

Cuyahoga Community College (Tri-C®)

HEALTH CAREERS PROGRAM APPLICATION

SELECT THE PROGRAM FOR WHICH YOU ARE APPLYING OR HAVE AN INTEREST
(Please refer to the Health Career program website for any specific program requirements)

Collegewide Programs

For Emergency Medical Technology (Public Safety Center of Excellence), please use the application found at www.tri-c.edu/emt

Sport and Exercise Studies	Eastern	Western
Fitness Specialist Certificate of Proficiency	Eastern	Western
Medical Assisting Certificate	Metropolitan	Western

Eastern Campus Programs

Pharmacy Technology	Day	Evening	Certificate	Associate Degree
	Full Time	Part Time		

For Massage Therapy, please use the application at www.tri-c.edu/massage

Metropolitan Campus Programs

Cancer Registrar Post-Degree Certificate	Laboratory Phlebotomy Certificate	Patient Navigator - Certificate
Dental Hygiene	Medical Assisting Associate Degree	Physical Therapist Assisting
Dietetic Technology	Medical Laboratory Technology	Sterile Processing and Distribution
Dietetic Manager Certificate	Occupational Therapy Assistant	Surgical Technology
General Nutrition Certificate	Ophthalmic Medical Assisting	
Health Information Management	Optical Technology	

Western Campus Programs

For Diagnostic Medical Sonography, please use the online application found at www.tri-c.edu/sonography

Electroneurodiagnostics	Nuclear Medicine	Respiratory Care
Electroneurodiagnostics-Polysomnography	Radiography	Veterinary Technology
Mammography (Prior ARRT registry required)		

Return This Form With Your Application

Cuyahoga Community College (Tri-C®) Allied Health Career Programs Background Check and Conviction of Crime Acknowledgment

By submitting this document 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 30 days of conviction (e.g., plea arrangements, guilty pleas, please of no contest, findings of guilt).

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 American Databank - Complio. The vendor is subject to change at any time, at the discretion of the College, and all students will be notified. Background checks obtained from a vendor other than the vendor chosen by the College may not be accepted.

I acknowledge and understand that I may not be admitted into 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 or completion of a limited-entry 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.

I further acknowledge that my criminal record information may need to be shared with the potential clinical site by the designated College compliance representative to secure a clinical location. Should this be necessary, I will be notified by this representative to obtain my permission for this process to proceed.

Student Name _____ Date _____

Student Number _____

Effective 6/8/2020
Healthcare Education Initiatives
Form No. HEI 1
K:\Academic & Student Affairs (ASA)\Medical Education Programs\Standardized Student Documents

APPLICATION DISCLAIMER

Dear Health Career Applicants:

Thank you for your continued interest in our Health Careers programs. Due to the ongoing COVID-19 outbreak, please note that we are waiving observation requirements during this time. Work with your program contact to discuss how and when these will be made up, as needed.

Before completing this application packet, be sure to download and save it to your computer. Once completed and saved, please attach and email it to healthcareers@tri-c.edu. Remember to attach and include any additional forms or requirements for application to your program of choice.

Please email healthcareers@tri-c.edu for assistance.

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 their program of choice based upon the chronological order in which the **completed** Health Careers admission packet is received.

There are many health career program opportunities at Tri-C, including several short-term programs as well as two-year associate degree programs without delayed entry. Visit the [Health Careers website](#) for additional information.

This application is not valid for **entry** into any of the College's Nursing program options. Please consult the [Nursing website](#) for specific information on qualifying for or applying to any Tri-C Nursing program.

Contact the Health Careers Enrollment Center at 216-987-4247 with questions about any non-nursing health career program.