

**Cuyahoga Community College
HEALTH CAREERS PROGRAM APPLICATION**

Received:

_____ **Program of Application**

Please Print Or Type All Information
Full Legal Name

Last First Middle Former, if applicable

Address: _____ Apt # _____ Telephone: () _____

City: _____ State: _____ Zip code: _____ County: _____

Student Number: _____ (This can also be your social security number)

E-Mail Address: _____

Are you now or have you ever been enrolled at Cuyahoga Community College: Yes: _____ No: _____

Official college transcripts for each college and university attended must be submitted to the Registrar's Office at least 8 weeks prior to submission of the Health Careers application.

Status of program prerequisites: ___ Completed ___ Currently enrolled in final prerequisite ___ Other

Complete the following, if you have attended any other college, university or other post high school programs. (List in order of attendance, most recent first.)

Name of College/University	City and State	From (Month/Year)	To (Month/Year)

Military Service Veteran: ___ Yes ___ No

Have you ever been convicted of a felony: Yes: ___ No: ___ (or) a misdemeanor: Yes ___ No ___

Completion of this form and minimum program requirements does not constitute admission to the program. Applicants will be notified by letter when they are accepted into the program.

Cuyahoga Community College is committed to continuing affirmative action and equal opportunities of access to employment and education and thus does not discriminate against current or potential employees or students on the basis of race, color, religion, sexual orientation, national origin or ancestry, age, disability, sex, military status, or status as a veteran. It is also the intent of the College to comply with appropriate federal and state laws, rules and regulations and to give special attention to increasing the participation of minorities, women, persons with a disability(s), and disabled veterans in all levels of the College. It is also the intent of the College to ensure that its environment is free from harassment or intimidation of any kind.

"I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any of this application may result in cancellation of admission."

Signature of Applicant (Do Not Print): _____ **Date:** _____

Cuyahoga Community College Health Careers Program Application

(Please submit a separate application for each program)

PLEASE PLACE AN "X" IN FRONT OF THE PROGRAM FOR WHICH YOU ARE APPLYING (ONLY ONE PROGRAM PER APPLICATION)

College Wide

- | | | | | | |
|--|--------------------------------|----------------------------------|-------------------------------|--|---------------------------------|
| <input type="checkbox"/> Emergency Medical Technology | <input type="checkbox"/> East | <input type="checkbox"/> Metro | <input type="checkbox"/> West | <input type="checkbox"/> WestShore | |
| | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Basic Certificate | | | | <input type="checkbox"/> EMT - Associate Degree | |
| <input type="checkbox"/> EMT Paramedic Certificate | | | | <input type="checkbox"/> Fire-EMS-Associate Degree | |
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 | | | | | |
| <input type="checkbox"/> Sports and Exercise Studies | <input type="checkbox"/> East | <input type="checkbox"/> Metro | <input type="checkbox"/> West | | |
| <input type="checkbox"/> Fitness Specialist - Certificate of Proficiency | <input type="checkbox"/> East | <input type="checkbox"/> Metro | <input type="checkbox"/> West | | |
| <input type="checkbox"/> Medical Assisting Certificate (1 Year) | <input type="checkbox"/> Metro | <input type="checkbox"/> West | | | |
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Eastern Campus Based Programs

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|--|------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Pharmacy Technology | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Certificate (1 Year) | <input type="checkbox"/> AAS Degree (2 Years) |
| | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | | |
| <input type="checkbox"/> Ophthalmic Assisting Certificate | | | | |
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Metropolitan Campus Based Programs

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|---|--|---|
| <input type="checkbox"/> Cancer Registrar Post Degree Certificate (1 Year) | <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Patient Navigator - Certificate |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Laboratory Phlebotomy Certificate | <input type="checkbox"/> Physical Therapist Assisting |
| <input type="checkbox"/> Dietetic Technology | <input type="checkbox"/> Medical Assisting Associate Degree | <input type="checkbox"/> Sterile Processing and Distribution
(1 Year) |
| <input type="checkbox"/> Dietetic Manager Certificate | <input type="checkbox"/> Medical Laboratory Technology | <input type="checkbox"/> Surgical Technology |
| <input type="checkbox"/> General Nutrition Certificate (1 Year) | <input type="checkbox"/> Occupational Therapy Assistant | |
| | <input type="checkbox"/> Optical Technology | |
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Western Campus Based Programs

- | | | |
|--|---|---|
| <input type="checkbox"/> Diagnostic Medical Sonography
(Select Option Below) | <input type="checkbox"/> Electroneurodiagnostics | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Abdominal/Ob/Gyn Option | <input type="checkbox"/> Mammography
(Prior A.R.R.T. Registry Required) | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Veterinary Technology |
| <input type="checkbox"/> Vascular | | |

Submit To: Health Careers Enrollment Center, 2900 Community College Ave Cleveland, OH 44115

Return This Form With Your Application

Cuyahoga Community College Nursing and Allied Healthcare Career Programs Background Check & Conviction of Crime Acknowledgement

I understand and acknowledge that Cuyahoga Community College District (the "College") may develop or obtain one or more criminal background checks ("CBC") pertaining to me. The CBC may be used for evaluation of my eligibility for one or more limited-entry programs of the College, and eligibility for one or more clinical/practicum/internship training requirements with third party organizations. I understand and acknowledge that the CBC may contain information concerning my criminal background. In all cases, all expenses associated with the CBC are to be my responsibility. If the results of the CBC are not deemed acceptable by the College, or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, my admission may be denied or rescinded, and/or I may be disciplined or dismissed. I further understand and acknowledge that if, while I am a student, I am convicted of a crime of any type, other than a minor traffic violation, I must report the offense to the applicable program manager in writing within thirty (30) days of conviction (conviction includes plea arrangements, guilty pleas, pleas of no contest, findings of guilt, etc.).

I understand and acknowledge that these background checks will be obtained by the vendor chosen and specified by the College. The current vendor for this service is CastleBranch, with corporate headquarters located at 1844 Sir Tyler Drive, Wilmington, NC 28405, (Telephone, 1-888-823-4263. The vendor is subject to change at any time. Background checks obtained from a vendor other than the vendor chosen and specified by the College will not be accepted.

I acknowledge and understand that I may not be admitted to a clinical setting, be permitted to test for or be granted licensure or accreditation if I have been or in the future am convicted of a crime. I acknowledge and understand that admittance to a limited-entry and/or completion of a program in no way guarantees that I will receive licensure, be permitted to practice and/or obtain future employment. I understand that I am financially responsible for all costs incurred as a student.

Student Name (Sign)

Date

Student Name (Print)

S-Number

APPLICATION DISCLAIMER

Some programs receive more applications from qualified students than available program seats. Please refer to the specific program's website for current program status. Qualified applicants are placed in the program of choice based upon the chronological order in which the COMPLETED health career admission packet is received. **This process is not applicable to the Physician Assistant Program, which is competitively based.**

There are many health career program opportunities at Tri-C. There are several short term programs as well as two year Associate Degree programs that do not have delayed entry. Please visit the Health Career website at <http://www.tri-c.edu/programs/healthcareers/Pages/default.aspx> for additional information.

This application is not valid for **entry** to any of the Nursing Program options offered at Cuyahoga Community College. Please consult the Nursing website for specific information on qualifying or applying to any of our Nursing Programs. The Nursing Program website is:

<http://www.tri-c.edu/programs/nursing/Pages/default.aspx>

If you have questions about any of the non-Nursing Health Career Programs, please contact the Health Careers Enrollment Center at 216-987-4247.