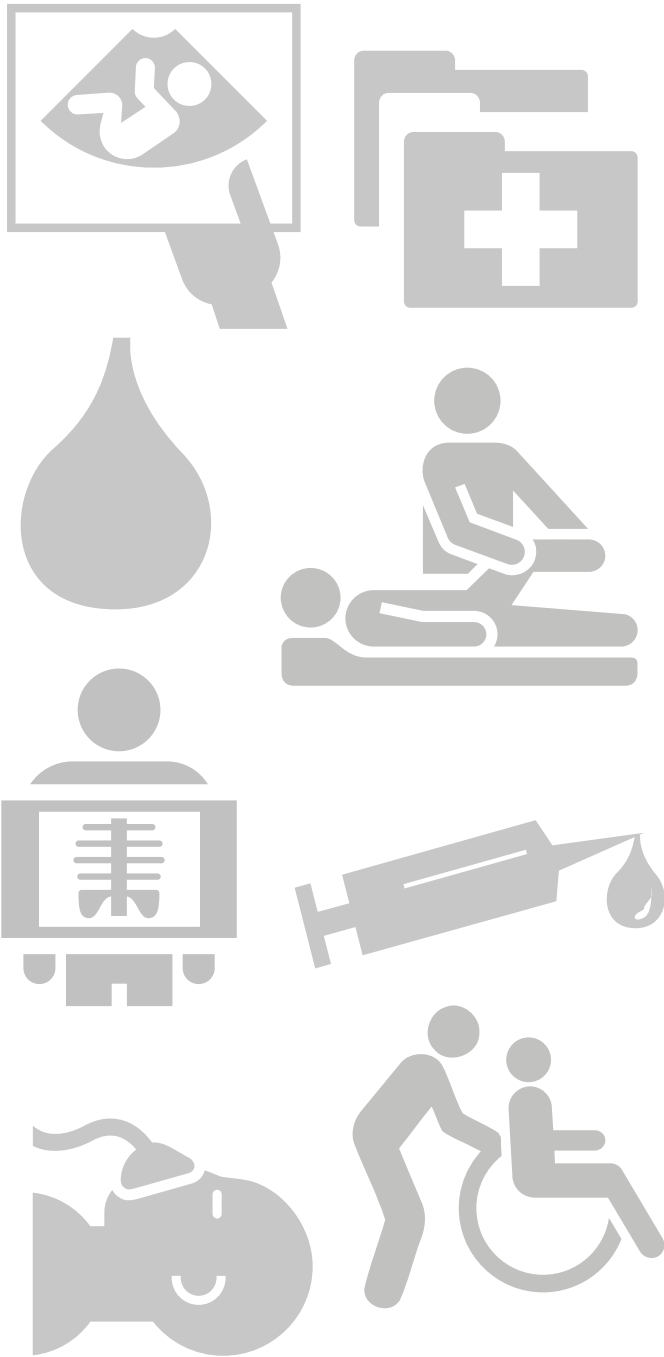


TIDEWATER COMMUNITY COLLEGE HEALTH PROFESSIONS PROGRAM

Application Form



- **Diagnostic Medical Sonography**
- **Health Information Management**
- **Medical Laboratory Technology**
- **Occupational Therapy Assistant**
- **Phlebotomy Technician**
- **Physical Therapist Assistant**
- **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: 757-822-7335 • Fax: 757-822-7557

NOTE: The Registered Nursing program has a separate application form that can be accessed online at:
www.tcc.edu/nursing
Telephone: 757-822-2922 • Fax: 757-822-2684

757-822-1122 • 1-800-371-0898 • 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: <http://www.tcc.edu/academics/health-professions>.
 - b. **Continuing Students** do not need to complete another application to the college. However, students should update their academic records if there have been any changes 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 **Tiffany Wilson, Enrollment Services/Health Professions, Room B105, 1700 College Crescent, Virginia Beach, VA 23453** 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 (if applicable).

**Exception: Phlebotomy Technician applications should be submitted in person to Angela Bell, Regional Health Professions E- Center, Room MN305, 1700 College Crescent, Virginia Beach, VA 23453 during the open application period only.*
 - b. **Applicants must have all official high school transcripts and/or GED certifications (if applicable)** sent to Tiffany Wilson, Enrollment Services/Health Professions, Room B-105, 1700College 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, Office of the College Registrar, 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://forms.tcc.edu/request-for-evaluation-of-educational-experience/>
 - 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 Enrollment Services 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:** Letter of acceptance or non-acceptance will be mailed to the applicant's home address, or emailed to the applicant's VCCS address. 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/financialaid.

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 criminal background/sex offender 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 _____ | |

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

Please answer all questions. Print in ink or type in fields: save a copy. 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.
 VCCS E-Mail: _____ SIS # _____

Briefly explain why you are interested in the Health Professions 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. Health Information Management	MAY 15	FALL
<input type="checkbox"/> C. Medical Laboratory Technology	MAY 15	FALL
<input type="checkbox"/> D. Occupational Therapy Assistant	MARCH 15	FALL
<input type="checkbox"/> E. Phlebotomy Technician	APRIL 1 NOVEMBER 1	FALL SPRING
<input type="checkbox"/> F. Physical Therapist Assistant	APRIL 15	FALL
<input type="checkbox"/> G. Radiography <input type="checkbox"/> If registered radiographer, check here	DECEMBER 18	SUMMER
<input type="checkbox"/> H. Respiratory Therapy	JANUARY 15	SUMMER

V. PREVIOUS EDUCATION:

Please check the following courses (or equivalents) you have completed or are currently taking for your specific program pre-requisites/requirements.

COLLEGE			
College Course	TCC Course Equivalents	Courses Completed	Courses Taking Now
Foundations of Life Sciences	NAS 2		
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	MTE 5 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		
OTHER			

VI. SECONDARY EDUCATION: List all high schools or other secondary schools attended. Submit *official* high school transcript to the Enrollment Services 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. If you have a United States college degree, you do not need to include High School transcripts.

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 the Office of the College Registrar. A **“Request for Evaluation”** form must also be sent to the Office of the College Registrar. 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:

- | | |
|---|------------|
| <input type="checkbox"/> Have you turned in your TCC application ? | Date _____ |
| <input type="checkbox"/> Have you arranged to have your <u>official</u> college/university transcripts be sent directly from the college/university to the Office of the College Registrar? | _____ |
| <input type="checkbox"/> Have you submitted a request to the Office of the College Registrar to have your college transcripts evaluated? | _____ |
| <input type="checkbox"/> Have you submitted a <u>complete</u> application packet that includes all required admissions materials and any required official transcripts to the Health Professions program? | _____ |
| <input type="checkbox"/> 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 _____ Student ID _____