

Sentara College of Health Sciences

APPLICATION FOR ALLIED HEALTH PROGRAMS & COURSES – 2010–2012

THE SENTARA COLLEGE OF HEALTH SCIENCES SEEKS TO ADMIT QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY PROVIDED THE APPLICANT IS QUALIFIED TO PERFORM THE TASKS NECESSARY TO MEET THE REQUIREMENTS OF THE PROGRAM WITH OR WITHOUT REASONABLE ACCOMMODATION.

APPLICATION PROCEDURE: Please refer to the admission requirements in each individual Program/Course section of the College catalog or at www.sentara.edu. Early application is strongly recommended.

Official or unofficial transcripts must be submitted with application.

Send or deliver your completed application form and the \$50 administrative processing fee to:
Student Services, Sentara College of Health Sciences, Crossways I, Suite 105, 1441 Crossways Boulevard, Chesapeake, VA 23320.

The administrative processing fee is non-refundable. Checks should be made payable to Sentara.

The Admissions Committee will review only applicant files that are complete. It is the applicant's responsibility to ensure the College receives all required documentation. All qualified applicants will be notified of their admission status. Applicants who are selected for admission will be required to pay a class deposit and complete additional admission requirements prior to enrollment in the College.

I. PROGRAM/COURSE TO WHICH YOU ARE APPLYING (check only one)

Program	Course
<p>Associates of Occupational Science Degree (CVT)</p> <p><input type="checkbox"/> Invasive Cardiovascular Technology</p> <p><input type="checkbox"/> Adult Echocardiography</p> <p><input type="checkbox"/> Non-Invasive Peripheral Vascular Sonography</p> <p><input type="checkbox"/> Surgical Technology (ST)</p>	<p>Are you seeking advanced placement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Refer to the catalog for advanced placement criteria)</p>
<p>Please indicate desired Program/Course start date: <input type="checkbox"/> Fall <input type="checkbox"/> Spring</p> <p style="font-size: small;">(see www.sentara.edu for start dates)</p> <p>Cardiovascular Technology Programs are offered in January of each year. Year _____</p> <p style="font-size: x-small;">All others are offered twice per year.</p>	<p><input type="checkbox"/> Care Partner</p> <p><input type="checkbox"/> Nurse Aide Education</p> <p><input type="checkbox"/> Monitor Surveillance</p> <p><input type="checkbox"/> Nurse Aide Education for Traditional BSN</p> <p><input type="checkbox"/> Readmit Student</p>

II. APPLICANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Name: _____	Last	First	Middle	All Previous Last Names
Permanent Address:	_____ Number and Street				
	_____ City		_____ State		_____ Zip Code
Social Security Number: _____		Date Of Birth: _____		E-Mail Address: _____	
Telephone:	Primary (_____) _____		Secondary (_____) _____		
Military Service History:	<input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Currently Active		Are you eligible for Veterans' educational benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Criminal History: If you answer yes to any of the following, please contact Student Services before submitting the application.					
Have you ever been convicted of a crime other than a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list state and or county, offense/offenses, and dates: _____					
Do you have criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Citizenship: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Language: Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered "No" above: Have you taken the TOEFL (Test of English as a Foreign Language) examination? <input type="checkbox"/> Yes <input type="checkbox"/> No					

II. APPLICANT INFORMATION *(continued)*

How did you *first* learn of Sentara College of Health Sciences? _____

Have you previously attended or applied to Sentara College of Health Sciences or Sentara School of Health Professions? Yes No

If yes, which program/course? _____

Years attended _____ or Year Applied _____

Have you attended another school or program/course similar to the one to which you are applying? Yes No

III. HIGH SCHOOL EDUCATION

Verification of completion of High School or equivalent. Please submit one of the following with your application:

Official high school transcript. Official GED. Official letter/statement of successful completion of home schooling.

IV. PREREQUISITE COURSES

All prerequisites must be completed with a "C" or better prior to the start of the Program to which you are applying.

- Surgical Technology (ST) Program applicants must complete a minimum of Anatomy & Physiology I w/lab and show proof of enrollment in Anatomy & Physiology II w/lab prior to submitting an application for admission.
- All Cardiovascular Program (CVT) applicants must complete a minimum of ten (10) credits prior to submitting an application for admission.

COLLEGE COURSES	Required for Programs below	Semester Credits Required	Completed (check)	Not Completed (indicate month & year you plan to complete)
Human Anatomy & Physiology I w/lab	CVT, ST	5-8		
Human Anatomy & Physiology II w/lab	CVT, ST			
College Algebra	CVT	3		
Chemistry w/lab	CVT	4		
Physics w/lab	CVT	4		
Medical Terminology	ST	**		

**Credits vary based on course taken. Course and competency exam must be verified by the school agency. Contact hours of college credit hours will be reviewed for approval.

V. READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work as listed on this application and attachments. I also understand that the administrative processing fee is non-refundable. **If my application is incomplete (transcripts not included or application incomplete) I will have 10 business days to correct or my application will be withdrawn with no refund. If I do not include my \$50.00 administrative fee, my application will be returned.**

By signing below, I authorize the Sentara College of Health Sciences to verify my criminal history through Castle Branch, Inc. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have concerns about your criminal history, please contact Student Services before submitting your application. Administrative fees are non-refundable.

Applicant's Signature: _____ Date: _____