HEALTH PROFESSIONS
PROGRAM APPLICATION

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: 757-822-2303 • 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/ or by calling 757-822-1122

TIDEWATER COMMUNITY COLLEGE
From here, go anywhere.™

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).
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.
   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 Gloria Singleton, Health Professions/Domicile, Room A-100A, 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.
      *Exception: Phlebotomy Technician applications should be sent directly to Angela Bell, Regional Health Professions Center, Room MN305, 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, 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://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.

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:

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Service Area Candidate</td>
</tr>
<tr>
<td>✔️ International Student with F-1, F-2, A-1, or A-2 Visa</td>
</tr>
</tbody>
</table>
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.

E-Mail:  _____________________________________________________    Student ID # (if known) _______________________________________

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.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>APPLICATION PERIOD / DEADLINE DATE</th>
<th>SEMESTER PROGRAM BEGINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Diagnostic Medical Sonography</td>
<td>MAY 15</td>
<td>FALL</td>
</tr>
<tr>
<td>B. Health Information Management</td>
<td>MAY 15</td>
<td>FALL</td>
</tr>
<tr>
<td>C. Medical Laboratory Technology</td>
<td>MAY 15</td>
<td>FALL</td>
</tr>
<tr>
<td>D. Occupational Therapy Assistant</td>
<td>MARCH 15</td>
<td>FALL</td>
</tr>
<tr>
<td>E. Phlebotomy Technician</td>
<td>APRIL 1</td>
<td>FALL</td>
</tr>
<tr>
<td>F. Physical Therapist Assistant</td>
<td>APRIL 15</td>
<td>FALL</td>
</tr>
<tr>
<td>G. Radiography</td>
<td>DECEMBER 18</td>
<td>SUMMER</td>
</tr>
<tr>
<td>H. Respiratory Therapy</td>
<td>JANUARY 15</td>
<td>SUMMER</td>
</tr>
</tbody>
</table>
V. PREVIOUS EDUCATION:

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

<table>
<thead>
<tr>
<th>College Course</th>
<th>TCC Course Equivalents</th>
<th>Courses Completed</th>
<th>Courses Taking Now</th>
<th>Grade Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Life Sciences</td>
<td>NAS 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Human Biology</td>
<td>BIO 100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Semester Human Anatomy &amp; Physiology</td>
<td>BIO 141</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Semester Human Anatomy &amp; Physiology</td>
<td>BIO 142</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>First Semester Physics</td>
<td>PHY 100 or 201</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>First Semester College Chemistry or Health Science Chemistry</td>
<td>CHM 111 or 121</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Semester College Algebra</td>
<td>MTE 5 or MTH 126</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Semester English</td>
<td>ENG 111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Semester English</td>
<td>ENG 112</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation to Health Care</td>
<td>SDV 101</td>
<td></td>
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<tr>
<td>First Semester Medical Terminology</td>
<td>HLT 143</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Semester Medical Terminology</td>
<td>HLT 144</td>
<td></td>
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<tr>
<td>Computer Literacy—Required to graduate from TCC</td>
<td>ITE 115</td>
<td></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Attendance Dates From:</th>
<th>To:</th>
<th>Name of School City and State</th>
<th>Date Received Name on Diploma</th>
</tr>
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<tbody>
<tr>
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</table>

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.

<table>
<thead>
<tr>
<th>Attendance Dates From:</th>
<th>To:</th>
<th>Name of Institution City and State</th>
<th>Major</th>
<th>Credential Earned (Diploma, Certificate, Degree) Name on Diploma, Certificate, Degree</th>
<th>No. of Credits</th>
</tr>
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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 the Office of the College Registrar? ___________________________
- Have you submitted a request to the Office of the College Registrar 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 ___________________________ Student ID ___________________________