letter of acceptance and **MUST** be completed prior to start of program.

**8. BACKGROUND CHECKS:** Prospective students are hereby notified that certain medical facilities require both criminal/sex offender background checks as well as drug screens prior to being authorized to attend clinicals. The cost of the background check is the responsibility of the student.

**9. MULTIPLE ENROLLMENTS:** If you are applying to more than one program, a separate application is required for each program. Please list all programs for which you are applying: \_\_\_\_\_

OFFICE USE ONLY

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Service Area Candidate                                | <input type="checkbox"/> Out-of-Area Virginia Resident | <input type="checkbox"/> Out-of-State Resident |
| <input type="checkbox"/> International Student with F-1, F-2, A-1, or A-2 Visa | Date Application Received _____                        |  |



**V. PREVIOUS EDUCATION:**

Please check the following courses (or equivalents) you have completed or are currently taking.

| COLLEGE<br>College Course                                    | TCC Course Equivalents          | Courses Completed | Courses Taking Now |
|--|---------------------------------|-------------------|--------------------|
| Basic Human Biology  | BIO 100                         |                   |                    |
| First Semester Human Anatomy & Physiology                    | BIO 141                         |                   |                    |
| Second Semester Human Anatomy & Physiology                   | BIO 142                         |                   |                    |
| First Semester Physics                                       | PHY 100 or 201                  |                   |                    |
| First Semester College Chemistry or Health Science Chemistry | CHM 111 or 121                  |                   |                    |
| One Semester College Algebra                                 | MTH 3 or MTH 126                |                   |                    |
| First Semester English                                       | ENG 111                         |                   |                    |
| Second Semester English                                      | ENG 112                         |                   |                    |
| Orientation to Health Care                                   | SDV 101                         |                   |                    |
| First Semester Medical Terminology                           | HLT 143                         |                   |                    |
| Second Semester Medical Terminology                          | HLT 144                         |                   |                    |
| Computer Literacy—Required to graduate from TCC              | ITE 115                         |                   |                    |
| <b>HIGH SCHOOL</b>   | <b>Or College Developmental</b> |                   |                    |
| Three years of high school English                           |                                 |                   |                    |
| One year of high school Math                                 | TCC – MTH 2                     |                   |                    |
| One year of high school Algebra                              | TCC – MTH 3                     |                   |                    |
| High School Biology  | TCC – BIO 1                     |                   |                    |
| High School Chemistry  | TCC – CHM 1                     |                   |                    |
| Computer Instruction   | TCC – ITE 115                   |                   |                    |
| <b>OTHER</b>   |                                 |                   |                    |
| 35 words per minute  | HIT Program                     |                   |                    |
| 35 words per minute  | MDA/MOA Program                 |                   |                    |

**VI. SECONDARY EDUCATION:** List all high schools or other secondary schools attended. Submit official high school transcript to the Records/Domicile Office located on the Virginia Beach Campus. **Official** transcripts must be received in a sealed envelope from your high school registrar. If name used is different from current one, please list in the line below Date Received.

| Attendance Dates<br>From: To: | Name of School<br>City and State | Date Received<br>Name on Diploma |
|-------------------------------|----------------------------------|----------------------------------|
|                               |                                  |                                  |
|                               |                                  |                                  |
|                               |                                  |                                  |
|                               |                                  |                                  |

**VII. POST-SECONDARY EDUCATION:** List all formal education beyond high school. Official transcripts of all colleges or universities attended must be sent directly from the colleges/universities to Central Records. A **“Request for Evaluation”** form must also be sent to Central Records. A second official copy must be included in your application packet and mailed to the address specified in an earlier section (2 a.) on the Application Information page. Note: if the name used is different from the current one, please list name(s) used in the “Credentials Earned” space below, as indicated.

| Attendance Dates<br>From: To: | Name of Institution<br>City and State | Major | Credential Earned (Diploma, Certificate, Degree)<br>Name on Diploma, Certificate, Degree | No. of Credits |
|-------------------------------|---------------------------------------|-------|--|----------------|
|                               |                                       |       |  |                |
|                               |                                       |       |  |                |
|                               |                                       |       |  |                |
|                               |                                       |       |  |                |

**VIII. CHECKLIST REMINDER:**

- Have you turned in your **TCC application**? \_\_\_\_\_ Date \_\_\_\_\_
- Have you arranged to have your official college/university transcripts be sent directly from the college/university to Central Records? \_\_\_\_\_
- Have you submitted a request to Central Records to have your college transcripts evaluated? \_\_\_\_\_
- Have you submitted a complete application packet that includes all required admissions materials and any required official transcripts to the Health Professions program? \_\_\_\_\_
- Have you applied for domicile status (in-state/out-of-state)? See 2.d. on Application Information page. \_\_\_\_\_

I certify that all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of Tidewater Community College.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ EMPL ID \_\_\_\_\_