Thank you for your interest in Hillsborough Community College Health Sciences Programs. Acceptance to the Health Sciences Programs is selective, a complete application packet must be submitted in order to be considered for admission. Please note that for all Health Sciences Programs, ALL required prerequisite courses and ALL admission requirements mentioned below must be completed prior to the application deadline. Incomplete applications will not be considered for admission.

Use this as your checklist. This document was created as part of the Health Sciences application to help you through the admission process. Please read carefully all the information provided before submitting your application. Following these guidelines will facilitate you submitting a complete application to Health Sciences Admissions. After reading this checklist, please sign your initials and include it with your Health Sciences Application.

Admission packets must include the following:

- **College admission application**: All new students must submit an HCC admissions application. **Current HCC students** do not need to submit a new application, UNLESS you had an interruption through your HCC enrollment of three academic terms or more. Students who have not attended HCC within the last year as well as recent graduates must complete a new application. Recent graduates, if you will continue attending HCC after graduation OR you are submitting a Health Sciences application, you must fill out the Student Information Change form at the Admissions, Registration and Records Office to select a new program code.

- **Health Sciences application form**: In addition to an HCC admission application, applicants must complete a **Health Sciences Application form for each program** that he/she is applying to. If your address changes after submitting this application, notify Health Sciences Admissions via email to healthsciences@hccfl.edu.

- **Health Sciences application fee**: A $53 money order must be included with the application form. Please make money order(s) payable to Hillsborough Community College. Application fee payment by check, credit card or cash will be accepted at the Bursar’s Office. Receipt must be included with application. Students applying to more than one program for the same term, an additional fee of $10 must be included for each additional program application. **The application fee is non-refundable.**

- **Background Consent form**: All applicants are required to complete the enclosed Criminal Record Consent form. If selected for the desired program, you will be required to complete a background check at your expense. Background checks are ONLY valid for the term you are applying.

- **Transcripts**: Applicants are responsible for verifying that final official high school transcripts (regular high school attendance or dual enrollment) or GED scores have been received by the Admissions, Registration and Records Office prior to the established program deadline date regardless of previous attendance. **Applicants MUST submit official transcripts from ALL academic institutions attended** (high school, college, university, military, technical centers or institutes, etc.). Also, applicant must send AP or CLEP test scores from official testing source. **Scores listed in transcripts from other academic institutions will not be considered official.** Transcripts can be sent to: Hillsborough Community College Attn: Transcripts 1602 N. 15th St. Tampa, FL 33605 or with the Health Sciences application to Hillsborough Community College Health Sciences Admissions Office PO Box 30030 Tampa, FL 33630-3030.

In the event you are unable to secure transcripts due to reasons beyond your control (i.e. institution is no longer in existence) you must provide official documentation of your attempts to secure those transcripts prior to the established deadlines. **Students must submit transcripts from all institutions attended**. HCC will NOT waive the requirement if the student's prior institution will not release the transcripts due to financial obligations.
**Valid Florida College Entry Level Placement Test:** (Applies to Dental Assisting Program ONLY) Scores of the PERT or ACCUPLACER test taken within the last two years (TABE test not accepted) OR equivalent coursework for general education courses (English and Math). For coursework equivalency or to determine test score cut offs, visit an Academic Advisor at HCC campus of your preference.

**Copy of current license/certification, if applicable.** (CPR, ARRT, EMT, CNA, LPN, PN, CRT, etc…)

**Deadlines:** All admission requirements MUST BE COMPLETED and RECEIVED with the application by the Health Sciences Admissions Office by the published application deadline, in order to be considered in the desired program applicant pool. Applications with missing documents or received after the deadline date will be considered incomplete and will not be included in the applicant pool.

- Radiation Therapy, Radiography, Sonography and Nuclear Medicine and Respiratory Care Certificate: Fall – February 15th
- Radiation Therapy Specialist: Summer – February 15th
- Dental Hygiene and Respiratory Care: Fall – May 15th
- Dental Assisting: Fall – June 14th

Initial this checklist. ______

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For up to date information about your desired Health Science Program, please consult the college catalog. You may also visit the Health Sciences website at [http://www.hccfl.edu/departments/health-science/hwst-admissions.aspx](http://www.hccfl.edu/departments/health-science/hwst-admissions.aspx). Academic Advisors and Counselors are also available at any of our campuses to assist applicants. You may also email Health Sciences Admissions Office to healthsciences@hccfl.edu for further assistance.

All documents must be submitted before or by the deadline to the following address: Hillsborough Community College Health Sciences Admissions Office PO Box 30030 Tampa, FL 33630-3030. **Do not mail your application to any other address.**

You may also drop off your application packet in person by using the Health Sciences Admissions Drop Box located in the Dale Mabry Campus Student Services Building, right to the Admissions, Registration and Records Office, room DSTU 119.

To monitor the progress of your application, please log on to your HCC WebAdvisor account. Check your Hawkmail or the email you provided in the application for any correspondence, *if necessary*, regarding your application prior to the deadline date. If you use your personal email account when submitting your application, we advise you to check your Junk or Spam mail for any Health Sciences Admissions correspondence before the deadline date. **Please note that once the Health Sciences Admissions begins to review your application, documents will show a “Not Received”, “ASAP” or “UNDER REVIEW” message or status next to them until it has been reviewed by the Health Sciences Admissions Team. If your Wed Advisor do not shows any code or messages related to your Health Sciences application, it means that your application was received but has not been processed yet.** This information is updated regularly so continue to monitor. **ALL required documentation must be received by the deadline date in order for the application to be considered eligible for admission into the program.**

Health Sciences Admissions will **not inform** applicants of their **official status or offer any detailed information** about the application or documents submitted. The official acceptance status of a student into a Program will **ONLY** be notified through official communication send via U.S. Mail from the Health Sciences Admissions Committee. Please be aware that it takes approximately 12 – 15 weeks after the deadline for the application to be processed.

**If you desire confirmation of receipt of your application packet or documents, please provide a pre-paid, self-addressed post card. No other confirmation will be sent.**
APPLICATION FOR ADMISSION TO HEALTH SCIENCES PROGRAMS

Fill out completely and print in ink. Submit this application with all required documents to the Health Sciences Admissions Drop Box or send it to the following address:

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

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

I. PERSONAL INFORMATION (Note: If your address changes after submitting this application, notify Health Sciences Admissions via email to healthsciences@hccfl.edu.)

NAME ___________________________ ___________________________ Student ID # __________
  Last Name  First Name  MI

PREVIOUS NAME (If any) ________________________________________________________________

MAILING ADDRESS _____________________________________________________________
  Number and Street  Apt #
  ____________________________________________________________
  City  ______________  State  __________  Zip code

PHONE/S (Local) __________________________________________ Email: __________________

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.

Applicants are responsible for verifying that final official high school (regular or dual enrolled students) transcripts or GED scores have been received by the Hillsborough Community College or Health Sciences Admissions Office prior to the established program deadline date. Applicants who have attended other colleges, universities, vocational or technical schools or have received education while in the military must submit official transcripts from these institutions. Failure to include an institution or Health Sciences Admissions not receiving the official transcript may result in admission to the program being denied.
HIGH SCHOOL OR GED
Official transcript must be included with the application. Students who already have a degree (associate, bachelors and/or masters), high school transcript will not be required. However, it is the student's responsibility to ensure that official transcript confirming degree/s have been received by HCC.

<table>
<thead>
<tr>
<th>High School</th>
<th>City</th>
<th>State</th>
<th>Graduation Date (MM/YY)</th>
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COLLEGE/UNIVERSITY
Official transcripts for ALL institutions attended, including vocational, technical must be included with this application. It is the student's responsibility to ensure that official and updated transcripts have been received regardless of previous attendance at HCC. Test scores for AP, CLEP exams or the equivalent in the military must come from the official testing source (i.e. College Board, International Baccalaureate...). Scores listed in transcripts from other academic institutions will not be considered official.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>State</th>
<th>Attendance Date From (MM/YY) to (MM/YY)</th>
<th>Degree(s) or Number of credits earned</th>
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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 your current licenses/certifications.

V. PROGRAM SELECTION
Please identify the Health Sciences Program you are applying for admission 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 application fee for each application. NOTE: Applicant must comply with age requirement prior to the first day of classes. Applicant must be 18 years of age.

A. Dental Assisting – Certificate Program, 1 year curriculum (Fall Entry) NOTE: The Dental Assisting Program will accept students on a first come, first serve basis. Applicants will be accepted in the order in which completed applications are submitted by qualified applicants. Graduation of high school or GED is required prior the program deadline.
B. **Dental Hygiene** – Associate Degree Program, 2 year curriculum (Fall Entry)

C. **Diagnostic Medical Sonography Technology** – Associate Degree Program, 2 year curriculum (Fall Entry)

   NOTE: Applicant needs to contact program manager in order to complete a required interview as part of the application process. Please call (813) 253-7412 for an appointment. No interviews will be accepted after the program deadline. Interview form must accompany application form or sent by the program deadline.

D. **Nuclear Medicine Technology** – Associate in Science Degree, 2 year curriculum (Fall Entry)

E. **Radiation Therapy** – Associate in Science Degree, 2 year curriculum (Fall Entry)

F. **Radiation Therapy Specialist** – College Credit Certificate, 15 month curriculum (Summer Entry)

   NOTE: Applicant must be registered or registry eligible in Radiography. Provide copy of CRT certification card and ARRT registration card. (Placement exam not required.)

G. **Radiography** – Associate in Science Degree, 2 year curriculum (Fall Entry)

H. **Respiratory Care** – Associate in Science Degree, 2 year curriculum (Fall Entry)

   NOTE: Applicant needs to contact program manager in order to complete a required interview as part of the application process. Please call (813) 253-7459 for an appointment. No interviews will be accepted after the program deadline.

I. **Respiratory Care/Transition** – Associate in Science Degree, 1 year curriculum (Fall Entry)

   NOTE: Applicant needs to contact program manager in order to complete a required interview as part of the application process. Please call (813) 253-7459 for an appointment. No interviews will be accepted after the program deadline.

*If accepted into the program attendance to the Program Orientation is mandatory. Approximate date for the Health Sciences Programs Orientation: Fall term – usually schedule by Mid-July.*

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VI. PHYSICAL HEALTH

Final admission into a Health Sciences Program will be contingent upon evidence of satisfactory physical exam as certified by a licensed physician. If accepted into the program, further information will be provided during the MANDATORY Program Orientation.

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VII. BACKGROUND INVESTIGATION

Upon acceptance into a Health Sciences Program, you will be required to complete a background check/fingerprint. Information on how to complete this background check/fingerprint will be included in acceptance packet. The cost for this background check is approximately $50. The applicant is solely responsible for the cost of this background check. Background checks are ONLY valid for the term you are applying.

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.
Incomplete applications will not be considered for admission. Students will have to reapply for admission to their desired program by the next established deadline. We strongly encourage you to submit your application at least 30 days in advance. We will attempt to screen applications for deficiencies although screening is not the college’s responsibility.

Acknowledgment:

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 submission, verification of receipt and documentation of submissions of all forms, applications, fees, transcripts, evaluations and certifications by the designated deadline is mine. I agree to abide by the rules and regulations of Hillsborough Community College as published in the Student’s Code of Conduct.

I understand that the decision to allow entrance into an HCC program is in no way a guarantee of future employment and/or licensure. Should I have any questions concerning ability to be licensed I understand it is my responsibility to contact the licensing board.

___________________________________  ____________________  ____________________
Signature of applicant                  Date

__________________________________  ____________________
Printed Student Name                   Student Id Number

Hillsborough Community College is an equal access/equal opportunity employer that makes employment and education-related decisions without regard to race, color, gender, religion, national origin, age, disability, sexual orientation, marital status or any other bias that is or may be prohibited by laws.

Employees and students who believe they have been a victim of discrimination or sexual harassment should contact:

Dr. Joan B. Holmes
Special Assistant to the President for Equity and Special Programs
District Administrative Offices
39 Columbia Dr., Room 718
Tampa, FL 33606
(813) 253-7043
Email: jholmes16@hccfl.edu

Updated Application form - 02/25/2015
Health Sciences Admissions – LH/GG
CRIMINAL HISTORY INFORMED CONSENT

For acceptance into a Health Sciences program at Hillsborough Community College (HCC) and continuing through enrollment and program completion, you must not have been found guilty, regardless of adjudication, of an offense that would disqualify you from employment in health care or a health care setting. If you have unresolved offenses or are on probation, you may be ineligible to be placed in a clinical environment. You must meet all placement standards to participate in Health Sciences programs at HCC due to requirements mandated by affiliation agreements with clinical sites.

You will submit fingerprints and information about yourself, including your Social Security number, for a Level 2 screening (“Consumer Report”). Results of the background screening will be sent to the HCC Health Sciences Admissions Office. Should you require an exemption from a disqualification, you can appeal to the HCC Health Sciences Admissions Office. Not all offenses are disqualifying. If your Consumer Report lists a potentially disqualifying offense, the HCC Health Sciences Admissions Office will contact you for additional documentation and/or for a more in-depth review. Your Health Sciences Licensure Board, where applicable, may or may not allow a graduate from a Health Sciences program who has a disqualifying offense, such as an arrest or conviction, to sit for licensure.

I understand that per the Fair Credit Reporting Act and the Federal Trade Commission, the Level 2 background check described in this Disclosure and Release (informed consent form) is considered to be a Consumer Report. To be eligible as an applicant/student to any HCC Health Sciences program or to continue as a student in a Health Sciences program at HCC, I cannot have a criminal history with a conviction of one or more crimes as outlined in Section 435.03, Florida Statutes.

I understand that effective July 1, 2009, pursuant to Section 456.0635, Florida Statutes, health care boards in Florida or the Department of Health will refuse to issue a license, certificate or registration and will refuse to admit a candidate for examination, as outlined in Section 456.0635, Florida Statutes.

I understand that admission into any HCC Health Sciences program on the basis of the Consumer Report is no guarantee I will be eligible for licensure or future employment. I acknowledge it is my responsibility to contact my Health Sciences Licensure Board to determine criteria based on criminal activity included in my Consumer Report.

I understand that this “Informed Consent” form serves as:

1. A clear and conspicuous disclosure by HCC that a Consumer Report, which includes a Level 2 background check, will be completed on me and will be obtained for admissions purposes into any HCC Health Sciences program and that a consumer reporting agency will provide the report to HCC; and
2. An authorization from me for HCC to procure the Consumer Report, and an agreement that I will pay for the Consumer Report.

I understand that information from the Consumer Report for admission purposes into any HCC Health Sciences program will not be used in violation of any applicable federal or state laws or regulations.

I understand that HCC certifies that before taking adverse action in whole or part based on the Consumer Report for admission purposes into any HCC Health Sciences program, it will provide me a:

1. Copy of the Consumer Report; and
2. Copy of my rights, in the format approved by the Federal Trade Commission, which notice shall be supplied to HCC by the consumer reporting agency.

I understand that as an applicant/student, I will be responsible for notifying the HCC Health Sciences Admissions Office at the Dale Mabry Campus within five (5) working days of any arrests and convictions, regardless of adjudication that occur after the application deadline but before the first day of classes. The Chair of the Admissions and Appeals committee will communicate to me whether or not I will remain eligible to enter the program and will notify the program manager if I am no longer eligible to enter the program.

I understand that if I am accepted and/or enrolled into any Health Sciences program at HCC and arrested, on or after the first day of class, of any crimes, I must notify my program manager within five (5) working days of the arrest or conviction or any criminal charges pending against me that occur while I am in the program.

I understand that my failure to notify the appropriate individuals shall be grounds for denial of admission to or permanent dismissal from an HCC Health Sciences program. Further, HCC may require a Consumer Report to be generated on me at any time when I am enrolled in any HCC Health Sciences program, which will be at no cost to me.

I understand that some clinical affiliates/partners/hospitals/agencies may require that the HCC Health Sciences program share the results of the background check, and I agree that HCC may share my results.

Student Signature: ____________________________________________ Date: _________________

Printed Student Name: ____________________________________________ Student ID #: ______________________

HCC reserves the right to make changes in the admission criteria and program information, as circumstances require. Original signature copy will be retained in the student’s file.

Revised November 2012