

# TIDEWATER COMMUNITY COLLEGE

## 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)

**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, 7000 College Drive, Portsmouth, VA 23703.** In addition, applicants must complete a request to have their transcripts evaluated. This form may be obtained at any campus Enrollment Services offices or online at: <http://www.tcc.edu/students/admissions/pdfs/Evalexp.pdf>
- 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/financialaid/index.htm](http://www.tcc.edu/students/financialaid/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**

Service Area Candidate

Out-of-Area Virginia Resident

Out-of-State Resident

International Student with F-1, F-2, A-1, or A-2 Visa

Date Application Received \_\_\_\_\_

**Tidewater Community College • Division of Health Professions  
APPLICATION FOR PROGRAM ADMISSION**

Please answer all questions. Print in ink or use a typewriter. Submit this completed application to the appropriate Program Director.

Date of Application \_\_\_\_\_

Have you ever applied for admission to any Health Professions Program?     Yes                       No

If Yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Which program(s)? \_\_\_\_\_  
    Month    Day            Year

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
    Last                                      First                                      MI                                      Maiden/Former Name(s)  
 Address \_\_\_\_\_  
    Street                                      City                                      State                                      Zip Code  
 Phone ( \_\_\_\_\_ )                      Phone ( \_\_\_\_\_ )                      Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
    Home                                      Work/Cell                                      Mo.                      Day                      Yr.  
 E-Mail: \_\_\_\_\_                      EMPL ID (if known) \_\_\_\_\_

Briefly explain why you are interested in the Health Profession Program you have chosen and how the program may help you meet your career goals

\_\_\_\_\_

\_\_\_\_\_

**II. HEALTH CARE EXPERIENCE:** Please describe any experience(s) you have had and include an estimation of time involved in each activity

\_\_\_\_\_

\_\_\_\_\_

**III. ENROLLMENT STATUS:**

- New student (have not completed any courses at TCC)
- Continuing Student (enrolled at TCC during the last 12-month period)
- Former TCC Student Returning (have taken courses at TCC but not within the last 12-month period) Date of last term enrolled \_\_\_\_\_

**IV. SELECTION OF PROGRAM FOR APPLICATION**

Please check the appropriate space below of the Health Professions Program for which you are applying. Check only **ONE** Program. If you wish to apply to more than one program, you **MUST** complete a separate application for each. Selection criteria are included in program packets

PROGRAM	APPLICATION PERIOD / DEADLINE DATE	SEMESTER PROGRAM BEGINS
<input type="checkbox"/> A. Diagnostic Medical Sonography	MAY 15	FALL
<input type="checkbox"/> B. Emergency Medical Services	NO DEADLINE	EACH
<input type="checkbox"/> C. Health Information Technology/Coding <input type="checkbox"/> Day <input type="checkbox"/> Evening	JULY 15	FALL
<input type="checkbox"/> D. Medical Assistant	JUNE 15	FALL
<input type="checkbox"/> E. Medical Office Administration	JUNE 15	FALL
<input type="checkbox"/> F. Occupational Therapy Assistant	FEBRUARY 15	SUMMER
<input type="checkbox"/> G. Physical Therapist Assistant	MARCH 31	FALL
<input type="checkbox"/> H. Polysomnography	APRIL 15	FALL
<input type="checkbox"/> I. Radiography <input type="checkbox"/> If registered radiographer, check here	DECEMBER 15	SUMMER
<input type="checkbox"/> J. Respiratory Therapy	APRIL 15	SUMMER

**V. PREVIOUS EDUCATION:** Please check the following courses (or equivalents) you have completed or are currently taking

COLLEGE College Course	TCC Course Equivalent	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 MTH126		
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 From: To:	Name of School City and State	Date Received 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 From: To:	Name of Institution City and State	Major	Credential Earned (Diploma, Certificate, Degree) Name on Diploma, Certificate, Degree	No. of Credits

- VIII. CHECKLIST REMINDER:**
- Have you turned in your TCC application?
  - 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 \_\_\_\_\_