Health Sciences Application

This application is for Dental Assisting, Dental Hygiene, Nuclear Medicine, Radiation Therapy, Radiography, Respiratory Care and Sonography. If you are applying for the Nursing or Paramedic programs, there are separate applications for those programs.

Thank you for your interest in Hillsborough Community College Health Science Programs. Because 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 must be completed prior to the application deadline.

For up to date information about these programs, please consult the college catalog. You may also visit the Health Sciences website at http://www.hccfl.edu/departments/health-science/admissions.aspx. Advisors are also available at any of our campuses to answer questions.

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

☐ **College Application:** An HCC application for admission must be submitted. 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.

☐ **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.

☐ **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.

☐ **Transcripts:** 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 in a sealed envelope. These transcripts must accompany the Health Science Application. Test scores for AP or CLEP exams must come from the official testing source (i.e. College Board…) Incomplete applications will not be considered for admission. Applicants are responsible for verifying that final official high school transcripts or GED scores have been received by the HCC Admissions, Registration and Records Office prior to the established program deadline date regardless of previous attendance.

☐ **Valid Florida College Entry Level Placement Test:** (FCELPT/CPT) taken within the last two years (Tabe test not accepted) OR equivalent coursework. For coursework equivalency or to determine test score cut offs, visit an advisor at the campus of your preference.

☐ If applicable, a copy of current license/certification?

☐ **Sonography applicants only:** Signed mandatory interview form
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 visit our website at http://www.hccfl.edu/departments/health-science/admissions.aspx or visit any of our campuses if you have additional questions. You may also email healthsciences@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 Admissions Office at the Dale Mabry Campus (DSTU 119).

To monitor the progress of your application, please log on to your HCC WebAdvisor account. Keep checking your Hawkmail account for any correspondence regarding your application.
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 ______________

(First Name)    (MI)    (Last Name)

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.

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. Failure to include an institution may result in admission to the program being denied.
HIGH SCHOOL OR GED
(Official transcripts must be included with this application. It is the student’s responsibility to ensure that official transcripts have been received regardless of previous attendance at HCC. Test scores for AP or CLEP exams must come from the official testing source (i.e. College Board…)

<table>
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<tr>
<th>High School</th>
<th>City</th>
<th>State</th>
<th>Date Graduated</th>
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COLLEGE/UNIVERSITY
(Official transcripts for all institutions attended, including vocational schools, must be included with this application. It is the student’s responsibility to ensure that official transcripts have been received regardless of previous attendance at HCC)

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<tr>
<th>Name of College/University</th>
<th>State</th>
<th>Attendance Date From (Mo/Yr to Mo/YR)</th>
<th>Degree(s) or Number of Credits Earned</th>
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III. 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.

____________________________________________________________________________________________
_________________________________________________________________________________________

HOSPITAL BASED HEALTH PROGRAM/LPN or Paramedic POSTSECONDARY (Transition Program Only)

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<th>NAME OF HOSPITAL</th>
<th>CITY</th>
<th>STATE</th>
<th>NAME OF HOSPITAL BASED PROGRAM</th>
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IV. PROGRAM SELECTION

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. Please call 253-7412 for an appointment.

D. **Nuclear Medicine 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.

E. **Radiation Therapy Specialist** - College Credit Certificate, 15 month 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. (Placement exam not required.)

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

NOTE: Applicant must be 18 years of age prior to the first day of classes.

G. **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.

H. **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.

I. **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 Sciences Program will be contingent upon evidence of satisfactory physical health as certified by a licensed physician.

VII. **BACKGROUND INVESTIGATION**

Upon acceptance into a Health Sciences program, you will be required to complete a background check. Information on how to complete this background check will be sent to the student in the acceptance letter. The cost for this background check is approximately $63.00. The applicant is solely responsible for the cost of this background check.

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. Students will have to reapply for admission 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.

Acknowledgement
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 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

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
INFORMED CONSENT
Criminal History

For acceptance into a Health Science program and continuing through enrollment, 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 Science programs due to requirements mandated by affiliation agreements with clinical sites.

You will submit information about yourself online to a consumer reporting agency (i.e., an agency that conducts a background screening). Results of the background screening will be sent to the Hillsborough Community College Health Science Admissions Office. Should you require an exemption from a disqualification, you can appeal to the Health Science Admissions Office. Not all offenses are disqualifying. If your consumer report lists a potentially disqualifying offense, the Health Science Admissions Office will contact you for additional documentation and/or for a more in-depth review. Your Health Science Licensure Board, where applicable, may or may not allow a graduate from a Health Science 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 background check for the stated permissible purpose within this Disclosure and Release (informed consent form) is also considered to be a consumer report.

I understand that to be eligible as an applicant/student to any Health Science program or to continue as a student in a Health Science program at Hillsborough Community College, I cannot have a criminal history with a conviction of one or more crimes as outlined below in Section 435.03, Florida Statutes (see Attachment A).

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 if the applicant has been:

1. Convicted or plead guilty or nolo contendre to a felony violation regardless of adjudication of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

I understand that admission into any Health Science 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 Science 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 Hillsborough Community College that a consumer report on me may be obtained for admissions purposes into any Health Science program and that a consumer reporting agency will provide such a report to Hillsborough Community College; and
2. An authorization from me for Hillsborough Community College 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 Health Science program will not be used in violation of any applicable federal or state laws or regulations.

I understand that Hillsborough Community College certifies that before taking adverse action in whole or part based on the consumer report for admission purposes into any Health Science 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 Hillsborough Community College by the consumer reporting agency.
I understand that as an applicant/student, I will be responsible for notifying the Health Science Admissions Office at the Dale Mabry Campus within five (5) working days of any arrests, 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 Science program at Hillsborough Community College and arrested, on or after the first day of class, of any crimes listed in the attached itemized standards, I must notify my program manager within five (5) working days of the arrest regardless of conviction, adjudication withheld, 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 a Health Science program. A consumer report may be generated on me at any time when I am enrolled in any Health Science program. This additional report will be at no cost to me.

Student Signature

Printed Student Name

Student ID #

Hillsborough Community College reserves the right to make changes in the admission criteria and program information, as circumstances require.

Attachment A is a part of this Agreement.

Original signature copy will be retained in the student’s program file.
Revised November 2009
ATTACHMENT A

Section 435.03, Florida Statutes, states in part as follows:

(1) All employees required by law to be screened shall be required to undergo background screening as a condition of employment and continued employment. For the purposes of this subsection, level 1 screenings shall include, but not be limited to, employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement, and may include local criminal records checks through local law enforcement agencies.

(2) Any person for whom employment screening is required by statute must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

(a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

(b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.

(c) Section 415.111, relating to abuse, neglect, or exploitation of a vulnerable adult.

(d) Section 782.04, relating to murder.

(e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(f) Section 782.071, relating to vehicular homicide.

(g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(h) Section 784.011, relating to assault, if the victim of the offense was a minor.

(i) Section 784.021, relating to aggravated assault.

(j) Section 784.03, relating to battery, if the victim of the offense was a minor.

(k) Section 784.045, relating to aggravated battery.

(l) Section 787.01, relating to kidnapping.

(m) Section 787.02, relating to false imprisonment.

(n) Section 794.011, relating to sexual battery.

(o) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(p) Chapter 796, relating to prostitution.

(q) Section 798.02, relating to lewd and lascivious behavior.

(r) Chapter 800, relating to lewdness and indecent exposure.

(s) Section 806.01, relating to arson.
(t) Chapter 812, relating to theft, robbery, and related crimes, if the offense was a felony.

(u) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(v) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(w) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(x) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(y) Section 826.04, relating to incest.

(z) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(aa) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(bb) Former s. 827.05, relating to negligent treatment of children.

(cc) Section 827.071, relating to sexual performance by a child.

(dd) Chapter 847, relating to obscene literature.

(ee) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(ff) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.