

HILLSBOROUGH

Community College

Health Sciences Application

Thank you for your interest in Hillsborough Community College Health Science Programs. Because acceptance to the Health Sciences program is selective, a complete application packet must be submitted in order to be considered for admission. Please note that for all health science programs, all required prerequisite courses must be completed prior to the application deadline.

For up to date information about these programs, please consult the college catalog and the Health Science Admissions Manual available in our website at www.hccfl.edu/departs/healthsci. You may also meet with an advisor at any of our campuses.

Admission Packets must include the following: (use this as your check list)

- College Application:** An HCC application for admission must be submitted along with the \$20, check or money order, one time, non refundable fee. Current HCC students do not need to submit a new application. Students who have not attended HCC within the last year as well as recent graduates must complete a new application. No fee is required.
- Health Science Application:** In addition to an HCC application, applicants must complete a Health Sciences Application and include a non refundable \$53 fee, check or money order, in order to be considered for admission.
- FDLE Consent Form:** All applicants are required to complete the enclosed FDLE Criminal Record Consent form.
- Transcripts:** Applicants are responsible for verifying that final official high school transcripts or GED scores have been received by the Admissions, Registration and Records Office prior to the established program deadline date. Applicants who have attended other colleges, universities, vocational or technical schools must submit official transcripts from these institutions in a sealed envelope. These transcripts must accompany the Health Science Application. Incomplete applications will not be considered for admission.
- Deadlines:** All necessary documents must be received with the application by the Health Sciences Admissions office by the published application deadline in order to be considered. Applications with missing documents will be considered incomplete and will not be included in the applicant pool. Please refer to the Health Science Manual available on line at www.hccfl.edu/departs/healthsci/newmanual or visit any of our campuses if you have additional questions. You may also email mflores@hccfl.edu for further assistance.

All documents must be submitted to the following address:

Hillsborough Community College
Health Science Admissions Office
PO Box 30030
Tampa, FL 33630-3030

You may also drop off your documents in person by using the Health Science drop box located outside the Counseling Office at the Dale Mabry Campus (DSTU 204).

APPLICATION FOR ADMISSION HEALTH SCIENCE PROGRAMS

Please answer all questions. Print in ink or use a typewriter. Submit this completed application with all required documents to the following address:

Hillsborough Community College
Health Science Admissions Office
P.O. Box 30030
Tampa, Florida 33630-3030

Application Term:
 Fall _____ Year
 Spring _____ Year
 Summer _____ Year

I. PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
 (Last Name) (First Name) (MI)

MAILING ADDRESS _____
 (Number and Street) Apt #

 (City) (State) (Zip Code)

PHONE/S (Local) _____ E-Mail: _____

II. APPLICATION(S) BEING SUBMITTED

Is this the only Health Science application you are submitting for this term? _____ Yes _____ No

If no, then please list all other programs for which you will be applying or have applied to:

III. PREVIOUS EDUCATION: List ALL Institutions and dates of attendance.

HIGH SCHOOL OR GED

(Official transcripts must be included with this application)

High School	City	State	Date Graduated

COLLEGE/UNIVERSITY

(Official transcripts for all institutions attended must be included with this application)

Name of College/University	State	Attendance Date From (Mo/Yr to Mo/YR)	Degree(s) or Number of Credits Earned

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IV. PREVIOUS OR CURRENT LICENSES / CERTIFICATIONS

List previous or current licenses or certifications in an allied health profession below. Include dates and registry / certification numbers. Please attach a copy of all you current licenses/certifications.

V. SECTION OF PROGRAM FOR APPLICATION

Please identify the Health Science program you are applying for admission to by checking the appropriate space below. Check only one program. **If you wish to apply to more than one program, you MUST complete a separate application and pay an additional \$10 for each application.**

Applicants for Dental Assisting, Nuclear Medicine, Radiation Therapy, Radiation Therapy Specialist and Radiography must be 18 years old by the first day of class.

- _____ A. **Dental Assisting**-Certificate Program, 1 year curriculum (Fall, Spring and Summer Entry).
 NOTE: Applicant must be 18 years of age prior to the first day of classes.

- _____ B. **Dental Hygiene** – Associate Degree Program, 2 year curriculum (Fall Entry)

- _____ C. **Diagnostic Medical Sonography Technology**- Associate Degree Program, 2 year curriculum (Fall Entry)
 Applicants need to contact program manager in order to complete a required interview as part of the application process.

- _____ D. **Nuclear Medicine Technology Program**- Associate in Science Degree, 2 year curriculum (Fall Entry)
 NOTE: Applicant must be 18 years of age prior to the first day of classes.

- _____ E. **Paramedic Program- College Credit Certificate**, 1 year curriculum (Fall and Spring Entry)
 Are you currently employed as an EMT or EMT/Firefighter? ___ Yes ___ No {If yes, Name of Agency: _____}
 NOTE: Applicant must provide proof of current Florida EMT-B license at the time of application. Applicant must be 18 years of age prior to the first day of classes.

- _____ F. **Radiation Therapy Specialist** –College Credit Certificate, 1 year curriculum (Summer Entry)
 NOTE: Applicant must be registered or registry eligible in Radiography. Applicant must be 18 years of age prior to the first day of classes. (FCELPT/CPT not required).

- _____ G. **Radiation Therapy Technology**-Associate in Science Degree, 2 year curriculum (Fall Entry)
 NOTE: Applicant must be 18 years of age prior to the first day of classes.

- _____ H. **Radiography**- Associate in Sciences Degree, 2 year curriculum (Fall Entry)
 NOTE: Applicant must be 18 years of age prior to the first day of classes.

- _____ I. **Respiratory Care**- Associate in Science Degree, 2 year curriculum (Fall Entry)
 NOTE: Applicant must be 18 years of age prior to the first day of classes.

- _____ J. **Respiratory Care/Transition**-Associate in Science Degree (1 year curriculum) (Fall Entry)
 NOTE: Applicant must be 18 years of age prior to the first day of classes.

VI. PHYSICAL HEALTH

Final admission into a Health Science Program requiring a physical examination will be contingent upon evidence of satisfactory physical health as certified by a licensed physician.

VII. Background Investigation

Please be advised that certain certifying agencies for health science professions require that an individual disclose prior arrest/conviction records. Some agencies will not permit individuals with prior arrest/conviction records to become certified. Should you have a prior arrest/conviction record, you may wish to contact the certifying agency for your program of choice to clarify whether your record will affect your certification eligibility.

VIII. CHECKLIST REMINDER:

- Application to the College and Health Sciences Program with appropriate fees** (\$20 HCC Admission Application, \$53 Health Science Application fee (check or money order only) and \$10 for each additional program application.
 - Final official transcripts** in sealed envelopes from all institutions of higher education previously attended, and high school. (Continuing/Former HCC students do not need to obtain test scores already on file).
 - If applicable, have you attached a copy of current license/certification?
 - Florida Department of Law Enforcement (FDLE) Form**
 - Florida College Entry Level Placement Test, (FCELPT/CPT) for only Dental Assisting and Paramedic Programs if applicable.**
 - Sonography applicants only:** Signed mandatory interview form
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I certify that all statements given in this application are true and accurate to the best of my knowledge. I understand and agree that the responsibility of submissions, verification of receipt and documentation of submissions of all forms, applications, fees, transcripts, evaluations and certifications by the designated deadlines is mine. I agree to abide by the rules and regulations of Hillsborough Community College

Signature of Applicant

Date

Hillsborough

Community College

3-0-012

08/07

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**HILLSBOROUGH COMMUNITY COLLEGE
HEALTH SCIENCE PROGRAMS**

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
CRIMINAL RECORD CONSENT FORM**

Pursuant to Hillsborough Community College Administrative Procedures, the Health Sciences Admissions Office is requesting a criminal history on the following candidate:

Name: _____

Current Address:

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Gender: _____

Ethnicity: _____ White, non-Hispanic _____ Black, non-Hispanic _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian or Alaskan Native

Health Science Program:

Applicant Signature:

(Authorizes release of this information)

Return with completed application packet to:

Hillsborough Community College
Health Sciences Admissions
P.O. Box 30030
Tampa, FL 33630-3030