

Wayne County Community College District



**HEALTH  
SCIENCE  
CENTER**



Anesthesia Technology  
Central Service Technician  
Dental Assisting  
Dental Hygiene  
Medical Office Specialist  
Nursing Assistant  
Training  
Patient Care Technology

Pharmacy Technology  
Phlebotomy Technician  
Practical Nursing Education (LPN)  
Pre-Physicians Assistant  
Surgical First Assistant  
Surgical Technology -  
Accelerated Alternative Delivery  
Surgical Technology

**Application for Program Admission**

# **HEALTH SCIENCE PROGRAMS**

Wayne County Community College District • Northwest Campus  
8200 W. Outer Drive, Detroit, MI 48219 • 313-943-4000

# Wayne County Community College District

## Application for Program Admission • Health Science Programs

PLEASE PRINT OR TYPE (USE BLUE OR BLACK INK)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Former Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Student ID #: A \_\_\_\_\_ Male  Female  WCCCD Email: \_\_\_\_\_

### CURRENT ADDRESS AND PHONE NUMBERS

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing Address (if different): \_\_\_\_\_  
STREET CITY STATE ZIP

Phone (include area codes): \_\_\_\_\_  
HOME CELL WORK

*If any of your transcripts, test scores, etc. might arrive under any name other than those listed above, enter names here:*

### IN CASE OF EMERGENCY CONTACT

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone (include area codes): \_\_\_\_\_  
HOME CELL WORK

Relationship: \_\_\_\_\_

### RESIDENCY

Are you a United States citizen? YES  NO

Are you a resident of the Wayne County? YES  NO  (If yes, include documentation of residency)

Are you 18 years of age or older? YES  NO

### PRIOR ACADEMIC HISTORY

Have you received a High School Diploma? YES  NO

Have you received a GED? YES  NO  Date Received \_\_\_\_\_

Have you completed 12 hours of college credits at WCCCD with a grade of "C" or better? YES  NO

HIGH SCHOOL: \_\_\_\_\_  
SCHOOL CITY STATE GRAD DATE

### COLLEGES/UNIVERSITIES ATTENDED - (LIST ALL) REQUEST TRANSCRIPTS FROM ALL:

	COLLEGES/UNIVERSITIES	CITY	STATE	DATES ATTENDED	DEGREE CONFERRED
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**Please Note:** Official transcripts from high school, GED scores or other colleges and universities, including your most recent WCCCD transcript, must be included in your admission file before the deadline date.

**WHICH HEALTH SCIENCE PROGRAM ARE YOU APPLYING FOR? (PLEASE PICK ONLY ONE)**

- |   |   |
|---|---|
| <input type="checkbox"/> Anesthesia Technology  | <input type="checkbox"/> Central Service Technician Certificate |
| <input type="checkbox"/> Dental Assisting Certificate   | <input type="checkbox"/> Dental Hygiene Associate Degree        |
| <input type="checkbox"/> Medical Office Specialist Certificate                                  | <input type="checkbox"/> Nursing Assistant Training Certificate |
| <input type="checkbox"/> Patient Care Technology Certificate                                    | <input type="checkbox"/> Pharmacy Technology Associate Degree   |
| <input type="checkbox"/> Pharmacy Technology Certificate  | <input type="checkbox"/> Phlebotomy Technician Certificate      |
| <input type="checkbox"/> Practical Nursing Education (LPN) Certificate                          | <input type="checkbox"/> Surgical First Assistant Certificate   |
| <input type="checkbox"/> Surgical Technology Accelerated Alternative Delivery (AAD) Certificate | <input type="checkbox"/> Surgical Technology Associate Degree   |

Are you a Veteran?    Yes    No   V.A. Certificate # \_\_\_\_\_

How did you hear about our programs?

- High School Counselor    College Advisor    Radio    Television    Newspaper    Friend/Family    Other

***Based upon Michigan Law***

Students applying for admission will be subject to a criminal background check, the results of which could preclude an applicant from admission to Wayne County Community College District on the basis of any of the following:

- A felony conviction, or conviction for an attempt or conspiracy to commit a felony within the past 15 years.
- Any misdemeanor conviction involving abuse, neglect, assault, battery or criminal sexual conduct within the past 10 years.
- Any misdemeanor conviction involving fraud or theft against a vulnerable adult.

**OSHA REQUIREMENTS**

Applicants must understand they may be exposed to hazardous air/blood pathogens and will be required to comply with all OSHA requirements. These requirements may include wearing tight-fitting masks, protective eye wear, gloves and gowns. A physician-signed examination form, TB test, Hepatitis B vaccination and other vaccinations will be required at the student's expense. Program specific OSHA requirements will be provided upon admission and possible drug testing. Additionally, the clinical practice site may require additional health requirements.

**COMMUNITY SERVICE ACTIVITIES (PLEASE LIST)**

_____	_____
_____	_____
_____	_____
_____	_____

**EMPLOYMENT EXPERIENCES BEGINNING WITH MOST RECENT (PLEASE LIST)**

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM:      TO: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NAME AND TITLE OF SUPERVISOR:      TELEPHONE:
POSITION	

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM:      TO: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NAME AND TITLE OF SUPERVISOR:      TELEPHONE:
POSITION	

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM:      TO: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	NAME AND TITLE OF SUPERVISOR:      TELEPHONE:
POSITION	

**PLEASE COMPLETE BELOW, INDICATING:**

- the reasons you wish to be considered for admission into this program,
- your career goals and time frame for achievement, and
- any special qualities or characteristics that would be an asset in your chosen profession.

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I certify that all the information provided on this form is complete and accurate. I understand that falsifying any part of the application will result in cancellation of admission and/or registration. If admitted, I will be governed by the rules and regulations of the Wayne County Community College District Health Science Program.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

***ELECTRONIC FORM:** By typing your name in the form field above, you acknowledge this text serves as your signature.*

**NOTE:** Use Adobe Acrobat Reader to complete and submit this form electronically. Download Adobe Acrobat Reader [get.adobe.com/reader/](http://get.adobe.com/reader/)  
Email form to [HealthScienceAdmissions@wccd.edu](mailto:HealthScienceAdmissions@wccd.edu)

**OR** mail completed form to:  
Provost Health Sciences • Wayne County Community College District  
8200 West Outer Drive, Detroit MI 48219

**Statement of Compliance with Federal and State Law**

Wayne County Community College District (WCCCD), pursuant to the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Vietnam-Era Veterans Readjustment Act of 1974, the Elliot-Larsen Civil Rights Act, Executive Order 11246, and Title II of the Americans with Disabilities Act (ADA) complies with all Federal and State laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education.

It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, or political affiliation or belief, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. (Policy adopted by the Wayne County Community College District Board of Trustees, July 28, 1993)

**Notice of Nondiscrimination**

Any questions concerning Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, or inquiries related to Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of handicap, and inquiries related to Title II of the Americans with Disabilities Act (ADA) which provides comprehensive civil rights protection for individuals with disabilities, or the College's Statement of Compliance with Federal and State law, should be directed to Director of Human Resources, Wayne County Community College District, 801 W. Fort, Detroit, MI 48226 or by calling: 313-496-2765.

**Institutional Accreditation**

Wayne County Community College District is accredited by the Higher Learning Commission, 230 South LaSalle Street, Suite 7-500, Chicago, Illinois 60604; 312-263-0456, 1-800-621-7440 (fax at) 312-263-7462. The Higher Learning Commission accredits degree granting institutions within the 19-state North Central region of the United States. General questions and information may be located on the website [www.hlcommission.org](http://www.hlcommission.org) or by email to [info@hlcommission.org](mailto:info@hlcommission.org). Information regarding WCCCD's status of accreditation is made available on the WCCCD HLC website. Complaints can be directed by email to [complaints@hlcommission.org](mailto:complaints@hlcommission.org).